Author’s response to reviews

Title: The effects of an area-based intervention on the uptake of maternal and child health assessments in Australia

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Version: 3 Date: 2 October 2008

Author’s response to reviews:

We would like to thank the reviewers for their useful comments. All of the information submitted is below.

Reviewer’s report
Title: The effects of an area-based intervention on the uptake of maternal and child health assessments in Australia

1. Background Para 3. It might be noted here or elsewhere eg in the discussion, that randomized allocation for the introduction of these types of programmes are entirely feasible and, as Macintyre has argued, may be more ethical as well as more informative.


This has been added to the methods section.

2. Methods para 1. The design depends on being able to identify which Best Start projects had “MCH projects”. The authors need to define “MCH projects” and discuss how easy it was to classify Best start projects according to this (though probably misclassification would bias the results to the null).

There was biannual reporting of projects occurring at each site over the course of the intervention. This enabled clear identification of the sites with and without MCH projects.

3. Analysis: It is not obvious what the variable “seen information about the 3.5 year Ages and Stages visit” indicates if one is unfamiliar with this health system. The authors need to explain how information about this might generally be seen,
or not.

The seen information about the 3.5 year Ages and Stages visit would include information in child health records provided to parents, information sheets, posters and direct reminders.

4. Results – parents surveys. There were very high levels of parental confidence. The authors might discuss this and what it implies for a population (versus targeted) approach.

However, the very high levels of parental confidence suggest that a targeted rather than a population-based intervention might be most effective.

Minor comments
1. Background- para 2. There is now a more recent evaluation of Sure start, which I believe can be accessed via the National Evaluation of Sure start website http://www.ness.bbk.ac.uk/. National Evaluation of Sure Start (NESS). The impact of Sure Start Local Programmes on three year olds and their families. 2008. Nottingham, DfES Publications.

We would prefer to cite the peer-reviewed literature.

2. Best start para 3 – the term “major health outcome” requires some explanation. Is the breastfeeding data reported elsewhere?

Sentence deleted

3. Maternal and child health services ; Non-Australian readers would probably like to know whether these services are free for all, means tested etc and if there are socio-economic inequalities in their uptake.

All MCH visits are free. This has been added in the text.

4. Discussion: Para 3 last two sentences (starting “Consequently, we can not…”) seem to contradict each other. How does the study add insight into parents’ motivation if causal mechanisms cannot be deduced?

Sentence deleted

Reviewer’s report
Title: The effects of an area-based intervention on the uptake of maternal and child health assessments in Australia
Version: 2 Date: 28 July 2008
Reviewer: Matt Egan
Reviewer's report:
This is an informative, interesting and important study with a clear research question. The methods, results and general presentation are all of a sufficiently high standard to warrant publication following some relatively small revisions listed below.

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

Typos
abstract 'World health Organisation'
Page 4 ‘linkages between services existing services’
page 5 – ‘parenting information and welcome were used’
page 7 – no page break
page 10 – ‘might be a barrier is a barrier to health’

Please make more clear
Page 5 ‘Recent evidence suggests that further evidence that parental confidence might be a major…’
Page 8 ‘The dependent variables were the survey questions – Seen information about the 3.5 year Ages and Stages visit and Confident a good parent’.

Table 1 is unclear. What do the figures 3309 and 3009 refer to? They do not appear in the text.

Survey ns taking into account missing data.

Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

Abstract – the conclusion could give the (erroneous) impression that this study has measured and found reductions in child health inequalities. It would be more in keeping with the rest of the manuscript to say something like
…community-based initiatives in disadvantaged areas may improve parents’ access to child health information, improve their confidence and increase MCH service use. These outcomes suggest such programmes could potentially contribute to strategies to reduce child health inequalities.

This has been replaced.

Your Discussion section already identifies potential limitations. It would be helpful if the main limitations were discussed under a ‘limitations’ sub-heading.

Why did the parent’s survey not ask about exposure to the MCH program? It
sounds like this is a major limitation in terms of the ecological fallacy you refer to, so a brief explanation would be useful.

Almost all parents are exposed to early MCH visits so treating previous exposure as an area level variable is not problematic.

Page 7 – Has there been an exploration of the effects (if any) that the under-representation of one parent families may have had on the study’s findings? If there has, this should be described here. If there has not, this should be explained (perhaps within the discussion of the study’s limitations).

This has been added as a limitation.