Author’s response to reviews

Title: Self-medication among pregnant women attending antenatal clinic at Makongoro health centre in Mwanza, Tanzania: A challenge to health systems.

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Author’s response to reviews:

Response to editorial board comments

Title: Self-medication among pregnant women attending antenatal clinic at Makongoro health centre in Mwanza, Tanzania: A challenge to health systems

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15th June 2017

Editor, BMC Pregnancy and Child Birth

Dear editors,

I would like to thank you for constructive comments which have made the manuscript better than before.

Please find the letter showing authors response to the editorial board report as shown below using a YELLOW COLOUR.

It is my hope the manuscript will be published soon. Please contact me if any clarification is needed.
Sincerely yours,

Karol J. Marwa

Corresponding author.

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<th>SNo.</th>
<th>Review’s comment</th>
<th>Response</th>
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<td>1.</td>
<td>The authors have included a sentence about POMs in the Introduction; however I am not certain whether the reviewer was asking to present results related to POM use in pregnancy in this specific study.</td>
<td>To the best of our understanding, the reviewer just wanted an inclusion of a word POM because in Table 4 some drugs mentioned are POM. His view was us to include both POM and OTC in describing self-medication.</td>
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<td>2.</td>
<td>The authors are not presenting any information about when gestation women were recruited into the study, and/or the average gestational time when the interview was conducted. This is important information since women in the end of pregnancy have a full overview of the entire pregnancy, and can thereby report about OTC use. On the other hand, women in early pregnancy might have not have the chance yet to use a OTC medication for instance, and they have no overview of the entire pregnancy. At least, sensitivity analyses restricted to women in third trimester should be considered.</td>
<td>Information that pregnant women were picked regardless of gestation age has been added in the sampling procedure section. We included all gestation ages because each age has its importance as far as self-medication is concerned. In the first trimester women are prone to self-medicate due to nausea, vomiting and other symptoms and it is a risk period to the foetus as malformations are likely to develop while in the last trimester chances of abortions are increased due to drug use. We understand the concern of the editors; however women in early pregnancy have a greater chance to use drugs than those in the third trimester as shown in our study (Table 1) and other studies. This is a period where most pregnant women use drugs to avoid/minimize symptoms such as nausea and vomiting which are</td>
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3. The authors should state or have as an e-only appendix the questionnaire they used. The questionnaire has now been attached as suggested by the editors.

4. The statistical analysis provides no information about how the multivariate model was built. Further information has now been included as shown in the yellow colour in the manuscript.

5. The Results the authors present p-value, but these are meaningless without any the related proportions they are referring to. Proportions have now been included as shown in table 2.

6. In the Discussion the authors are stating that the use of OTC was high among pregnant women, yet most of these medications were for antimalarial drugs. Based on this, I would expect some more reflections about this point. I think use of these medications would still be appropriate given the importance of this disease in terms of maternal and fetal health. More clarification has been given as shown in a yellow colour. We understand the concern of the editors; However drug use will only be of beneficial to the mother and the foetus if only used under a guidance of medical personnel considering the risks for teratogenicity, abortion, adverse reactions and unpredicted drug interactions. Thus self-medication is discouraged in the entire gestation period.

7. The Limitation sections should be presented before the Conclusions, and right now it only includes one statement. I feel there are many other limitations (and also strengths) that are worth mentioning. The limitation section has now been presented as suggested by the editors. Further limitations and strengths have been added as suggested.