Reviewer’s report

Title: Challenges to Pre-Eclampsia/Eclampsia Management in Health Facilities in Northern Nigeria: a Mixed Methods Study

Version: 2
Date: 16 September 2014

Reviewer: Abi Merriel

Reviewer’s report:

Major Essential Revisions:

1. I think that it would be beneficial to explicitly state the aim of your study in the last paragraph (preferably the last sentence) of your introduction.

2. I would also suggest that you remove the last sentence of the introduction which essentially pre-empts your study findings. I would like to come away from the introduction being clear what THIS study is reporting.

Reporting a mixed-methods study is no easy task. You might like to see this article for some suggestions: O’Cathain A, Murphy E, Nicholl J. The quality of mixed methods studies in health services research. J Health Serv Res Policy. 2008;13(2):92-98. Describing the methodology of all aspects and doing justice to the results is a challenge.

3. You have done a good job of explaining your sampling frame for the facilities, managers and providers. However, it would have been useful to me for this section to perhaps have been briefer (or even a diagram) and then for there to be more information on what information the clinical officers were collecting (ie the variables) and how they were collecting it (where from). For this element I wonder if it may be useful to refer to the STROBE checklist?

4. With respect to the qualitative element of the study, I would value a little more information on this aspect. Perhaps you could consult the COREQ checklist to help with this. I would suggest a little more information on who carried out the interviews and analysis, and then some more information about the how the interviews were conducted (scripted questions, general topic guide).

5. In terms of the results. I think that they are clearly divided into useful sections. However, I’m not so clear if the thematic analysis of the qualitative interviews had any bearing on this? I feel that it may be useful to add something before the sections to perhaps clarify how the elements of the study will be combined in the results.

6. In terms of the discussion and conclusion, there are just a couple of important things to comment on. In the last paragraph of the discussion, you discuss data triangulation for the first time – perhaps this should be mentioned in the methods? Perhaps where you are justifying the reason for mixed methods.

7. My other question is about the conclusion that this analysis has shown that a
vertical programmatic approach...was unlikely to contribute to management of complicated obstetric cases. I can’t really identify where the argument for this comes from clearly in the text – I’m not sure that a vertical approach has been examined per se. I would suggest reframing this to say that you have shown that a whole system approach is needed as there are several different facets to address.

Minor essential revisions
1. Line 173 – Could you replace ‘slightly less than’ with the figure – is it 39.88% or 38%?
2. I would like to see some explanation of terms e.g. supportive supervision and stock-out
3. As small footnotes to the tables I think that it would be useful to put the definitions of the terms that you use.
4. In the availability of clinical protocols and guidelines section I’d be interested to see what the other 6% of facilities who didn’t either have or not have available protocols had instead.
5. The first sentence of the discussion I really don’t think adds to the argument at all. The fact is that to deliver maternity care, you need to have the supplies – whether people with pre-eclampsia start in the community or in the hospital they are still high-risk patients who require comprehensive maternity care.
6. Line 280-282 – the way the sentence is structured makes it sound like your study found this fact about training leading to better decisions.
7. Line 288. I think that the word optimum should be removed. Those things are required for essential management – not optimum management.

Discretionary Revisions
1. I wonder if some reference to maternal morbidity and near miss may be helpful in the introduction.
2. I’m not sure that line 22 makes grammatical sense – perhaps replace ‘in the’ with ‘to’
3. Line 125 – I think perhaps adding to the word facilitate to make the function clearer (I’m assuming that you mean facilitate access to care).
4. I’d like to see a small explanation of maternal health centers and how they differ from Primary health centers.
5. I would suggest (depending on how the sub headings under facilitators and barriers have been derived) that the section on referral systems under the availability of equipment and supplies could be made into a separate section.
6. Line 297 – I wonder whether it would be worth looking beyond the MDG’s to the post MDG agenda as they are coming to an end next year.

Level of interest: An article of importance in its field
Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I have no competing interests