Author's response to reviews

Title: The growth of a culture of evidence-based obstetrics in South Africa: a qualitative case study

Authors:

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Author's response to reviews: see over
Dear Dr. Kulier,

RE: MS: 1799406670490246  The growth of a culture of evidence-based obstetrics in South Africa: a qualitative case study

We would like to thank the editors for the professionalism with which the reviewing process has been handled. We were very impressed with the appropriateness of the reviewers assigned to our paper. We feel that they were well chosen on the basis of their experience in reproductive health and knowledge translation. Their comments have also been most useful.

Please find our response to the reviewers below. All changes made in response to their comments are highlighted in yellow in the manuscript text.

Response to Jose G Cecatti:

- We have given written Low and Middle Income Countries in full in the abstract.

- Sampling was indeed stopped at saturation in terms of both the content emerging from the interviews and of the potential respondents we could reach. We have added the sentence “Sampling was stopped once we had reached data saturation and once we were also assured that we had reached all relevant respondents” to page 6 in the Methods section. This therefore also explains the obstetrician-midwife ratio, as we had interviewed those senior individuals who had played a significant role in policy making for maternal health during the period covered by the study. If anything this ratio does perhaps therefore reflect the need for more involvement of midwives in this process.

Response to Mathieu Ouimet:

Major revisions

- We thank the reviewer for the observation that one RCT cannot be regarded as a crucial experiment, and we agree. However this is an important piece of work which has looked at whether or not the intensive promotion of access to knowledge will lead to a change in practice. The authors in their discussion point to both the strengths and the weaknesses of their study and conclude that “Knowledge access is essential but probably not sufficient to lead to change in health care practices within a period of 10-12 months” (p22). This is the
same underlying point as is argued in our paper. However to avoid over generalising from a single study we have now added the words “as a consequence of the intervention tested in this trial setting” to the statement that “evidence based practice had not increased” (p 3).

- We agree that there may be more recent empirical studies on factors affecting the uptake of research evidence into policymaking, but it was beyond the scope of this study to search for those systematically and we feel that an arbitrary selection of these would be less helpful than the existing systematic review. This 2005 review, conducted by John Lavis and colleagues, is currently being updated (though the update is not published yet). Through personal communication with the first author we are assured that findings have not changed substantially. We have therefore not made any changes to the text.

- The reviewer’s comments on possible selection bias are well taken. We have realised that in the phrasing of our sentence explaining who was selected for participation in our study we may have caused some confusion. We in fact interviewed all senior members of the obstetrics and gynaecology fraternity who were involved in policy development, but were trying to make the point that, since we did not interview health care providers outside of this policy elite, we have no direct data on whether the culture of evidence-based medicine that we describe was shared more widely. We have changed the wording on page 16 so as to reflect this. Furthermore, as indicated in the text on page 6, “attention was given to fair dealing and seeking out negative cases” in the sampling process. This means that in practice we made substantial efforts to find participants who had diverse opinions. In the end we found only one person and he was unable to put us in contact with others who shared his opinions.

Discretionary revisions

- We are happy with the phrase “tell the story” and have made no changes.

- We have replaced “affecting the translation” with “associated with the translation” on page 4.

- The comment on page 7 in relation to the early growth of evidence based medicine within academic obstetrics is based on the fact that already, during the late 1970s and early 1980s, South African researchers in the field of obstetrics and gynaecology had begun to discuss and synthesise research evidence. This occurred at the time when these ideas were also beginning to brew internationally, especially after Archie Cochrane’s criticism in 1979 that obstetrics was the least evidence based medical speciality. This is discussed in more detail on page 8 and 9 of the manuscript and we have therefore made no changes.

- While it may be true that the objectives, focus and methods of the studies we refer to were different to ours, we do feel that our findings reflect actual differences between the development of a culture of evidence based medicine in South Africa and experiences in many other LMICs. These differences are also reflected in the findings of the larger three country study of which this South African study was a part (see: Woelk G, Daniels K, Cliff J, Lewin S, Sevene E, Fernandes B, Mariano A, Matinhure S, Oxman AD, Lavis JN, Lundborg CS: Translating research into policy: lessons learned from eclampsia treatment and malaria control in three southern African countries. Health Res Policy Syst 2009, 7:31.)

Yours sincerely,
Karen Daniels
On behalf of the co-authors