Author's response to reviews

Title: Determinants of neonatal mortality in Nigeria: Evidence from 2008 Demographic and Health Survey.

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Author's response to reviews: see over
Determinants of neonatal mortality in Nigeria: Evidence from 2008 Demographic and Health Survey.

Ezeh, OK, Agho, KE, Dibley MJ, Hall, J and Page, AN

Reviewer 1

Abstract (Methods section)
1) Change “The risk of death was adjusting” to “The risk of death was adjusted”

Response: This has been changed to:

“The risk of death was adjusted”

Table 1

2) Change Maternal BMI (1= >18.5; 2= <=18.5) to (1>18.5: 2= ≤18.5)

Response: Changing maternal BMI to this “(1>18.5: 2 ≤18.5)” could be misinterpreted as “18.5 less than 1 & 18.5 greater or equal to 2”, but for clarity we changed to “(1= BMI >18.5; 2= BMI ≤18.5)”.

Table 2:

3) Change 31.3 (29.2, 33.4) to 31.3 (29.2 - 33.4)

Response: The comma (,) has been replaced with the hyphen (-) both in Table 2 & 3

31.3 (29.2 - 33.4)
Discussion section:

4) “Another possible reason for the low rate of neonatal deaths among girls, may also be due to the development of early fetal lung maturity in the first week of life,”

What is the reference for this statement?

Response: Reference now included (see reference number 26)


5) Risk of Neonatal mortality with C Section: Please clarify whether C Section were elective or emergency. If this stratification has not been done, please do so and revise accordingly.

Response: As indicated in the manuscript, our findings were based on publicly available data (DHS data) and in it, elective and emergency caesarean sections were combined as C-section. However, for clarity we have included a footnote which indicates that C-section is a combination of both elective and emergency caesarean.

Second last paragraph:

6) Change “healthcare services such as delivery assistant by” to “healthcare services such as delivery assisted by”

Response: This has been changed to:

“healthcare services such as delivery assisted by”

7) Please change Conclusions at the end of discussion to Summary

Response: No change made to the manuscript because we followed BMC Public Health requirement/format for submission.
Reviewer 2

Comment 1
Gestational age is an important factor associated with neonatal mortality. The Discussion section should include material on this issue along with some information as to why such data are difficult to obtain through retrospective surveys.

Response: We have addressed gestational age as one of the limitations in this study because following the recommendations made by the WHO Expert Committee [1], if gestational age is not available, birth weight < 2500 g (LBW) can be used as a proxy.

However, obtaining information on gestational age through retrospective surveys may be limited by recall bias of last menstrual period (LMP) used in estimating gestational age particularly among rural mothers [2]

Comment 2
Similarly, in the case of low birth weight. Given the importance of these two variables, the authors should discuss alternate data collection methods to obtain such data at the community level. For e.g. vital registration of births and neonatal deaths: pregnancy Cohort follow up studies.

Response: Actual birth weight, registration of births and deaths of neonates in a community setting could be achieved by engaging trained traditional birth attendants (TBAs) because by tradition they visit and assist women during pregnancy as well as delivery since majority of mothers in Nigeria delivered their babies at home (62%) [3]

3. In addition to maternal characteristics and birth order status identified as important risk factors, there is a need to identify the more proximal risk factors or biological causes of death. For e.g. neonatal sepsis and hypothermia are important immediate causes of death in neonates, which are amenable to community based new born care interventions. Also, there have been successful efforts in identifying such causes of neonatal death using verbal autopsy methods. Hence the article should also advocate initiatives to collect data on causes of death in the community to enable the design and implementation of suitable interventions to reduce neonatal mortality rates in Nigeria.

Response: Causes of neonatal deaths may be identified using verbal autopsy (VA) instrument in a community based interventional study to reduce neonatal death may be necessary. In this case, VA should be undertaken in a shorter
recall periods, that is, by interviewing the respondent (primary care giver) before the culturally prescribed mourning period [4].

References

3) National population commission, Federal Republic of Nigeria: Final report on Nigeria Demographic and Health Survey 2008. ORC Macro, Calverton, Maryland, USA.