Reviewer’s report

Title: Task shifting in active management of the third stage of labor: a systematic review

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Reviewer: Sohinee Bhattacharya

Reviewer’s report:

This systematic review evaluates the evidence for task shifting of AMTSL to unskilled birth attendants or self administration of uterotonics for prevention of PPH in LMIC. The review covers an important topic in terms of policy change and uses appropriate and robust methods to gather the evidence. Reporting is clear and concise. I have a few comments/ suggestions for improving the manuscript:

1. The authors are concerned about the lack of primary studies evaluating the components of AMTSL other than uterotonics. As far as I am aware, other components of AMTSL such as controlled cord traction is not recommended and may be dangerous when administered by unskilled attendants. There is now growing evidence to show that uterotonic administration is the most important component of AMTSL. I would therefore suggest that the authors focus their review on this aspect only.

2. I am not clear as to why a meta-analysis could not be done, especially since the authors have calculated the relative risk of PPH in each of the included studies. All the studies report a reduced risk of PPH although some did not reach statistical significance. Under the circumstances I would expect to see minimal statistical heterogeneity although the authors describe clinical heterogeneity. This should not matter hugely as studies conducted in different locations will use different definitions etc.

3. I am concerned however, about the differences in the control groups in the studies. The authors describe usual care as no uterotonics - therefore one would expect administration of any uterotonic to have an effect on prevention of PPH. But this is not task shifting - this is evaluation of misoprostol administration versus no treatment. Ideally, task shifting should be evaluated against administration of misoprostol by skilled versus unskilled attendants under the same conditions.

4. There is ample evidence to show that ideally AMTSL should involve administration of oxytocin by skilled attendants at birth. I am therefore a little surprised to see that the RR for PPH was less than this procedure through administration of misoprostol by unskilled persons. Is this likely to be due to publication bias?

5. Minor issues: please spell out inclusion and exclusion criteria; what is meant by 77.337 pregnant women? What is attribution bias? Did the authors mean attrition bias?

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

Yes

**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?**
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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 am able to assess the statistics

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