Author's response to reviews

Title: Birth preparedness and complication readiness in Robe Woreda, Arsi Zone, Oromia Region, Central Ethiopia: A Cross-sectional Study

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Author's response to reviews: see over
Point by point response to reviewer

Title: Birth preparedness and complication readiness in Robe Woreda, Arsi Zone, Oromia Region, Central Ethiopia: A Cross-sectional Study

Muhammedawel Kaso and Mesfin Addisse

Reviewer 2: Kizito M Lubano

Comment #02: Are the methods appropriate and well described, and are sufficient details provided to replicate the work?-Methods are not satisfactorily described, as there is a standard matrix for assessing the phenomenon yet it has not been applied fully

Response: comment is accepted and modified accordingly.

Comment #03: Are the data sound and well controlled?-data lack essential elements to make valid conclusions

Response: comment is accepted and modified accordingly.

Comment #05: Are the discussion and conclusions well balanced and adequately supported by the data?- The discussion is weak and some sections are simply a recap of the results

Response: comment is accepted and modified accordingly.

Comment #07: Is the writing acceptable?- needs revision

Response: comment is accepted and modified accordingly.

Comment on Abstract:

Response: comment is accepted and modified accordingly.

Comment on Results:

Response: comment is accepted and modified accordingly.

Comment on Discussion:

Response: comment is accepted and modified accordingly.

In general we have learned many things from the comments given by reviewer on our paper. As much as possible we have tried to consider all comments and make highlight in the main document on the parts which is significantly modified. Therefore, we need to say thank you very much for the reviewer and The Reproductive Health Editorial Team from the bottom of our heart.
Point by point response to reviewer

Title: Birth preparedness and complication readiness in Robe Woreda, Arsi Zone, Oromia Region, Central Ethiopia: A Cross-sectional Study

Muhammedawel Kaso and Mesfin Addisse

Reviewer 1: Gedefaw Abeje Fekadu

Comment #01: There is little literature review. The title is birth preparedness and complication readiness and factors associated. But I saw nothing about factors associated.

There are also studies done in Ethiopia on this title. The authors have also to see these papers.

Response: comment is accepted and modified accordingly. We have tried to search and add some literature done in Ethiopia and abroad.

Comment #02: For the qualitative part, why you included only TBAs for interview and only women for FGD? This has to be justified.

Response: since the study subject was women of reproductive age group and we need to generalize for this group we take TBAs for in-depth interview and women for FGDs. The reason that we take TBAs for in-depth interview is that there are few TBAs in a given kebele or village. Therefore, it is difficult to bring together for focus group discussion. Also to get very sensitive and cultural related issues to the topic, we assume that in-depth interview of TBAs are preferable and they know than others. Because of these points we have selected TBAs for in-depth interview and women for FGD. But, still it is possible to include other groups of the community like religious fathers etc. that we were not consider.

Comment #03: There is no exclusion criteria set in this study. It should be there.

Response: comment is accepted and we belief that study subject is clear after we add “irrespective of birth outcome” as mentioned below for comment #04.

Comment #04: Please mention how you managed if a woman had birth in the last 12 months and if the infant had died. Is this woman included or excluded.

Response: comment is accepted and modified as “…..irrespective of birth outcome…..” is added.

Comment #05: The operational definition you used for birth preparedness and complication readiness is not clear. Is the woman said prepared when she fulfill all the things you mentioned there or when she fulfill any one of the criteria you mentioned there?

Response: comment is accepted and modified as ‘We have considered a woman was prepared for birth if she identified place of delivery, saved money, identified skilled provider and identified a mode of transport ahead of childbirth as operational definition. Then those mothers
who followed at least three of the four BP/CR were considered as ‘‘birth prepared’’. The remaining women were considered as ‘‘no prepared for birth’’.

**Comment #06**: How you classified respondents as knowledgeable or not knowledgeable is not clear. Make it clear please.

**Response**: comment is accepted and modified accordingly.

**Comment #07**: It is not clear for me why it is needed to include 60 years old women in FGD for birth preparedness and complication readiness.

**Response**: 60 years old woman was TBA in one kebele. Most of TBAs were old age because most of the time to practice home delivery it needs experience and the community accepts old age women. Therefore, we have decided to include few old TBAs which were presented by facilitators to get concepts related with perception and culture about the title.

**Comment #11**: Some comparisons are inappropriate. For example, the authors tried to compare factors associated with birth preparedness and complication readiness with factors associated with ANC.

**Response**: BP/CR is the main component of ANC. Specifically the focused ANC considered as the major component which should be implemented during ANC visit. Because of these we have considered factors related with ANC.

**Comment #12**: The conclusion is not in line with the title. Nothing is written in the conclusion about birth preparedness and complication readiness.

**Response**: comment is accepted and modified accordingly.

**Comment #13**: The recommendations are not in line with the result. For example, training health extension workers on birth preparedness and complication readiness is not in line with the result. There is no finding in the result that could show training need for HEWs.

**Response**: comment is accepted and modified accordingly.

**Comment #14**: The statistical analysis needs revision. For example, on table 3, one of the cells has only 4 counts. It is not recommended to do regression when the number of counts in one cell is less than 5.

**Response**: comment is accepted and we have considered as limitation.

**Minor Essential Revisions**

**Comment #01**: It is good if the authors add something that show gap in the abstract. That means the reason why they are interested on the topic
Response: comment is accepted and modified accordingly

Comment #02: 575 mothers were selected and data was obtained from 575 mothers but the response rate was 99%.

Response: comment accepted and modified as “Among 581 sample size...” in the abstract part.

Comment #03: The last section of the result in the abstract is incomplete. Please make it complete.

Response: comment is accepted and modified accordingly.

Comment #04: The variables in table 2 are not knowledge variables. Please correct it.

Response: the questionnaire which we used to assess the variables in the table 2 said ‘Do you think -------- is useful?’ To make short simply we said, saving money etc.

Discretionary Revisions

Comment #01: The alignment of the papers is left. Please make the alignment justify

Response: comment is accepted and modified accordingly.

In general we have learned many things from the comments given on our paper. As much as possible we have tried to consider all comments and make highlight in the main document. Therefore, we need to say thank you very much for the reviewer and The Reproductive Health Editorial Team from the bottom of our heart.