Author’s response to reviews

Title: Establishing partnership with Traditional Birth Attendants for improved maternal and newborn health: a review of factors influencing implementation

Authors:

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Author’s response to reviews:

Reviewer 1:

The authors stated clearly that this is a secondary analysis of 20 papers. However, a definition of and the different types of TBAs would be helpful in the background.

Response:

Thank you for this suggestion. This was hard to do because the studies omitted detailed (or any) definitions on types of TBAs. The following paragraph has been added (lines 83-90)

“It is important to note the diversity in the country contexts in this paper and their stage of transition from TBA to skilled attendance. TBAs constitute a diverse group and may have had some basic training, for example when to refer a woman to a facility [4, 5] or be unskilled. They may also be described in different ways, for examples as ‘Traditional Midwives’ in Mexico and Nigeria [11, 12] and as ‘Dayas’ in Pakistan [13]. Detailed definitions of types of TBAs were not reported in the studies, but descriptions provided in the studies enabled a generic definition to be determined of a TBA as a non-professional, who has conducted home births, but lacks technical skills and training to manage obstetric complications. The TBA may have received training for the management of referrals [4, 5, 6].

In addition the following has been included on line 336
‘Better reporting of intervention characteristics including details of the type of TBA could help other programmes or countries decide what aspects to replicate or implement’.

Reviewer 1:

However, the authors need to draw out more the implications of this intervention (TBAs new role) on TBAs power relation with the formal health care providers as well as women’s ability to choose their place of birth. At what point should referral be made?

Response:

Thank you for this suggestion.

The section on working relationships between TBAs and other health workers (lines 231-273) summarises what was reported in the included studies about TBAs relations with formal health care providers; we feel we have reported on this as fully as we can. However, we have added a sentence to the discussion to reiterate the importance and potential impact of such power relations in the transition to skilled attendance (lines 276-278):

“This includes in relation to issues of power between these groups as old practices change and new ways of working in partnership are introduced”.

Reviewer 1:

Typos in lines 185 and 204

Reference no 21 - nigeria should be Nigeria

Response:

In line 185 (now 204) we have amended the typo as follows: “It was also recognised that it could take time to for new ways of working to become accepted…”
The included studies contained very little information about the experiences of women and families of TBAs working in new roles, and from the information available we cannot comment with any confidence on women’s ability to choose place of birth or at what point referrals should be made.

In line 204 (now 224) we have amended the typo: “The inclusion of key decision makers, including men, in information campaigns for to increase demand for skilled care at birth…”

We have corrected Nigeria in ref 21 [now 12]

Reviewer 1:

Estimation of what it cost to pay TBAs to take on new roles is mentioned (line 321-325). It is important to highlight whether maternity care is free for women in countries that implement this new TBAs role.

Response:

The costs mentioned in lines 321-325 are specifically associated with implementing new roles for TBAs, which may be borne by the health system or by women/families (we do not have much information to determine this). We accept that cost of care is an important consideration for women, especially if there is an expectation that they should pay TBAs for helping them to access services (on top of any cost of care). However we do not have ready access to reliable information on free maternity policies in all countries covered by our review. We have though, added a sentence that acknowledges this is an important consideration for women (see lines 355-358):

“It is also important to consider any additional cost burden to women and families, especially if there is an expectation that they should pay or compensate TBAs for helping them to access services for example. This is particularly relevant in countries where maternity care is not provided for free.”
Reviewer 2:

Interesting and useful study which adds to our existing knowledge in the field of TBAs, an important part of the maternity care workforce especially in low-income countries. The paper is based on a well-executed study which needs a little bit more attention in the writing up. Furthermore, similarly to many studies using secondary analysis the research approach is neither referenced in the Methods sections nor critically reviewed (i.e. mentioned in the limitations part of the paper).

Response:

Thanks for the positive feedback on the paper.

We have now added a reference and explanation of the secondary analysis approach used in our review in the methods section (see lines 82-87):

“Our secondary analysis aimed to examine the included studies further to identify ideas about implementation that were not necessarily the central focus of the original research [ref Heaton 1998]. We considered the re-use of existing data an efficient way of generating new insights into implementing new roles for TBAs and extending the contexts in which the qualitative research data could be interpreted [15].”

We have reflected on the possible limitations of this approach in the limitations section (lines 312-318):

“We have now added a reference and explanation of the secondary analysis approach used in our review in the methods section (see lines 82-87):

Although there is an obvious value and efficiency in using already collected data to answer additional research questions, secondary analysis can pose a threat to fidelity in interpretation of findings beyond those presumed in the original research [15]. The themes identified in this paper reflect our critical analysis of data already interpreted and contextualised by authors of the primary studies. However we feel the threat is minimal as we did not set out to build theory or develop a higher order analysis, we simply extracted information on themes that primary authors had identified themselves.”

Reviewer 2:

Sentence 35-42 is far too long and would benefit from being cut in two if not three clear sentences.
Response:

There are already two sentences contained in lines 35-42. However we have revised the second into two clear sentences by removing the semi-colon.

Reviewer2:

In first paragraph Abstract give TBA in full on first use not second time, thus it should read: Background: Recent World Health Organization recommendations recognize the important role Traditional Birth Attendants (TBAs) can play in supporting the health of women and newborns. This paper provides an analysis of key factors that affect the implementation of interventions to develop partnerships with TBAs …"

NOT:

Background: Recent World Health Organization recommendations recognize the important role TBAs can play in supporting the health of women and newborns. This paper provides an analysis of key factors that affect the implementation of interventions to develop partnerships with Traditional Birth Attendants (TBAs)

Response:

Thank you for pointing this out, we have provided TBA in full on first use.

Reviewer 2:

line 37 give WHO in full.

Line 40 you need a comma between "…attendants (TBAs), countries …"

Line 48 give SBA in full on first use.

Lines 54-58 'TBA' is repeated five times, rewrite.

Line 59 replace "maternal and newborn health" with MNH.
Response:

We have made these corrections

Reviewer 2:

Methods

Line 81 I expected a reference to 'secondary analysis' of research data. In fact the whole Methods section does not have one single reference to the main method applied.

Page 5 I am not sure but does BMC Pregnancy & Childbirth accept footnotes, especially ones like this one which looks like a reference to a protocol!

Line 91 should this be ".. countries' experiences…"?

Lines 124-125 Why use SBA once as abbreviation and once in full in: " … community-based SBAs

(trained midwives), facility-based skilled birth attendants, …" ?

130 use hyphen in "facility based staff.."

Page 155 why "… women's experiences…” but in line 122 not "stakeholders' experiences .."

Lines 289 the Limitations section has no reference to the limitation of secondary analysis of a method, rather than the limitation of the systematic reviews search techniques used in this study.

Some of the sub-headings are too long.

Response:
We have now included a reference for secondary analysis and explained further how we used the approach and why (see response above to your first point).

We have removed the footnote and added a proper reference to this database in the reference list.

We have made this correction (now line 91).
We have changed this to facility based SBAs (line 133)

We have made these corrections.

We have now added our reflection on the limitations of secondary analysis (see response above to your first comment).

It is not clear which sub-headings in particular you are referring to. Those which describe stakeholder experiences are difficult to shorten without losing important distinctions – for example, if we stated ‘provider experiences’ this would mask the fact that the section includes the views of TBAs, community SBAs and facility SBAs.

Reviewer 2:

References

The references are not all in same style. BMC Pregnancy & Childbirth uses the abbreviated reference style as in ref. 23, please be consistent.

Ref, 3 typo in inidiavidals,
Ref. 20 uses first and second names not last name & initial

Refs. 5 & 7 are different numbers of reference presented with et al. Be consistent!

Ref. 24 surely has a page number.

Response:

We have amended journal titles where necessary to fit BMC abbreviated style.

We have made the suggested corrections to the references, with the exception of ref 24, which is an online newspaper article and does not carry a page number.

Reviewer 2:

Tables

Both Table 1 and Table 2 could lose a few words in the descriptive text of the studies, to make each fit on one page.

Response

Table 1 describes the characteristics of included studies, and an important component of this is an accurate description of the TBA intervention that was used. We feel that it would be impossible to edit this down to one page, without losing detail necessary to fully understand the complex and multi-faceted interventions employed in different countries.

We have edited the text in table 2 so that it fits onto one page.

Reviewer 3:

This paper builds on the recent World Health Organization recognition of the important role TBAs in supporting maternal and child health in resource poor contexts. The authors conducted a secondary analysis of papers identified through two systematic reviews that examined the effectiveness of interventions to find new roles for TBAs on maternal and newborn health
outcomes, as well as papers identified through a systematic mapping of the maternal health literature. Define the acronym SBAs early on… I know it means Skilled Birth Attendants.

Response:

Thank you.

We have defined SBAs on first use (line 50).

Reviewer 3:

I think the authors should think of a table clarifying their methods of selecting papers. Three sets of papers are used. For the additional primary 6 and 14 papers, it will be good to explain using a table how many papers were identified and how they were ultimately scaled down to 6 and 14. I have to read thrice to make sense of the authors' methodology. A process table could help clarify what they did and help us understand the inclusion and exclusion criterion of the 6 and 14 papers, how they were found, and the search platforms used etc.

Response:

This paper is one of several in a special issue. The editors of the special issue will be providing an introduction which will cover the points raised by this reviewer.

Reviewer 3:

It will be good to reflect on the different types of TBAs covered the reviewed studies. In some instances and contexts, TBAs are professionals and constitute an identifiable group. In other contexts, TBAs are relatives of pregnant with some experience in supporting delivery.

Response:

Thank you for this suggestion. This was hard to do because the studies omitted detailed (or any) definitions on types of TBAs. The following paragraph has been added (lines 83-90)
“It is important to note the diversity in the country contexts in this paper and their stage of transition from TBA to skilled attendance. TBAs constitute a diverse group and may have had some basic training, for example when to refer a woman to a facility [4, 5] or be unskilled. They may also be described in different ways, for examples as ‘Traditional Midwives’ in Mexico and Nigeria [11, 12] and as ‘Dayas’ in Pakistan [13]. Detailed definitions of types of TBAs were not reported in the studies, but descriptions provided in the studies enabled a generic definition to be determined of a TBA as a non-professional, who has conducted home births, but lacks technical skills and training to manage obstetric complications. The TBA may have received training for the management of referrals [4, 5, 6].

From the editor: please have a native English speaker correct the language of the paper.

Response

The two authors are native English speakers. We have read and corrected the language used in the paper.