Author’s response to reviews

Title: Mothers’ satisfaction with care during facility-based childbirth: a cross-sectional survey in southern Mozambique

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Author’s response to reviews:

Please note that the location of the changes (manuscript section, page, line) we made, refer to the track changes version of the manuscript.

Editor

Comment: Thank you for making the requested edits to your manuscript. One of the initial reviewers requests some small additional changes. Please also read through the paper again for comprehension and language.

Answer: Thank you for the comment. We made changes throughout the manuscript for a better comprehension and language.

Comment: Standardize the way the facilities are referred to - sometimes they are call primary level, primary health, primary care, or just primary facilities.

Answer: We acknowledge that we may not have been consistent on the way facilities are referred.
There are two main types of health facilities: health centres (type I and type II) and hospitals (rural, district and provincial). The levels refer to the structure of the Mozambican national health services in four levels of care: the primary level which comprises the health centres, the secondary level constituted by the rural and district hospitals, the tertiary level with the provincial hospitals and the quaternary level with the central hospitals. We have now standardized, referring the facilities as health centres or hospitals. We call the health centres as primary level facilities when we want to highlight the level of care.

Change: Abstract, page 3, line 61
Textual change: “Childbirth at the primary level facilities” …instead of “Childbirth at the primary facilities”.

Change: Methods section, page 5, lines 113-115 and line 120
Textual change:
“The study area includes 38 health facilities: 32 health centres (primary level facilities), and six hospitals (five secondary level and one tertiary level facilities).” instead of “The study area includes 38 health facilities: 32 health centres (primary health care units), and six hospitals (rural, district and provincial hospitals).”
The hospitals are able to manage complicated deliveries, including performing caesarean section (C-section).

Change: Results section, page 10, lines 234-235
Textual change: “More than three quarters (76.5%) of the births occurred in primary level facilities, and…” instead of “More than three quarters (76.5%) of the births occurred in primary health facilities and…”

Change: Conclusion section, page 18, lines 392-393
Textual change: “The level of satisfaction was higher in women assisted in primary level facilities” instead of “The level of satisfaction was higher in women assisted in primary care facilities”

Comment: Midwives, not midwifes
Answer: The edit was made through the manuscript (midwives, instead of midwifes)

Changes: Methods section, Page 5, lines 115-116 and lines 118-119
Textual change:
"The type II health centres are the smallest ones, staffed by at least three nurses/midwives and…” instead of "The type II health centres are the smallest ones, staffed by at least three nurses/midwifes and…”
"… and at least six nurses/midwives." instead of "… and at least six nurses/midwifes."

Comment: Review for subject - object agreement
Answer: Text edited
Changes: Methods section, Page 6, line 146
Textual changes: “…who were not members…” instead of “…who were not a member…”

Comment: Caesarean section can be abbreviated the first time it is used (page 7,8) instead of p10
Answer: We agree with you and we abbreviated caesarean section to C-section, from page 5, where (after the changes made) it is used for the first time
Changes: The abbreviation “C-section” for caesarean section is used from page 5

Comment: The only two fetal outcomes are live birth / stillbirth. With such a high SBR early neonatal deaths are also likely. Was a death prior to discharge also captured? What definition of stillbirth was used?
Answer: We acknowledge that early neonatal deaths are likely, however deaths prior to discharge were
not captured in our study. We used the WHO definition of stillbirth: baby born with no signs of life at or after 28 weeks' gestation.

Comment: All of the "negative experiences" are obvious with a "yes" response, except for "being asked for consent". Consider changing this wording around, e.g. "interventions undertaken without consent"
Answer: Thank you for raising this issue. We changed the wording in order to have a “yes” response for all the “negative experiences”.
Change: Result section, Page 13, lines 267-269, Table 4
Textual change: “Interventions undertaken without consent” instead of “Being asked for consent before interventions”

Comment: Table 3 is hard to interpret - what does unsatisfied / satisfied mean in the context of the question "would you recommend a family member to deliver in this facility"? Isn't this a yes / no question? This also applies to the "other questions related to the structure and process of care"
Answer: We acknowledge that table 3 is difficult to interpret. We revised the response’s options and inserted more alternatives in order to link them better to the question items.
Change: Result section, Page 11, line 257, Table 3
Textual change:
• “Bad/No/Not satisfied” instead of "Unsatisfied"
• “Neither good or bad/Undecided/Neutral” instead of “Neutral”
• “Good/Yes/ Satisfied” instead of “Satisfied”

Comment: Limitation - please add missing data from fig 2. Though this is small, available data is also a measure of patient quality of care
Answer: Thank you for raising this issue. We added missing data as a limitation.
Change: Discussion section, Page 18, lines 372-374
Textual change: Another strength is the size of the sample, which enhances the precision of the analysis, however missing data from 23 participants could have been a limitation.

Comment: Figure 1 is important, and could use some editing in the main text, legend, and figure itself. The text that calls out the figure describes the three dimensions, but these do not appear in the figure; the figure legend describes WHO and Srivastava frameworks which are somewhat different from the main text, and also are not totally clear in the figure.
Answer: Thank you for this important comment. We acknowledge that we may not have been clear in the description of figure 1. We revised the text in order to clarify that our framework was inspired by and incorporates work from the WHO and Srivastava frameworks.
We refer in the text to the three dimensions from the Donabedian model of quality of care: structure of care, process of care, and outcomes which are highlighted in the figure with bold letters and light blue background. The items across each dimensions were derived from the WHO and Srivastava frameworks and we chose to describe those items in the legend and not in the text, because of the word limit. We agree that it should be clearly mentioned we adapted elements from others frameworks, so we revised the phrasing in the legend in order to line up with the main text.
Change: Methods section, Page 5, line 125
Textual change: “We developed a framework and satisfaction scores, which was adapted from the WHO’s quality of care framework…” instead of “We developed a framework and satisfaction scores, which builds on the WHO’s quality of care framework…”
Change: Figures’ legends, Page 28, lines 643-644: (Figure 1 legend)
Textual change: “The WHO’s quality of care framework for maternal and newborn health and the Srivastava’s framework of maternal satisfaction have been utilized in defining the satisfaction items
Comment: Moderating factors: these don't line up clearly with the characteristics that showed an association. Do age/parity belong on the same line? Is accessibility conflated with distance? The legend mentions the importance of a companion as an effect modifier, but it's at the same level as structure / process / outcome? Welcomeness could be better described. The legend also equates time taken with patients to willingness of providers to take time; it doesn't seem like that was demonstrated. Providers may have been very willing, but dealing with high patient load, unaware that more time was required, etc.

Answer: We agree with your comments and revised the figure accordingly: Age and parity should not belong to the same line. We only assessed distance and it could not be considered as the only factor to evaluate accessibility.

The importance of a companion as an effect modifier is not at the same level as structure / process / outcome, so in order to clarify this, we highlighted it with a different background colour.

The items regarding welcomeness and time taken to attend, are related to the study participants’ perception about the interaction with the providers, and refer to the question items of the questionnaire, i.e. “How did you feel about the way you were welcomed at this health facility?” and “How do you feel about the time taken to attend to you during your delivery?”

We agree that providers may have been very willing, but dealing with high patient load, however we did not take it in account in our analysis as providers’ perspectives are described in a separate paper.

Changes: See the changes in figure 1

Reviewer#1
Comment: It would be better to be consistent with the use of separators in numbers (thousands) and in the number of decimals used in percentages, also in the main text, not only in tables.

Also, to be consistent with the data presented throughout the paper: in the discussion line 313 on page 15, it is stated that 50% of mothers were dissatisfied with breastfeeding support, but in the results, page 11 line 247, this percentage is given as 49.8%.

Answer: Thank you for raising this issue. We have addressed this point and revised the text accordingly, checking for consistency with the use of separators in numbers and in the number of decimals used in the main text and in the tables. We have now stated in the discussion the same percentage given in the results.

Changes: Throughout the text and in Discussion section, Page 15, line 316

Textual change: Despite the overall high satisfaction scores, 49.8% of mothers expressed their dissatisfaction with the support received for breastfeeding.

Comment: Page 16, line 347: "to assess it" is duplicated, please correct.

Answer: Thank you for pointing this typo. Correction done.

Change: Discussion section, Page 17, line 350

Textual change: "On the other hand, reports of levels of abuse and mistreatment depend on the method and timing used to assess it." instead of "On the other hand, reports of levels of abuse and mistreatment depend on the method and timing used to assess it to assess it."

Reviewer#2
Comment: I have no additional comments.