Author's response to reviews

Title: Acceptability and feasibility of integrating Tuberculosis Screening and Detection in post natal services

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Author's response to reviews: see over
Response to Referees’ Comments

Title of Paper: Feasibility and effect of integrating tuberculosis screening and detection in postnatal care services: An operations research study

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Journal: BMC Public Health

Issues Raised by Referee 1:

1. You have laid a very good background stating clearly the burden of TB in Kenya and linking it to HIV and maternal mortality. You have also mentioned the availability of ANC TB services without a continuum in PNC and have tried to make a case for this continuum. However the key issues of your objective make the assumption that poor provider knowledge and protocols for referral mechanisms among other things are probable “barriers” to establishment of a PNC TB service. You should avoid such controversies except of course you have established from literature and in which case it must be stated. Otherwise simply present them as parts of your intervention package.

Response: All references to ‘improving’ provider knowledge and referral protocols have now been removed (see page 4; changes tracked).

2. Are the health facilities used for this study rendering ANC TB services? This is important to know because that is the only way to establish if this continuum of care has any meaningful impact. More so if the intervention design is just for the PNC period then it is a defeated purpose since the contact time with a health facility during ANC is more than during PNC.

Response: The health facilities used for this study do render ANC TB services. This has now been specified on page 4 (changes tracked).

3. Due to the focus on the 4 issues in the objectives you ended up reporting results in the methodology section which are not results of the main objective. It is advised that the methodology section be restructured as follows: study area, study design, intervention, evaluation of intervention, analysis, ethical considerations. For the intervention subsection, the table showing results of training is not necessary or if you must – then have them as appendices.

Response: The methods section has now been restructured as recommended. The table in the intervention sub-section showing results of provider training has now been removed.
4. For the results you should highlight key findings in text preceding the tables. There is no need explaining the procedure that led to the results again. You have already done this in the methodology section.

Response: The ‘Results’ section has been modified to ensure that only key findings are highlighted prior to the presentation of tables. All references to procedures which were already mentioned in the methods section have now been deleted (see pages 9-11; changes tracked).

5. In the conclusion it would be helpful to compare findings from similar studies if any or even practice elsewhere. Your discussion is more like recommendations. If you are making recommendations let it be clearly stated.

Response: A comparison with similar findings in the literature has now been made in the Conclusion section (see page 13; changes tracked). The title of the sub-section previously called ‘Discussion’ has been changed to ‘Discussion and Recommendations.’

6. Did you face any challenges in this study? State those as study limitations

Response: The challenges faced in this study have now been incorporated into the ‘Discussion and Recommendations’ sub-section. Although challenges were experienced under this study, they did not have an impact on the study design or sample recruitment, for example. As a result, rather than frame these as study limitations, we have used them to enrich the discussion and recommendations section. (see pages 12-13; changes tracked).

Issues Raised by Referee 2:

1. Minor Essential Revisions: Results: line 4 insert brackets (10); Line 6 of results in abstract delete (it is); Abstract conclusion line 4 insert of cases; Development and Pretesting Line 3: add the intention; Evaluation: Insert full stop (.) after methods in line one; Discussion/Conclusion line 24: the actual number of cases

Response: All typographical errors listed above have been addressed in track changes mode.

2. In the discussion and conclusion of the paper the authors acknowledge that the prevalence of TB is low and therefore the intervention at PNC may have to be based on further deliberations informed by the epidemiology of TB in the country. PNC attendance is (just about 20%) is not so well attended as ANC (90%+ for first visit) according to the Kenya Demographic and Health Survey 2008/9). Does this study also suggest raising the profile of PNC and increasing attendance?

Response: The study also recommends raising the profile of PNC and increasing PNC attendance and this recommendation has now been inserted in the ‘Discussion and Recommendations’ section (see page 12; changes tracked).
3. **Service provider training aside, what are the implications of this additional service for staff workload?**

   Response: There are potential implications of this additional service for staff workload, such as inconsistent record-keeping of the screening process by providers. This implication was observed during the study and is now described (along with recommendations for addressing it) in the Discussion and Recommendations section (see pages 12-13; changes tracked).

4. **In the exit interviews explain what the clients were expected to look for that informed their perception of competence of service providers. How objective was the client assessment?**

   Response: In reviewing the client exit interview tool again more critically, we have reconsidered the use of the term ‘competence.’ The tool aimed to establish providers’ actual *provision of* integrated PNC and TB services and to explore clients’ perspectives on the extent to which these services were offered. The language describing this has now been modified for accuracy (see pages 7-8; changes tracked).