Reviewer's report

Title: A protocol for a systematic review of birth preparedness and complication readiness programmes

Version: 1 Date: 5 December 2012

Reviewer: Susanne Hempel

Reviewer's report:

This is an interesting review. Here are some comments that should be addressed before publication of the protocol:

- The use of abbreviations is not recommended, they just make the manuscript harder to read

- It might be better to integrate the primary outcome in the review questions, there does seem to be a disconnect. Isn’t the first review question to find out whether birth preparedness programs are associated with skilled birth attendant deliveries?

- I would recommend using PICOTS to structure the inclusion criteria. The country restriction can go into the setting. The comparator criterion can include the study design. The study designs and the comparators eligible for inclusion should be described in more detail (does the comparison group need to receive standard care or will active comparisons, i.e. compared to a different intervention, or uncontrolled studies be included?). The interventions should be described in more detail. More examples of eligible interventions should be given and potentially a broad categorization of programs and initiatives. Are all birth preparedness programs eligible or only those that promote the use of a skilled birth attendant?

- The reference to PubMed’s two sets should be revised, more information on PubMed and MEDLINE on Ovid can be found on the respective web pages

- The database selection seems very limited given the scope of the review. I think you need additional databases with an emphasis on community interventions and ideally a stronger focus on low resource environments

- The preliminary PubMed search strategy should be published with the protocol

- I don’t understand the sentence “We will also search for trials, reports, and grey literature.” Does this refer to in addition to the electronic databases, you will search trial registries, PubMed Health and other sources to find reports, and search specific sources of grey literature? In that case it is probably better to specify the sources.

- The inclusion screening process should be clarified further. Will reviewers screen titles and abstracts in duplicate (recommended) or will three reviewers perform the screening without overlap? It is very difficult to judge from the abstracts whether the full text publication will meet inclusion criteria so it might be
best to look for potential includes and then apply the explicit inclusion and exclusion criteria to the full text publications

- The quality and risk of bias criteria should be stated clearly. Will the Cochrane Risk of Bias tool be applied, or the Walsh and Downe criteria, or both. And if the Cochrane Risk of Bias tool will be used the version needs to be specified or alternatively the dimensions should be stated

- The variables that will be extracted from the includes should be described in more detail, the current description is very vague and according to the data analysis section very specific information is needed from the studies

- The PROSPERO number should be added to the protocol

- The funding source and the role of the funder should be described