Author's response to reviews

Title: Knowledge of obstetric danger signs and birth preparedness practices among women in rural Uganda

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Version: 2 Date: 11 November 2011

Author's response to reviews: see over
Dear Editor,

Subject: SUBMISSION OF REVISED MANUSCRIPT- VERSION 2

I am enclosing herewith a manuscript entitled “Knowledge of obstetric danger signs and birth preparedness practices among women in rural Uganda – Version 2”.

We have responded to all points raised by the two reviewers point by point (see pages 2-8) and track changes are indicated in the manuscript version 2. The same information has been added to the manuscript (indicated by track changes).

All authors have read through the revised manuscript and have consented to its submission.

Yours Sincerely

Jerome Kabakyenga

Corresponding Author
Reviewer's report (1)

Title: Knowledge of obstetric danger signs and birth preparedness practices among women in rural Uganda

Version: 1 Date: 18 October 2011

Reviewer: João Paulo Souza

Reviewer’s report:

MAJOR REVISIONS

Details on the second stage of sampling are missing.

Details on the second stage sampling are now included in the manuscript in the subsection of “Sampling method and Sample size”.

I suppose not all women were located or consented in being interviewed. The authors inform that women were randomly selected, but they need to state what is the proportion of selected women that were actually interviewed.

From Research Assistant’s records only one (1) woman declined to be interviewed – reason: lack of time by participant to complete the interview.

In the table 3, the number of decimals used should be consistent. If the authors wish to present the second decimal for education (i.e.
95% CI lower limit equals 0.98) it should be used across the tables, or this should be presented as 1.0.

The number of decimals has been corrected to one place in all tables.

**MINOR REVISIONS**

How the random selection of women was performed? How these women were identified as potentially relevant to the study?

Women who had either delivered within the previous 12 months or were currently pregnant were randomly chosen in each village with assistance of a Village Health Team (VHT) member. In each village, a starting point was alternately identified at the centre or periphery with the help of a VHT member. Two research assistants moved in opposite direction choosing every other household until 10 women who met the inclusion criteria were interviewed.

With regard the informed consent, it is mentioned that all participants provided written consent. Considering the education levels or a largely rural population in Uganda, I suppose that a substantial proportion of women are unable to read and write. What was the procedure used in such cases?
The Interviewers read the contents of the consent form to every participant. Those who could write were asked to acknowledge consent by signing while those who could not write appended thumbprints.

I have a somewhat reservation on presenting both 95% CI and the p value. I think it is not necessary and, in borderline situations, it may create confusion. In this paper the authors seem to prefer the p value, as they are not always considering a CI touching 1.0 as statistically not significant. My suggestion would be to stick with 95% CI and regard the results as not statistically significant if the 1.0 is included in the CI. In the case of the danger signs timing (i.e., whether it is antepartum, during childbirth or postpartum), more importantly than the finding that the knowledge of danger sign during childbirth is not associated with birth preparedness, I see an overall trend between knowledge of danger signs and birth preparedness, as all point estimate are greater than one and, during childbirth it is “almost” significant (one could regard it as marginally significant).

We agree with the reviewer. We have removed the column of p-values.

**Discretionary changes**

In the section “data management”, in the sentence “Twelve research assistants (all graduates of social sciences graduates) with
experience in survey data collection were trained for one week…”,
the qualification of the research assistants need to be revised (there
is an extra “graduates”)
The qualification of research assistants has been revised
Reviewer's report (2)

Title: Knowledge of obstetric danger signs and birth preparedness practices among women in rural Uganda

Version: 1 Date: 28 October 2011

Reviewer: Allisyn Moran

Reviewer's report:

Major Compulsory Revisions:

1. Please clarify how the "key" danger signs were selected for each phase. Are these based on the major causes of death?

We used the grouping of key danger signs given in the “Monitoring Birth Preparedness and Complication Readiness: Tools and Indicators for Maternal and Newborn Health” (Available on: http://www.jhpiego.org/files/BPCRtoolkit.pdf or http://pdf.usaid.gov/pdf_docs/Pnada619.pdf) sections 1-24 & 1-25. In this publication by “JHPIEGO/Maternal and Neonatal Health Program”, the danger signs were selected as key because they are common, easy to recognize, and associated with a potentially severe problem.

The key danger signs during pregnancy include; severe vaginal bleeding, swollen hands/face and blurred vision while key danger signs during childbirths are; severe vaginal bleeding, prolonged labour (labour lasting more than 12 hours), convulsions and retained placenta. The key danger
signs during postpartum include; severe vaginal bleeding, foul-smelling vaginal discharge and high fever.

2. Please clarify how questions about knowledge of danger signs were asked - were they spontaneous or probed or both?

The question posed to participants to elicit responses on knowledge of key danger signs during the three phases was “In your opinion, what are some serious health problems that can occur during pregnancy/labour and child birth/in the first 2 days after birth that could endanger the life of a woman?” Only spontaneous responses were recorded.

3. Were birth outcomes or experience with pregnancy included in the analysis? This may influence how women remembered/recalled knowledge of danger signs and birth preparedness behaviors.

Birth outcomes and experience with pregnancy were included in the questionnaire but not in the analysis for this manuscript. A maximum period twelve months between delivery and interviews is short enough to minimise recall bias.

4. One issue about examining birth preparedness and knowledge of danger signs retrospectively (among women with recent deliveries) is that is it
difficult to know if the knowledge was acquired before or after delivery (reverse causality). It is important to mention this in the limitations section.

There is likelihood that the birthing experience of some women could have modified their responses to questions on knowledge of danger signs or birth preparedness but this could not have adversely affected the findings observed in this study. The explanation is that birth outcome was not an outcome variable in the study. Moreover, it is not feasible to handle the mentioned situation as confounding since it could just as well be a mediating mechanism, since the outcome was determined at the time of the interview.