Reviewer's report

Title: The effect of participatory women's groups on birth outcomes in Bangladesh: does coverage matter? A cluster randomized trial.

Version: 2 Date: 27 June 2011

Reviewer: Charlie Goldsmith

Reviewer's report:

This protocol is reasonably written. However, there are several points that should be clarified to make the planned study clearer for a reader.

The pages were numbered from 1 to 20.

1. Page 2, paragraph 3, line 11. Suggest replacing [population] by [groups]. One can never study a population, even though it is your target.

2. Page 2, page 4, line 1. Include the date of registration as well as the date the first group was randomized.

3. Page 3, page 1, line 6. The short form [MDG4] is not defined and should be listed in a section with all short forms defined. Consider entering [Millennium Development Goal] in front of it. Also, note on Page 3, page 3, line 9 that it is used in the form [MDG 4]. These should be consistently used.


6. Page 3, page 4, line 6. Suggest replacing [Recently] by [In 2009]. The former goes out of date and the latter is always correct once published.

7. Page 4, page 3, lines 1, 3, 10 and page 4, line 1. Replace [parameters] by [variables]. A parameter is a characteristic of a distribution of a variable in a population and NOT another name for a variable in a sample. Also Page 12, line 3, page 3, line 3.


11. Page 6, page 2, line 2. Define [UCL] and include in the list of short forms.

13. P 7, p 3, l 2. Define [TBA] here as it is not defined until P 9, p 3, l 5 and should be included in the list of short forms.

14. P 9, p 1, l 2. The short form for a coefficient of variation is CV, not k. The latter is the short form for kappa, a reliability coefficient. Also, was any software used to justify the power calculation shown in l 4? If so, cite it. While it is admirable that you can detect a 30% difference in neonatal mortality; what would be the minimum clinically important difference that would influence policy. Surely a much smaller effect would also be relevant.

15. P 9, p 2, l 1. Insert [r] in [fist] to read [first].

16. P 9, p 3, l 21. How reliable are the data that are checked? Consider providing a measure such as an ICC or kappa estimate.

17. P 10, p 2, l 4 and 5. How complete are the data and what percent of interviews are not done because the respondent is not at ease? These should be reported.

18. P 10, p 4. No software is listed that you can use to do the proposed analysis. Please provide what you intend to use and articulate the strategies.

19. P 11, p 1, l 2. Since you clearly have missing data and intend to do ITT analyses, how will you handle the missing data?

20. P 11, p 2. Provide a reference that this sensitivity analysis will be adequate to detect clinically important differences in mortality with and without these tea garden areas.

21. P 11, p 4. What software will be used to help with these qualitative analyses?

22. P 11, p 8. Since lack of consent will likely mean you have missing data, comment how you plan to accommodate them in the analyses. See 19.

23. P 13, after p 3. This would be a good location to report the short forms in the entire manuscript.

A random sample of 10 R(eference)s was selected to be checked for accuracy of citation. This reviewer also likes to include issue numbers to make finding the Rs easier when they are needed.


25. P 14, R 7, l 2. Insert [(6)] after [83].


27. P 14, R 9, l 2. Insert [(9463)] after [365].

28. P 14, R 10, l 2. Insert [(9546)] after [368].
30. P 14, R 16, l 1. Insert [(Article 18)] after [14].
31. P 15, R 20 could not be verified.
32. P 15, R 21, l 4. Insert [(9432)] after [364].
33. P 15, R 30, l 2. Insert [(2)] after [28].
34. P 15, R 33, l 2. Insert [(9460)] after [365].