Author’s response to reviews

Title: Causes of neonatal and maternal deaths in Dhaka slums: Implications for service delivery

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Author’s response to reviews: see over
Dear Dr. Omar Rahman,

Thank you for your feedback. In response we have reviewed and revised manuscript entitled “Causes of neonatal and maternal deaths in Dhaka slums: Implications for service delivery” as follows:

Response to reviewer comments 1

Major Compulsory Revisions:

1. In the introduction, provide some information on causes for maternal and neonatal deaths in Bangladeshi as a whole or regionally.

Response: Please see the highlighted changes.

2. Provide some insights about the slum-specific characteristics/challenges that make you think the mortality picture in the slums might be different from the national one to justify your research.

Response: The challenges has been described in the text and highlighted.

3. Under methods, it is not clear whether there was an effort to distinguish/include/exclude deaths of usual residents and that of visitors or death of usual residents that did not occur within the slums. As you realize, the number of events particularly maternal deaths was low and thus any miscounting could lead to errors in the estimates.

Response: The residency criteria have been included in the methods section under study area.

4. Provide a bit more detail on the survey which provided the count of live births in the area. Was it a survey on sample or census of all births? How complete was it to capture all births?
Response: We have excluded the results of the monitoring survey from the text and therefore the detail of the survey was also excluded.

5. Under results: How do you explain the huge difference in MMR in 2008 (439) and 2009 (112)? It is unlikely that the project intervention halved MMR in 1 year, else this difference is most likely a result of miscounting either in the denominator or numerator. This needs to be cross-checked if there are errors in the counting probably the mortality estimates should not be presented particularly MMR.

Response: We agree. We have decided not report the results of the monitoring survey.

6. Under results: Second last sentence under results and in table 4, you indicate that lay people said the mother died of “jaundice”, haemorrhage- these sound more medical! Was this what the respondents really said or it was interpreted by the researchers. Would have expected lay answers like yellowing eyes, bleeding etc.

Response: Jaundice is wide understood by its English name while the Bangla word for bleeding was converted to heamorrhage in the text. We have changed heamorrhage to bleeding in the text.

Minor Essential Revisions:
1. Last paragraph page 4: You could probably write weeks in full instead of “2 w” many readers might not be familiar with the abbreviation

Response: We have spelled out the weeks.

2. Under discussion, second sentence: I understand that the data on mortality are not segregated by slum residence, but isn’t there any break down by urban-rural at national level? The urban estimates might provide a closer comparison.

Response: For MMR a national survey was conducted. The report has not been published yet and in the preliminary analysis rural urban data were not segregated. So we have to wait until this information is published. For Neonatal deaths we have reported the rates for slums already in the introduction.

3. Under discussion you indicate that coverage of PNC visits is low, in a country short of health care workers, would you rather recommend home visits by health care workers or encourage institutional deliveries and PNC?

Response: This study was done within Manoshi MNCH program where CHWs were trained and incentivized to provide PNC. We merely highlighted that 34% mothers in the slums area received PNC within 1 day which has implication for early detection and referral for neonatal complications. We were not recommending either CHW visits or institutionalized delivery.

4. C/S not written in full anywhere in the text, figures or tables
Response: We have made the changes in the text.

_Discretionary Revisions:_

1. The first paragraph of conclusion not clearly written, it requires paraphrasing

Response: We have paraphrased accordingly

2. In table 4, some of the frequencies are too small to warrant a separate category e.g that of monthly household income >10,000TK has only one case! This could be combined with 5000-10000 Tk. The same applies to occupation, place of delivery.

Response: This comment has been incorporated.

3. Figure 1 could be deleted and replaced with a sentence in the methods section

Response: We feel that as this analysis is part of a larger study, the figure provides clarity to the readers.

4. Figure 4, “Failed attempted abortion” could be replaced with “abortion-related complications”.

Response: We have replaced the text.

**Response to reviewer’s comments: 2**

*Introduction: Page 1: paragraph 1 consider changing maternal mortality ratio from 1.94 per 1,000 live births to 194 maternal deaths per 100,000 live births (the appropriate denominator).*

Response: Change has been highlighted in the background section.

*Methods: Page 4 paragraph 1 (under identification of deaths): “…for maternal deaths, 21% of respondents were husbands, 18% were parents of the deceased and 13% were siblings of the deceased”. This makes a total of only 52 percent of respondents. The authors may want to state the category of the majority of respondents. If the predominant respondents were not close family members, the quality of information obtained from respondents may not be optimum and perhaps should be indicated as a limitation of this study.*

Response: Changes have been made and new calculations have been highlighted under data collection of the methods section.

*Page 4 last paragraph, 2nd sentence (under quality assurance): “…was trained for 2 w…” I presume the 2 w is referring to 2 weeks.*
Response: Change has been highlighted in the methods section.

Page 5 paragraph 3 (under Secondary information from monitoring surveys): since there is no information on live births for Uttara slum, this should be mentioned in the limitations section on page 11.

Response: The changes has been incorporated under limitations and highlighted.

Page 6 paragraph 2 (third paragraph under Results): The authors may want to also include in the background characteristics that 60% of the deceased had monthly household income less than 5,000 TK (state dollar equivalent). This will let the readership know that these women were poor.

Response: The text has been changed and highlighted.

Page 7 paragraph 1 (first paragraph under discussion): “... this paper will provide useful information for program planners who must identify the priority healthcare needs for maternal, neonatal and child survival in urban slums.” I am not sure there is enough information in the results section to back the claim that this paper elucidated priority healthcare needs in the slums.

Response: We agree. The text has been changed accordingly.

Page 10 paragraph 2: “As 19% of the deliveries take place at the BRAC delivery center and 49% take place at home [16] with no CHW present, educating communities effectively about danger signs is crucial”. The authors may also want to indicate that it is also necessary for pregnant women to seek delivery services from skilled health personnel to prevent both maternal and early neonatal deaths.

Response: We have incorporated the idea in the text. Please see the highlights.

Page 11 last paragraph: Under the limitations of the study, it is stated that “The study did not capture all deaths in the study area as some maternal and newborn deaths were missed due to migration after death and others may not have been identified due to interpersonal sensitivities.” Additionally, it is likely early maternal deaths such as due to abortion or ectopic pregnancy were also missed.

Response: The text has been changed and highlighted in discussion section.

Page 13 Table 1: if possible the authors may want to include a column for the reproductive and socio-demographic characteristics of all women who delivered in the slums 2008-2009. I presume such data is available from the MANOSHI program Management Information System
Response: Program MIS only has data on those women who were part of the Manoshi intervention not all women who gave birth in the slums so this information was not available for us to use.

Page 16 Table 3: Similarly, a column for the background characteristics of women who delivered in the slums will allow comparison to those who died. For instance, 81.6% of those who died had antenatal care. The is question whether use of antenatal care in the slums is generally high or these women had exceptionally high antenatal care but died all the same.

Response: Same is above. However, according to the midline survey the general levels of antenatal care use was available but we did not think it was appropriate to use these figures.

We hope that you will find the changes adequate and acceptable and will approve the revised manuscript.

Thank you for your kind consideration.

Yours sincerely,

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