Author's response to reviews

Title: Health and working conditions of pregnant women working inside and outside the home in Mexico City

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Response to reviewers:

Please find below our reply to each comment sent by your reviewer. We also included changes in the manuscript and they are highlighted with yellow.

1) Need to quantify the work undertaken by the women listed as micro-ergonomic (low average and high) into categories with examples. Perhaps by calculating kilocalories expended each day or some other quantifiable method so that the reader can understand the work load of these women. Examples of what type of work or activity each particular subgroup undertakes to be classified in that group would also be helpful.

Response: The micro ergonomic domestic index was calculated for women that had domestic work and included the main activities at home. We have included them in Table 3:

a) Washing clothes
b) Ironing
c) Cooking
d) Sweeping dusting
e) Cleaning bathrooms
f) Making beds
g) Cleaning stove and/or refrigerator
h) Washing windows
i) Washing dishes
j) Shopping

We built our microergonomic index with three levels of domestic workload combining the frequency of the activities per day, the time invested in each of them, and the use of electronic domestic equipment (washing machine, vacuum etc.).

We did not calculate kilocalories expended each day but decided to count the activities, frequency and use of electronic devices. We have the classification with detail and it is available with the authors.
2) Were any other antenatal complications evaluated in this analysis except for genitourinary and musculoskeletal complaints evaluated?

Response: We agree that there are antenatal complications that might have an impact in health conditions of pregnant women. For our study we asked these women if they had symptoms related with musculoskeletal, genitourinary, gastrointestinal, cardiovascular, problems with their eyes and visual capacity, ear, and nervous system. In our study we found a larger proportion of positive symptoms for musculoskeletal and genitourinary systems than for the other ones.

3) What were the influences of parity, being a single mother, smoking on the amount or type of work undertaken by these women?

Response: We agree with the influence of different factors on the amount of work undertaken by pregnant women. The factors that were listed were reviewed in our database and we found that the majority of these women had a partner, they were young and their parity was low (two children), therefore the influence on the amount or type of work was similar across this population.

4) Is the health care that is accessible to these women similar or is it dependent on their level of income and if they are working inside or outside of the home?

Response: We have two points to comment about this important issue: accessibility. First, all women that were included in this study had the same type of accessibility to health care because they were affiliated to the Mexican social security system (Mexican Institute of Social Security). This affiliation is related to have a regular employment status, whether herself or her husband/partner, and the socioeconomic level and income is quite uniform. Second, in relationship to working insider or outside their home, we consider that accessibility to health care was similar. Both groups receive health care following programmed prenatal visits, as well as open access to Family Medicine and Emergency Services.

5) The question that the reader of this study wants to know is if one group of women have a higher workload does that have any influence on pregnancy outcomes other than an increase in musculoskeletal complaints and genitourinary complaints?

Response: This point is very interesting for both, the reader and the researcher. However, with our study design (cross-sectional) we are not able to respond this issue, we got preliminary and useful information. However, literature has showed that there is a relationship between workload and some pregnancy outcomes, such as abortion, preterm birth and low birth weight. We could only observe an increase in musculoskeletal and genitourinary complaints. We are aware of the limitations of our study design and we added some comments in the Discussion section. We are also starting a longitudinal study that will allow addressing in a better way the relationship of higher workload and pregnancy outcomes.

6) Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Response: Tables were reviewed in the terminology and figures. Some terms were changed.

7) In the abstract in the results section, “Three hundred forty one (66.5%) and in the same sentence one hundred ninety six (53.5%).

Response: We reviewed the abstract and we corrected those figures.