Reviewer’s report

Title: Quality of Intrapartum and Newborn Care in Tigray, Northern Ethiopia

Version: 1 Date: 24 Jul 2018

Reviewer: Reviewer 2

Reviewer's report:

PEER REVIEWER COMMENTS: To view the full report from the academic peer reviewer, please see the attached file.

REVIEWER COMMENTS FROM REPORT: The authors address a significant healthcare issue that impacts a large, vulnerable population. They included a relatively large sample of observations - based on a well-considered power calculation - that represent a broad cross-section of the target population. Of note, all consecutive deliveries during the study period were included, eliminating potential section bias. Inclusion of observations of both laboring patients and their care providers was a major strength. The authors used multiple data collection methods (i.e. direct observation, interviews, audit forms, and records reviews), standardized assessments (i.e. based on WHO standards) and appropriate analytics. Some of the logistically-based weaknesses identified in this healthcare based system (e.g. misuse of partograph) will likely make a valuable and potentially immediate impact on the field.

REQUESTED REVISIONS:

Fields such as perinatal care can change quickly; that these data were collected three years ago calls into question their current relevance. If possible, a statement about whether these data reflect current standards of care may help strengthen the work.

It is valuable that WHO standards formed the bases for the observations; however, it is unclear whether these were the most recent standards.

It is unclear how the subscales were calculated (i.e. 'good quality intrapartum care', 'friendly care', etc.)

The introduction builds the case for the importance of the study resting on morbidity/mortality issues, which are not included as study outcomes. Whether women were treated in a friendly manner seems less important than whether they and their infants survived.
What proportion of women deliver in hospital / health centers vs. at home in this community? Were these women delivering at hospitals / health centers because they were at increased risk?

The discussion is poorly referenced in general and statements such as, "The reason could be due poor skill and competency of service providers. In addition, inadequate number of skilled providers, high workload, and poor satisfaction to job could be other reasons for the poor service." and "Not using or misusing of partographs can delay treatment in case of prolonged labour which leads to obstructed labour, rupture uterus, bleeding, fetal death and infection to mother and newborns." appear to be speculative, rather than empirically-based.

ADDITIONAL REQUESTS/SUGGESTIONS:

Though they did not preclude a thorough review, there are some language issues throughout the manuscript that should be corrected prior to submission.

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.

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.

Not relevant to this manuscript

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

Needs some language corrections before being published
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