Author's response to reviews

Title: Paediatricians' perspectives on global health priorities for newborn care in a developing country: a national survey

Authors:

Bolajoko O Olusanya (boolusanya@aol.com)
Chinyere V Ezeaka (ezeakac@yahoo.com)
Ekundayo K Ajayi-Obe (eajayiob@hotmail.com)
Mariya Mukhtar-Yola (mariyamukhtar@yahoo.com)
Gabriel E Ofovwe (ofovwegabriel@yahoo.com)

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Author's response to reviews: see over
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The Editor
BMC International Health and Human Rights
BioMed Central
236 Gray’s Inn Road
London WC1X 8HB
United Kingdom

Dear Sir

Re: Revised Manuscript

Paediatricians’ perspectives on global health priorities for newborn care in a developing country: a national survey

Thank you for your kind interest in our manuscript and the valuable comments from the reviewers.

The authors’ responses to the specific issues raised by the reviewers are summarised in the attached document. The changes in the revised manuscript reflecting actions taken on the issues are underlined and marked in red for ease of reference.

We look forward to final decision in due course.

With kind regards

Bolajoko O. Olusanya PhD, FRCPCH
RESPONSE TO REVIEWERS' COMMENTS

Reviewer #1:

Major Compulsory Revisions

1. **Results/Discussion**: information on the comparability of the respondents to the paediatricians in Nigeria, and to the overall characteristics of the Paediatric Association of Nigeria (PAN) is needed to help determine the generalizability of these data.
   **Reply**: This point is appreciated and has been addressed under the limitations of the study on page 11, para 3.

2. **Results/Methods**: Information presented in Table 1 that show differences between respondent characteristics should (1) be introduced in the methods section, as no information on these characteristics or why they are chosen is presented here; and (2) presented as a table for ease of reading.
   **Reply**: Done [see page 4, para 3/page 5 para 1].

3. **Figures** need to show some sort of error term; if the authors stay with mean values, then standard deviations should be shown, otherwise other methods of presenting the distribution of data can be used.
   **Reply**: Along with the reviewer’s suggestion under item 7 below, we have introduced an additional table (Table 2) to provide the descriptive statistics. For ease of comprehension of the key findings in this survey we have opted to retain the two figures as presented rather than covert them to clustered box plots to display error bars.

4. **Methods**: Statistical testing would be helpful to show differences between the overall rank-orders for the groups. A comment such as the following on page 6 (“The differences in mean ranks by all respondents for all the conditions were significant…across all four measures.”) is too broad and, without more information, may not be appropriate.
   **Reply**: This section on Page 6 has been revised appropriately. We have also stated why post-hoc pair-wise significant testing for all the ten conditions for each of the five health outcomes was not explored [see page 6, para 2].
5. **Methods**: It would be helpful to have more information on how the questions were validated, and to ensure that respondents perceived the conditions similarly. For example, “congenital abnormalities” can range from minor conditions such as polydactyly that have no real impact on quality of life to conditions that result in severe mortality or morbidity.

**Reply**: We deliberately restricted the terminologies used in this survey to those listed in current global health literature. No additional explanation or definition was provided to ensure comparability with published data on these conditions.

6. **Methods**: this applies mostly to presentation of the data. The use of the Mann-Whitney U test and the Friedman non-parametric test are totally appropriate; however, they do not test the difference in mean values, but rather the difference in rank order or medians. Data presented in regards to figures 1 and 2 should report medians and interquartile ranges, which the p-values represent the differences, rather than means and standard deviations.

**Reply**: This point has been addressed along with item 3 above.

7. **Methods/results**: If information from the free text section are presented, then the paper should describe how those quotations were pulled from the section and why they were chosen.

**Reply**: The free text section was optional and was not designed to address any specific question. We therefore limited ourselves to citing a few of the comments relevant to the scope of the survey – to rank a set of specific neonatal conditions. Additionally, as only a small proportion of respondents (39/152) completed this section an in-depth thematic analysis was not explored so as not to distract from the primary study outcomes.

Discretionary Revision

8. **Background**: Some more information could be added to the paper in regards to how information from the physician community in the developing world could change policy, either at the local or national levels.

**Reply**: A relevant statement has been added [see page 3, para 2].

9. **It may help readers not from Nigeria to understand the distribution of physicians/patients throughout the country, and the typical practice location for physicians within the country.**

**Reply**: We agree with -the- reviewer that this is a valuable information. However, efforts are only beginning to be made by the current leadership of PAN to set up a more comprehensive membership database to permit such details.
Reviewer #2:

Major Compulsory Revisions
None

Minor Essential Revisions
None

Discretionary Revision
None