Author's response to reviews

Title: Women's sexual health and contraceptive needs after a severe obstetric complication ("near-miss"): a cohort study in Burkina Faso

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Author's response to reviews: see over
Dear Drs. Kulier and Cecatti

Thank you very much for your review of our manuscript. We have reviewed the manuscript according to the reviewer comments. We provide below a point by point reply to heir helpful comments. We have used track changes in the reviewed manuscript.

Major compulsory revisions:

1. Background, 5th paragraph: The second hypothesis does not clearly state which group of women is to be compared with the near-miss women with a perinatal death and/or an early pregnancy loss. It needs to be clear whether they are being compared to all women with live birth, women with uncomplicated delivery or near-miss women with live birth.

To make the second hypothesis clearer, we added that the group of near-miss women with perinatal death and/or early pregnancy loss was compared with the group of near-miss women with a live birth.

2. Methods, 1st paragraph under “Case definitions for near-miss complications and uncomplicated childbirth”: The “near-miss” case definition should be spelled out more clearly, with references supporting the definition. In the discussion section, the authors note that the rigorous case definition is a strength of the study, however, the methods only state “signs of extreme clinical severity, such as signs of shock or organ failure.” There are multiple definitions of “near-miss” in the literature

The near-miss case definition has been rewritten to give more precisions.

Minor essential revisions:

1. Results, 1st paragraph: The second sentence is comprised of two incomplete sentence fragments.

We added a verb to complete the sentence and make it understandable.

2. Results, 1st paragraph under “Family planning”: The last sentence only references Figure 1, but should correctly reference all Figures 1-4, preferably after the reference to the respective groups. The use of the word “features” in the last sentence does not make sense. It would be more clear to say “The unmet need for contraception followed two general patterns: (i) in the near-miss group with induced abortion (Fig. 1) and the near-miss group with perinatal death or natural abortion (Fig. 2) there was a high increase at six months followed by a decrease at 12 months; (ii) in the near-miss group with live birth (Fig. 3) and in the uncomplicated delivery group (Fig. 4) the unmet needs for family planning increased from three to 12 months.”

We thank the reviewer for her suggestions and have made the required changes.
3. The data in Table 3 should be more clearly labeled as odds ratios and 95% confidence intervals. Statistically significant comparisons should be marked somehow (e.g., bolded, asterisks).

   **We have now indicated that odds ratios are denoted by the main text and 95% confidence intervals are show in brackets. We now also show statistically significant comparisons in bold and have explained this as a table footnote: “Bold type denotes odds ratios that are statistically significant at the 95% confidence level”**.

4. The analysis groups for each of Figures 1 through 4 should be clearly labeled on the figure (e.g., “near-miss” women with induced abortion).

   **For each Figure, the analysis group is now clearly labeled**.

Discretionary revisions:
This manuscript would benefit from editing to make the language more precise. For example, the last sentence in the 2nd paragraph of the Results states that the frequency of 3rd degree FGM seemed to be higher in groups with higher mean age. It would be more accurate to say that it was higher, not seemed higher.

   **The text has been amended to states that the frequency “was” higher. We have reviewed the manuscript to ensure the language is sufficiently accurate.**