Reviewer’s report

Title: Maternity service organisational interventions that aim to reduce caesarean section: A systematic review and meta-analyses

Version: 0 Date: 29 Sep 2018

Reviewer: Jenny Gamble

Reviewer’s report:

An excellent paper on an important topic. A few comments for your consideration:

1) The evidence does not suggest that maternity services should consider adopting midwife-led models for "particularly for low-risk women" or that effect size would be more pronounced in this group. I suggest that the data suggests that maternity services should consider adopting midwife-led models (for any risk women) and the paper revised to reflect this.

2) Definition of different models of maternity care remains somewhat vexed. I suggest that when referring to "continuous midwifery care" that it is clearly, and all occasions, stated that it continuous intrapartum care by the same midwife with back up midwife (if this is indeed the case). Furthermore, it maybe worthwhile spelling out "midwife-led" and caseload/ continuity of midwife carer (caseload), and small teams. "Midwife-led" care is sometimes midwife 'delivered' care and sometimes "midwife-led" ... but I appreciate this issue is fraught and it is wordy to be precise. The authors may consider acknowledging definitions need to be standardised and perhaps referring the the Maternity Care Classification System (MaCCS).

3) Some OECD countries have CS below 20% (e.g Sweden and Iceland). The discussion could include the organisation of care in these countries (particularly community based midwife led AN care) even though there may be no published studies from these countries.

4) The authors note that "primary studies are now required to utilise either of these approaches ... perhaps a combination of caseload and audit would be valuable.

A question - In writing about heterogeneity, the terms "moderate", "substantial" and at one point it is described as "considerable" (labour augmentation)... is this terminology generally accepted?

This is a strong paper and contributes significantly to the body of knowledge. It was interesting to read the phrasing around "benefits of planned vaginal birth", which I think is an ongoing and important conversation.

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?  
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Yes

Are the conclusions drawn adequately supported by the data shown?  
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Yes

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