Author’s response to reviews

Title: Knowledge and provision of misoprostol among pharmacy workers in Senegal: a cross sectional study

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Version: 3 Date: 11 Jun 2017

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Reviewer reports:

Sam Rowlands (Reviewer 1): The authors have responded fully to the reviewers' comments. Just a few minor spelling/grammatical errors remain for the editorial staff. My own view is that the request to insert n= as well as %s throughout has made the article less readable. Readers know that N=110.

Following advice from the editors, we have left the (n=) throughout the document, as it was previously requested for inclusion by another reviewer.

Zahida P. Qureshi (Reviewer 2): The revised manuscript is acceptable for publication
Jennifer Blum (Reviewer 3):

I disagree with this comment in the conclusions of the abstract and conclusion of the paper that - "Knowledge and availability of misoprostol in pharmacies in Senegal is inadequate to address high maternal mortality" - think it makes more sense to end full stop with Senegal." You haven’t demonstrated and no study has demonstrated, I believe, that knowledge and availability of misoprostol in pharmacies will address maternal mortality.

We have edited this sentence to say:

Abstract: “Knowledge and availability of misoprostol in pharmacies in Senegal is low, posing potential challenges for delivery of post-abortion care and obstetric care.” (page 4, line 76)

Discussion: “Making misoprostol and information about its uses widely available in Senegal is important for increasing availability and quality of care for PAC and post-partum haemorrhage.” (page 14, line 319-321)

Conclusion: “There is an urgent need to boost access to misoprostol in Senegal as a strategy for increasing availability and quality of care for post-abortion care and post-partum haemorrhage.” (page 16, line 374-379)

Line 122 - should specify "PPH prevention" the study did not assess costs for PPH treatment.

This change has been made (page 6, line 118).

Line 345/346- pls specify PPH prevention

This change has been made (page 13, line 305).
Line 352 - my understanding is that the govt norms and protocols now allow miso for PAC, so I don’t think it’s correct to say here that "standard PAC" is surgical. Maybe you should touch on why this evidence-based update hasn’t been spread across the country so that people know that it can be done.

Thank you for this comment. We have amended the section to say:

“Unlike surgical PAC (manual or electric vacuum aspiration or dilation and curettage), misoprostol requires no surgical skills or equipment to administer making it feasible to scale up in resource scarce settings [34]. However, there is limited availability of misoprostol in facilities offering maternity services in Senegal [14] which may be due to lack of awareness of its reproductive health uses and limited supply of the drug.” (page 14, line 311-317).

Line 425/426 "There is an urgent need to boost access to misoprostol in Senegal as a strategy for reducing maternal mortality from PPH and complications of unsafe abortion." - I suggest editing so that you conclusion somehow mentions role of pharmacists since that is what your study was about. But, again, I am not sure that this study, while informative about what pharmacists know and don’t know about miso’s uses and what they say they actual provide it for makes a leap to a conclusion about mortality. I think it makes more sense to conclude with something along the lines of educating pharmacists and pharmacy workers about misoprostol, its indications for use and the correct dosages for each indication, could help efforts to improve access to this important reproductive health commodity in Senegal."

The conclusion has been edited to state “There is an urgent need to boost access to misoprostol in Senegal as a strategy for increasing availability and quality of care for PAC and PPH. Educating pharmacists and pharmacy workers about misoprostol, its indications for use and the correct dosages for each indication, could help efforts to improve access to this important reproductive health commodity in Senegal. Pharmacies are a key component of the supply chain of medications and their role in the scale-up of misoprostol must be clarified promptly.” (page 16, line 374-379)