Title: Stages of change: A qualitative study on the implementation of a perinatal audit program in South Africa

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Reviewer: Sarah Saleem

Reviewer's report:

Comments on Stages of change: A qualitative study on the implementation of a perinatal audit programme in South Africa by Maria Belizán, Anne-Marie Bergh, Carolé Cilliers, Robert C Pattinson, Anna Voce, for the Synergy Group

This paper discusses about the stages in establishing a perinatal audit system in health care facilities of South Africa. The paper is based on the experiences of the persons who were involved in implementing PPIP in their facilities, regions or provinces. The authors have analyzed the experiences of implementers and those involved in this program on stages of change model for behavior change. The paper is useful, interesting and is well written. It can add to the existing knowledge for implementation of programs of such nature. This paper is important especially for those who are interested in scaling up this activity in South Africa or for other developing countries or regions.

Major comments:
I have no major comments but few suggestions to make. The impression I got from this paper is that it is a compilation of experiences and suggestions by the persons who were involved in the implementation of PPIP. From the paper it appears that there were no defined processes or guidelines for the implementation of PPIP to begin with. This makes it even more important that authors give strong conclusion and recommendations for implementation of such programs based on the lessons learnt. May be an illustrative or an algorithm can describe what is needed at each stage of implementation. I presume the stages for change model can still be used for this purpose.

It is suggested that some published work on PPIP and its impact on perinatal mortality should be mentioned in the introduction section and again in discussion section. Even though this paper is not meant to show the impact of PPIP, however I believe this information will give strength to this paper, and will help readers not familiar with PPIP to better understand the purpose of this paper.

Minor comments
There are few language issues especially where quotes are given, but it is at the discretion of the authors to correct it or leave it as such. Few other minor
comments are as follows

Abstract:
• Conclusion is vague and needs clarity

Background:
• Some additional information on PPIP work would be helpful for the readers from other parts of the world, such as how this was initiated, who were the stakeholders, donors etc. For how long this has been in place and what impact it has made up till now. Some information on software trainings, logistics would be helpful.

• It would be interesting to know what percentage of the facilities is still using PPIP. This will be a good indicator of sustainability, and can be brought up in discussion section highlighting the weaknesses in health system.

• Second para graph last line beginning as , “ volunteers were initially asked to join and apply the programme in their own institutions” ---it is not clear who asked the volunteers to do so. Data are submitted to whom? And who were the volunteers---

• Was this program (PPIP) solely for the public sector?

• It is not clear if 41.4 % of facilities where PPIP was implemented provide services to 52 % of population or total 665 facilities cater 52% f the population through government sector. Involvement of government comes very late in the paper causing confusion for reader not familiar with PPIP, this should be mentioned very early in the background section

• If all the public health care health facilities cater 52% of population then , am I right in assuming that coverage of the population for PPIP activities is even low for the population.

Methods :

• First paragraph, line five from above needs correction “The workshop was attended by 48 participants, who included 17 PPIP and 12 Child PIP clinicians----- it is suggested that Who should be replaced by which.

• What is the number of PPIP and Child PIP clinicians on whom analysis has been performed? Knowing this is important because this will then give the reader an idea of number of participants in different groups.

• Paragraph 3 from above it is not clear how many participants were there in each of the four groups, were these all clinicians and coordinators of PPIP and Child PIP. This needs clarity

• Introduce synergy group for new readers

Analytic phase:
• A stage of change frame work is used to do the analysis. My impression and I
may be wrong is that this study was designed and analyzed on this frame work. If this is the case then it should be mentioned if not ignore my comment
• For stages 5 and 6 it is not clear how ‘integrated into routine’ is defined and how “longer period” for data collection is defined. This needs clarity

Findings

Outreach and supervision
• The term ‘educational activity’ is not clear, it will be nice to write few words about educational activities

Communication and networking
• The participants have emphasized on networking and communication. The authors have also given quotes by the participants . However what is not clear is the purpose for this networking and communication i.e how this would help in sustaining a program like PPIP. This needs some clarity

Discussion
• If possible, examples of change in mortality and morbidity from published literature should be given as this will strengthen the discussion and paper

Thank you
Sarah Saleem

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests