Author's response to reviews

Title: Postoperative outcome of caesarean sections and other major emergency obstetric surgery by clinical officers and medical officers in Malawi.

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Author's response to reviews: see over
Revised manuscript (MS ID1061794672131404) for HRH "Postoperative outcome of caesarean sections and other major...."

We refer to reviewers’ comments and have listed our responses below. In the revised manuscript please find our changes introduced by “track changes”.

**A) The first reviewer’s (Liljestrand) comments (e-mail from you 21 February 2007 at 10:47 h):**

1. We have introduced a clarifying amendment in the text in paragraph 1 of “Methods”.
2. We have corrected this in paragraph 4 in “Results”.
3. We have made our statement clear in the last paragraph of “Discussion”.
4. We have elucidated the problem of preoperative diagnosis in paragraph 3 in “Discussion”.
5. We have clarified the issue of emergency vs elective caesareans in paragraph 2 in “Methods”.

**B) The second reviewer’s (Sundby?) comments (e-mail from you 22 Febr 2007 at 10:50 h):**

1. We have clarified that the study is prospective in the Abstract.
2. We insist that “medical officer” is the correct term to use here and this is not altered by some few clinical officers’ use of this term for themselves.
3. We have deleted “brain drain” and substituted that by “depletion of human resources for health”. The reviewer suggests that “the issue of physician and nurses travel to other countries could be exemplified in this paper, how many are there, how large is the gap”. We consider it out of scope of this article to dwell in detail on what this depletion implies.
4. We shall describe the complex issue of various trainings of clinical officers in a separate paper and find it very difficult to go into all these details here.
5. The issue of elective vs emergency CS has been addressed under item 5 of the first reviewer.
6. We have inserted the sentence requested on page 5.
7. The change has been done, see our response to item 2 of the first reviewer.
8. The 9% of “no post internship experience” should be understood simply as information gained by us at the moment of interview. This has been clarified in the text on page 7.
9. We consider the middle paragraph on page 8 to be “Discussion” and not “Results”, since we refer to previous published results. We insist it should remain so.
10. We agree. Parts of last paragraph on page 8 has been moved to “Methods”, page 5.
11. We could not carry out any more “validation” than we did and we think our results are fairly straightforward: we have also indicated that there are limitations in the study (see our responses to reviewer 1 and 3). It is obvious to us that neither of the two categories can have zero postoperative complications and mortality and we have not dwelled on background factors like deprivation of resources and poverty to explain this.

12. Other causes of maternal death: we have not found any reliable national figures that are meaningful to refer to and opted not to detail more on this.

C) The third reviewer’s (Mhlanga) comment (e-mail from you 21 March 2007 at 10:48 h):

We have addressed the issue of criteria for various complications by commenting on the subjectivity given in Tables 6 and 7 and on the more precise, complementary information given in Table 8. All this is to be found in paragraph 3 in “Results”.

D) One more correction

We have also corrected a small error (not altering percentages or results) in Table 3 and made subsequent corrections in the text, also with track changes.