Author's response to reviews

Title: Attitude and prevalence of use of herbal medicines among pregnant women in Nigeria

Authors:

Titilayo O Fakeye (titifakeeye@yahoo.com)  
Rasaq Adisa (adisaras@yahoo.co.uk)  
Ismail M Evuti (musaevuti@yahoo.com)

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**Answer to reviewers’ comments**

**Nordeng Hedvig**

The gestational age of the pregnant women were not asked for. Generally, women in Nigeria do not book for antenatal care until they are about 12 weeks pregnant. This may be taken as a limitation of the study.

The main thrust of the study was to make a survey of the use of herbal medicines among this class of population, and to find out if they do use herbal medicines when pregnant and to obtain the profile of use. This is because we believe that the use of herbal medicines during pregnancy may probably dispose the foetus to certain risks. The main objective of the study therefore was to have them report the use or non-use as the case may be during pregnancy and their opinion about the safety profile of such medicines during pregnancy. Information about particular herbs used were not asked for and were considered to be outside the scope of this study and might have been a limitation to the study. It has been discovered in previous studies that we have carried out among other populations that respondents know the local names of the same plants which may be the name used for several plants at times from different families.

Nordent et al (Reference 23) has been included.

The other corrections such as found in Table 3 have been corrected.

**Rachel Westfall**

The method has been described in more details. The criterion for choosing the three hospitals has been clearly stated. The process went through ethical review board of each hospital that was used for the study. The number of midwives who helped out in the study, 4, has been stated in the manuscript under method. All discrepancies between the abstract and the main manuscript have been taken care of.

No data was collected on particular herbs used. The study was a survey to get information on the profile of use. It was considered to be outside the scope of this study and might have been a limitation to the study. It has been discovered in previous studies that we have carried out among other populations that even though respondents know the local names, some plants may have the same local names and may not belong to the same botanical families.

The limitations of the study have been stated. The demographic data of the respondents has been presented in a tabular form (Table1). Generalized statements such as “herbal medications may have teratogenic potentials” and others like it in the manuscript have been rephrased.
Donald Marcus

The demographic data has been represented in a tabular form. The reasons for use of herbal medicines by the respondents who do so generally have been stated in table 2 in the manuscript. Their particular reasons for use in pregnancy were not asked for. This is quite a limitation of the study.

Della Forster

The title of the manuscript has been changed. I hope the new title sounds better. The manuscript has been edited for construction and grammar.

References have been placed where needed. Phrases such as “likely to be”, “may be” etc have been used in the appropriate places.

The number of women used was based on the estimated number of women who had been coming for antenatal clinic in each of the units used. The resources available for the study were grossly inadequate to interview all the women who would be in the hospital for antenatal care.

Inclusion and Exclusion criteria have been changed to “Participants Selection”. The phrase “not allowed to take part in the study” has been rephrased. What was meant was that the women who were used to pretest did not take part in the full study.

Illiterate has been removed from the appropriate place and replaced with the reviewer’s suggestion. The results especially, the demographic part has been presented as a table.