Reviewer’s report

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

Version: 1  Date: 08 Mar 2017

Reviewer: Jill Durocher

Reviewer’s report:

Overall feedback on abstract, discussion and conclusions in the manuscript:

The presentation of results in the abstract needs to specify which uterotonics and routes of administration are being task-shifted and to whom.

Task-shifting misoprostol (tablets) is very different from task-shifting oxytocin (IV/IM), the gold standard medication for AMTSL. The abstract and also the discussion section of the paper does not adequately address these issues or clarify that the majority of studies analyzed were on use of misoprostol in community settings. Hence, the conclusion saying, "Task-shifting of AMTSL.....resulted in reduction of PPH" without specifying uterotonic type or if unskilled provider or woman self-administering the medicine may cause confusion and mislead reader.

In the Background section, I would suggest removing the term 'accredited' on line 24, page 3. This descriptive is not applicable to WHO's recommendations on use of misoprostol. The delivery attendant does not necessarily need to be accredited, only trained in its use. Also, please note that the citation should be for the WHO's guidelines, but #7 in the reference list refers to a publication by Geller et al. Suggest looking over the reference numbers in the background section.

Also, in lines 26-27 in the Background, it says that WHO's recommendations on AMTSL are component dependent, and importantly they are drug-dependent too. Please add further details on their recommendations on uterotonic type and who they recommend for its administration.

On page 12 in the Discussion (line 24) it says that task-shifting of all elements of AMTSL should be evaluated in future studies, however, the large study assessing the effect of CCT published by Gulmezoglu et al in 2007 in the Lancet provides evidence that CCT is not a critical component and is therefore not recommended for routine use. This evidence provides good rationale for not evaluating the task-shifting of CCT in future studies, especially if the goal of task-shifting delivery care is in part to deal with shortage of attendants, staff, etc.

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

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

No

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

No

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

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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