**Title:** Prevalence and risk factors for Plasmodium falciparum malaria in pregnant women attending antenatal clinic in Bobo-Dioulasso (Burkina Faso).

**Authors:**

- Mamoudou Cisse (cisse_m@yahoo.fr)
- Ibrahim Sangare (babaibrasangare@yahoo.fr)
- Guekoun Lougue (glouque5@yahoo.fr)
- Sanata Bamba (hsanata@yahoo.fr)
- Dramane Bayane (bayanedramane@yahoo.fr)
- Robert Tinga Guiguemde (rguiguemde@yahoo.fr)

**Version:** 5

**Date:** 2 October 2014

**Author’s response to reviews:** see over
Author's response to reviews

Title: Prevalence and risk factors for Plasmodium falciparum malaria in pregnant women attending antenatal clinic in Bobo-Dioulasso (Burkina Faso).

Authors:
Cisse M (cisse_m@yahoo.fr)
Sangare I (babaibrasangare@yahoo.fr)
Lougue G (glougue5@yahoo.fr)
Bamba S (hsanata@yahoo.fr)
Bayane D (bayanedramane@yahoo.fr)
Guiguemde R T: (rguiguemde@yahoo.fr)

Version: 5 Date: 02 October 2014
Author's response to reviews: see over
Reviewer's report

Title: Prevalence and risk factors for Plasmodium falciparum malaria in pregnant women attending antenatal clinic in Bobo-Dioulasso (Burkina Faso).

Version: 4 Date: 09 September 2014

Reviewer: Rose McGready

Reviewer's report:

Major compulsory revisions

You have well collected and reported data and addressed queries of the previous review. You could present a much more interesting (and powerful) piece of work by reviewing the discussion.

The interesting group is the 3rd trimester women because we should be seeing the program working by this stage of pregnancy. Reporting SP uptake across the 3 trimesters does not make sense - of course it is low in first trimester women. I suggest you incorporate table 3 into table 1 and then we can appreciate more completely the effect of trimester (a study strength).

We have now incorporated table 3 into table 1.

In the discussion focus on the 3rd trimester findings. In fact your results for this group of women are: very poor antenatal care uptake (71.5% < 3 visits), very low SP coverage (50.8% < 2 doses) and < 50% ITN ownership (not use). In addition women with malaria had nearly a 1 g lower Hb and women who reported SP use did not have significantly less microscopic malaria (although they had lower parasitaemia). So not only does this amount to program failure of the WHO 2003 prevention program, it suggests SP needs to be replaced. At this junction in the discussion you can also question why replace it when ANC uptake is so low? A drive for improved antenatal care is required. Would antenatal care improve if women thought that they were receiving an effective malaria prevention. Do you have a sense of women's thoughts about SP or is the problem for the WHO malaria pregnancy program failure more a failure of access issues to antenatal care (perhaps... because you highlight rural women).

The discussion needs to offer solutions as well as just reporting the problem.

We have now focused on the 3rd trimester in the discussion from line 201 to line 220.

Minor compulsory revisions - see the attached pdf where I have added comments.

1) Line 53 "of " deleted.

2) Line 76 " at " replaced by "to".
3) Line 77 "its" deleted.
4) Line 85 "Diabate, personal communication" replaced by "unpublished observations".
5) Line 148 "and" added.
6) Line 166 "education" replaced by "lower level of education".
7) Line 176 "Those findings found" replaced by "The higher rates observed".
8) Line 178 "Diabate, personal communication" replaced by "unpublished observations".
9) Line 183 "and" deleted.
10) Line 183 "the" added.
11) Line 186 "nevertheless the high microscopic prevalence is of serious concern" added.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests: I declare that I have no competing interests