Author's response to reviews

Title: Availability and components of maternity services according to providers and users perspectives in North Gondar, northwest Ethiopia

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Author's response to reviews: see over
To: Editorial in Chief
BMC Reproductive Health

Subject: Submitting a revised version of the manuscript

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Title: Availability and components of maternity services according to providers and users perspectives in North Gondar, northwest Ethiopia

We were requested to do further revisions on the manuscript specifically on the two points raised by the first reviewer. We want to acknowledge the reviewers and the academic editor for their detail review of our manuscript. The comments and suggestions were utilized to improve our manuscript.

Please see the following point-by-point response to the comments. We have also uploaded the revised document.

With best regards,

Abebaw Gebeyehu

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Thank you for the immediate response for our revised manuscript.
Point-by-point response for further comments (Editor’s request for further clarity and comment inclusion in the text for two of the previous comments raised by Reviewer 1)

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<th>Previous comment 1</th>
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<td>The authors need to clearly define the goal of the survey. They report the availability of maternal health services as being important for maternal survival but in actuality, the provision of signal functions are more relevant than antenatal care. They may consider redoing the paper with the objective of describing signal functions and write a different manuscript on general maternity services. Table 1 describes the availability of basic and comprehensive obstetric care and I suggest the rest of the paper should reflect that.</td>
<td>More clarification is provided for the objective of the survey based on the following concept. As we tried to mention on the justification part, increasing coverage of maternity services like ANC, delivery and postnatal care is not guarantee to achieve the goals of maternal health care (reduction in morbidity and mortality). Rather, maternal service utilization is meaningful if women received important service components at the time of their maternity care. This study was mainly focused on whether important service components are provided or not in both routine and emergency situations according to the levels of the facility. For the routine maternal services, the provisions of important service components of ANC and delivery care were assessed. Similarly, for the emergency conditions, the signal functions of facilities were assessed. The scope may be wide when we include emergency obstetric care signals and components of the routine obstetric care like ANC. However, readers can learn the overall quality of maternity service provided by the facilities.</td>
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| There is no table or figure that shows the linked facility population-based data.  
  • Tables 3 and 5 are not sufficient for that purpose. | This approach significantly helped us to address our objective specified in this paper (to clarify findings). Here, the linked survey gives us an opportunity to evaluate the services of the same facility two times (during our facility survey and from the users report during the population survey) that is not possible in the case of the stand-alone facility survey. The linked data (both supply and demand factors) were also utilized for analysis of determinant factors for utilization of maternal health services in a paper “Factors affecting utilization of skilled maternal care in Northwest Ethiopia: a multilevel analysis. BMC International Health and Human Rights 2013, 13:20” |
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| We are almost done. However, I am still asking you two additional efforts. These are in relation to the first two comments made by reviewer one. I can see in your reply that you addressed such comments but I cannot locate in the text of the new version where the reply to these two comments is addressed. I agree with these two comments and I consider that you should develop the reply to them in the text of your article. | For the first comment, more clarity is provided for the goal of the survey by modifying the justification part (the last paragraph of background).

As mentioned in the previous response, this study was planned to assess the important service components of both the routine (general) maternity care and emergency care (the provision of signal functions).

With regard to relevance, although it depends on the quality of service, both contribute for maternal survival. Important service components (essential interventions) provided before pregnancy, during pregnancy, delivery, and postpartum are outlined in the WHO documents and lancet article. (Look at references including “A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health”, “WHO Recommended Interventions for Improving Maternal and Newborn Health”, and “Kerber KJ et al. Continuum of care for maternal, newborn, and child health: from slogan to service delivery. Lancet. 2007;370:1358-6”.

When we come to the second comment, the following explanations (clarifications) are provided.

Linking data, which is the ultimate goal of linked survey, is already done during analysis or interpretation of findings.

1. In this paper, interpretations and conclusions were done based on integration of findings from the facility and population-based surveys.

2. In the previous manuscript, data linking was done during analysis of determinant factors. In this case, facility characteristics were disaggregated for individual women selected from its catchment area. Then, their effects on service utilization behaviour of women were evaluated using multilevel analysis.

We believe addition of table or graph is not important but we added discussions based on our linked data analysis to see their effects and direct readers to look at the details (discussion: paragraph 3). |

Thank you so much!