Author's response to reviews

Title: Interventions to reduce neonatal mortality from neonatal tetanus in low and middle income countries - a systematic review

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Author's response to reviews: see over
**Reviewer 1**

**Query 1:** There are minor revisions for this review on neonatal tetanus, which contributes a substantial number of neonatal deaths in the LIC and MIC countries. One major modification which is needed is the whole paper highlights Pakistan, which doesn’t explain the problem in LIC and MIC countries (as the title suggests). Therefore, studies done in other countries have to be included.

This systemic review is conducted with the objective “to understand the interventions that have had a substantial effect on reducing neonatal mortality rate due to neonatal tetanus in LMICs and come up with feasible recommendations for decreasing neonatal tetanus in the Pakistani setting.” Therefore feasibility of interventions is discussed in Pakistani context. These interventions applicable in Pakistani context are derived from LMIC and situation analysis is done to identify if they can be tailored to Pakistani setting.

**Query 2:** Introduction:
In this section some more details to the difficulties in assessing tetanus can be added, as in traditional populations in the LIC and MIC there are no prescribed document to detect neonatal tetanus: only verbal autopsy is the method to assess neonatal tetanus. This query has been addressed as highlighted in the manuscript draft. (Pg. 3)

**Query 3:** Results:
Apart from Pakistan, evidences from other LIC and MIC can be added. Answered in response to Query 1.

**Query 4:** Conclusion:
Should be discussed more elaborately giving some reference of Community-Based Behavior-Change Management as a possible intervention to overcome the problem in traditional populations. Some explanation of the causes of success in Nepal and Bangladesh and reasons for unsatisfactory progress in other LIC and MIC can be discussed and help the policy makers and planners to think for better interventions. This query has been addressed in conclusion section as highlighted in the manuscript draft. (Pg. 11)

**Reviewer 2**

**Query 1:** Major compulsory revisions:
Exclusion criteria are not in consonance with the objective of the study. In the first point of exclusion criteria, it has been written that studies which do not have strategies to reduce the neonatal mortality will be excluded. It should be clearly the studies which do not have described the strategies to reduce neonatal mortality due to neonatal tetanus. This query has been addressed in methods section as highlighted in the manuscript draft. (Pg. 4)
**Query 2:** Furthermore the authors have excluded the studies which have been performed in the developed countries. It is not realistic as any study which has recommended intervention to reduce the mortality due to neonatal tetanus should be included. This systematic review is conducted with the objective “to understand the interventions that have had a substantial effect on reducing neonatal mortality rate due to neonatal tetanus in LMICs and come up with feasible recommendations for decreasing neonatal tetanus in the Pakistani setting.”

Therefore feasibility and applicability of the interventions is discussed in Pakistani context, it is not practical to include interventions in developed countries to be included in the review because applicability of interventions will become a question mark.

**Query 3:** 4 studies have been excluded as authors/abstract was not available. They should be searched.
We tried to search for abstracts and authors using available resources of the institution however it could not be done.

**Query 4:** In the section for the results and discussion, in the second heading of community based interventions, the authors have included the measures which are not directly linked with the neonatal tetanus like new born resuscitation and exclusive breast feeding. The authors are not adhering to the objective of the study i.e. neonatal tetanus. They deviate to the overall neonatal mortality.
As per recommendation authors comments on interventions like breast feeding and health care seeking for neonatal morbidities through community based intervention packages have been removed.

**Query 4:** Similarly in the subsection of antenatal care and safe delivery practices the authors are not adhering to their objective of reducing neonatal mortality due to neonatal tetanus, rather they are discussing overall neonatal mortality.
Safe delivery and clean cord practices are directly linked to prevention and control of neonatal tetanus as mentioned in the study, that’s why it’s included here. Strengthening of antenatal care and clean delivery practices enhance the opportunity of women to come in contact with health systems ultimately increasing immunization opportunities. Antenatal care is directly care is directly linked to anti tetanus toxoid immunization. This point is also elaborated in the manuscript text as recommended. (Pg. 9)

**Query 5:** Iron and folic acid supplementation has got no relationship with the neonatal tetanus mortality.
We believe that folic acid supplementation along with tetanus toxoid immunization enhance chances of neonatal survival by improved immune status. However we agree that only folic acid supplementation has no direct effect on neonatal mortality due to tetanus therefore as per recommendation, authors’ comments on folic acid supplementation and overall neonatal mortality has been removed.
**Editorial concerns**

Query 1: After reading through your manuscript, we feel that the quality of written English needs to be improved before the manuscript can be considered further. This query has been addressed in the revised draft manuscript. English speaking colleague has also reviewed the draft.

Query 2: Please adhere to PRISMA guidelines for reporting systematic reviews. Done and attached.

Query 3. Abstract: Please format your abstract according to the guidelines for authors Done.

Query 4. Please remove the authors’ qualifications (e.g. PhD / MD) or job titles from the submission system. Done.

Query 5. Please remove the visible vertical lines of the Tables. Done.

Query 6. Figure titles: All figures must have a figure title listed after the references in the manuscript file. The figure file should not include the title or number (e.g. Figure 1... etc.). Done.

Query 7. Figure cropping: It is important for the final layout of the manuscript that the figures are cropped as closely as possible to minimize white space around the image. Done.