Reviewer’s report

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

Version: 2 Date: 31 October 2011

Reviewer: Samuel Mills

Reviewer’s report:

Thank you for the opportunity to review this paper. It is well written and the methodology is sound.

Please see below a few comments that the authors may want to take into consideration in finalizing the paper.

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).

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.

Page 4 last paragraph, 2nd sentence (under quality assurance): “…was trained for 2 w…” I presume the 2 w is referring to 2 weeks.

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.

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.

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.
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.

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.

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

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.

Most the comments above could be categorized as: Minor Essential Revisions.

I hope this helps.

Thank you
Best regards
Samuel Mills

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests' below. If your reply is yes to any, please give details below.