Author's response to reviews

Title: Caesarean section rates in Mozambique 1995-2011

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Author's response to reviews: see over
Thank reviewers for valuable comments. We have modified the manuscript. Please see our response as below:

<table>
<thead>
<tr>
<th>Editorial Comment</th>
<th>Authors` response</th>
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<tr>
<td>Please confirm if they needed and obtained had the relevant permission to access and use the data from the Demographic and Health Surveys</td>
<td>We confirm that the permission was obtained from the team of Measure DHS to access and use the data. This is now made clearer in Methods (line 64-68, page 5).</td>
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</table>

**Reviewer #1:**

**Comment**

**Minor Essential Revisions**

1) Since midwives are the key primary maternity care provider and their role includes assessment and referral for complications and facilitating access to additional services, midwives should be discusses in the Introduction section -even if there aren't any midwives. Line 50 touches on health policy development. This is an important topic and provides an additional reason to include some introduction to midwives and midwifery in Mozambique.

Maternal and Child Health nurses provide essential obstetric care in Mozambique. We have added some information of the various level MCH nurses in Introduction, (line 48-51, page 4-5).

**Discretionary Revisions**

1) The evidence about "maternal wishes" is less robust than evidence about physician related factors influencing the C-section rate. Issues such as what constitutes choice, are women choosing C-section or avoiding vaginal birth because of harsh and unsafe normal birth services etc make is difficult to attribute "maternal wishes" as a driver of c-section rates. Therefore, this non-medical factor should be listed last in the sentence referring to the rise of C-section rates in both the Introduction (line 13) and Discussion (line 290). The word "possible" could be included preceding the use of the term "maternal wishes" to indicate some ambiguity of the findings on this factor as a driver of c-section rates.

We have modified the sentence accordingly in page 3 and page 14.

2) Line 20 Introduction - consider using "proliferation" instead of "blooming" a descriptor associated with the increase in private health services as "blooming" as positive connotations and proliferation is neutral.

We have changed the word as suggested (page 3).

3) Methods - line 70 - add "years" after the age range provided for men and women. Why does the age range vary?

We have added “years” in the sentence in page 5. The eligible participants are defined by the DHS team. We have now made it clearer in Methods (line 78-79, page 6).

4) It is interesting the DHS did not provide an option of birth at home – especially since this is common.

The DHS provides information on home births: 50% in 1997, 43% in 2003, and 36% in 2011 (Table 1 and page 8). This misunderstanding may be due to Appendix 1 and 2, which were restricted to facility-based births only. This has been now made clearer.

5) Results - line 179 - consider using "advantaged" instead of "advantageous"

We have modified as suggested (page 10).

6) Results - line 214 - consider using "surgical" instead of "surgery"

We have modified as suggested (page 12).

7) Discussion and conclusion - consider strengthening the statement about use of policy and funding arrangements to ensure women who need C-section and other services receive them and over-servicing (with all that entails) does not become more pronounced and is reversed.

Thanks for the suggestion. According to our research experiences in Mozambique, there has been a big gap between the developed health policy and the implementation due to various reasons. Thus, we suggest exploring targeted interventions to inform the policy development. We have added the sentence in...
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<th>Reviewer #2:</th>
<th>Conclusion, page 15.</th>
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<td>1.) I saw no mention of using the DHS sampling weights. The authors need to report whether or not they used the sampling weights and if not why not. If the sampling weights were not used there should be a very good rationale for not using them. Otherwise the analyses need to be redone using the appropriate weights.</td>
<td>We have now added text on sampling weights and why they were not used, in Methods (line125-130, page 8).</td>
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<td>2.) There needs to be more of an explanation of what public health centers are in Mozambique and how they differ from public hospitals.</td>
<td>We have added more information regarding health centers and hospitals in Mozambique, in Introduction (line 38-42, page 4).</td>
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