Author's response to reviews

Title: "Does pregnancy intention influence use of antenatal care services? Systematic Review and Meta Analysis

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Author's response to reviews: see over
To: Editorial Board

BMC Reproductive health

Subject: Resubmitting manuscript for publication

Pleased find enclosed a manuscript entitled “does pregnancy intention influence use of antenatal care services? Systematic review and meta-analysis”, for consideration as a research article on the journal of BMC Reproductive Health and. Based on our initial submission, we received comments from two reviewers. We have given a point by point response to the reviewers report. Moreover, we have revised the manuscript according to the comments given and based on BMC reproductive health journal style. Please find attached our responses to reviewers reports and the revised manuscript. Thank you for considering our manuscript for publication on your journal.

With regards

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Reviewer 1: Charles Teller

Thank you for your constructive comments and inputs to our manuscript. Below we have given a point by point response to the issues raised.

Major

1. There are so many other barriers to use of ANC beyond pregnancy intention. Expand in the discussion a list of the main individual, household and community factors in maternal health seeking behavior, as well as supply side (eg., health care access, quality, cost, etc.)

Author’s response: Thank you for pointing out this. we have mentioned both in the introduction and discussion section that there are several individual, community and health care factors that influence use of antenatal care. We have expanded on this in the discussion section (see paragraph 4 of the discussion section) in this revised manuscript.

Reviewer comment: The exclusion of the grey literature is prejudicial, especially from the great scarcity of data from longitudinal/cohort studies. I believe the authors have access to that grey literature in Ethiopia, and should analyse it (eg., from the DSS sites).

Author’s response: the main reason for not including the grey literature is due to lack of access to many unpublished literature on the subject. We had access to very few unpublished MPH thesis, but we decided to exclude them at all. Data from the DSS sites, suggested by the reviewer, are not available for broad users, except a team of researchers who work on DSS projects.
Minor

2. Since reliability of maternal responses vary by time lag since last pregnancy, and because of traditional values on childbearing and the meaning of "intention", the authors should make sub-groups by time lag (eg., during the pregnancy, within one year, within 5 years)

Author’s response: Thank you for pointing out this. We have done sub-group analysis by study design in our revised manuscript. These included prospective cohort studies which asked pregnancy intention during pregnancy (and second after delivery), and cross-sectional studies. See table 2 and table 3 in the revised manuscript.

3 Discretionary:

a) The additional file with the table of the actual accepted studies is very valuable, and should be included by the publisher.

Author’s response: Thank you for pointing out this. We will include the additional file in to the main manuscript.

b) No date include in the Tsui ref. #26

Author’s response: we have included date for the reference mentioned

c) In the forest plots, you need to explain in a legend the meaning of the size of the rectangle.

Author’s response: we have explained this in the revised manuscript briefly, although this is familiar to readers of meta analysis. The square (rectangle) in the forest plot referred to the effect estimate and the size of the square refers to the weight of each study.
Reviewer 2: Sileshi Garoma

Title: - Suggested title should read “Does pregnancy intention influence use of antenatal care services? A systematic Review and Meta Analysis”

Author’s response: we have accepted the comment and modified the title accordingly.

Abstract- Methods-Line 2- “Popline CINHAL” should not put in abbreviation. Also, in Results: Line 2- (OR 1.42 with 95% CI, 1.27, 1.59) is not the usual way of reporting an effect size and it would have been better if read as (OR, 1.42; 95% CI, 1.27 to 1.59).

Author’s response: we did not find a problem in line 2 of the abstract. We think that the suggestion given by the author is a different way of writing the same thing.

Search Strategies:

Use of different study design: population based cross-sectional studies, and cohort studies reported in English were included. It would have been better if the authors use studies with similar study designs.

Authors response: The use of studies with similar study design has been the norm in meta analysis. In this study, we included observational studies only, due to the absence of randomized trials on the subject. Several recent meta-analyses have combined different study designs to compare effect size among the different study design. For instance, in medical researches, studies on the impact of including different study designs in meta-analyses showed that the combination of studies that use different designs, within the same meta-analysis, will lead to higher estimates of diagnostic accuracy (see for instance Parker et al, 2012). In the revised version of our manuscript, we have made sub-group analysis by study design to see the differences between the two categories of observational studies (cross-sectional and cohort). In both cases, the finding on the association between pregnancy intention and antenatal care were similar.
**Data analysis:** The Authors used both fixed and random effect models to indicate the effect size despite the heterogeneity of the studies included in the Meta-Analysis.

**Author’s response:** We presented results for both random and fixed effects model. But, we have mentioned in the methods section that we interpret the random effect model only. The reasons for interpreting the random effects model are also mentioned in the methods section.

**Results**

Use the usual ways of reporting the effect sizes (OR) consistently.

**Author’s response:** Thank you for the comment, we have modified accordingly.

**Discussions**

The majorities of the studies included in the Meta-Analysis (18/32) were from the USA that could overwhelm the effect size, while the authors gave emphasis for developing counties. So it is ideal to indicate in the limitations.

**Author’s response:** Yes, the majority of studies included in the analysis is from the USA, and we have mentioned this point as a limitation of the study (see discussion section). In addition, we have done a sub-group analysis by region (developed and developing), and both analysis showed similar findings.

**References**

Indicate those studies included into Meta-Analysis using Astrix (*) or some other Identifiers

**Author’s response:** We have provided the list and characteristics of studies included in meta analysis in a separate table.