Reviewer’s report

Title: TRIAL OF LABOUR OR ELECTIVE REPEAT CAESAREAN DELIVERY:ARE WOMEN MAKING AN INFORMED DECISION AT KENYATTA NATIONAL HOSPITAL?

Version: 0 Date: 21 Dec 2016

Reviewer: Miriam Kuppermann

Reviewer's report:

This is a good study of knowledge about, and decisions regarding trial of labor versus elective repeat cesarean delivery among TOLAC-eligible women seeking care at an antenatal clinic at a single hospital (KNH) in Nairobi. In addition to describing TOLAC rates that are similar to many academic institutions in the US (which also could be increased if women were provided tools to help ensure informed, shared decision making regarding approach to delivery after prior cesarean), the authors were able to identify numerous factors associated with decisions to undergo TOLAC versus ERCD, as well as knowledge gaps that often underlie these decisions.

My suggestions are as follows:

1) Please include an appendix providing the questionnaire that was used in this study. It is difficult to grasp precisely what was asked of these women based on the results presented in Table 4 - e.g., what exactly were the questions, and what were their response options, for the categories under "women's knowledge on risk associated with repeat c/s than TOLAC) where it indicates "increased blood low" 28.4%?

2) What does the title for Table 7 (Minimum criteria for a woman . . . to make and informed decision ..) mean? Again, it is not clear what the rows under "women informed on mode of delivery" mean - how was a woman categorized as "TOLAC"?

3) It would be easier to read the tables if they were consolidated and condensed. E.g., Tables 1-3 could all be one table, with subheadings.

4) Why are all the knowledge items explored individually? Would it be possible to combing them into one knowledge score, reflecting knowledge of both of the approaches?

5) The authors should consider conducting a multivariate analysis of predictors of delivery approach, with patient and provider characteristics including knowledge as presented in the other tables, included as X variables, rather than just presenting bivariate comparisons in Tables 8 and 9.
6) The authors indicate a small sample size as a limitation, yet there is no hypothesis and no power calculation to determine what sample size would be needed.

7) The reference list is limited, citing primarily guidelines, "up-to-date" articles, and peer reviewed articles from many years ago. There is a much more current literature on patient preferences and decision making in the context of approach to delivery after one prior cesarean and on decision tools that have been developed and evaluated in this context.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

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Needs some language corrections before being published

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