Author’s response to reviews

Title: Factors Influencing Adherence to the New Intermittent Preventive Treatment of Malaria in Pregnancy Policy in Keta District of the Volta Region, Ghana

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Author’s response to reviews:

Dear Editor,

Thank you very much for the reviewer comments. It was very helpful. We have all addressed the points raised during the review. Kindly find below the point by point rebuttal

Authors’ response (AR) – Rebuttal

Reviewer 1 - Comments

Reviewer Comments (RC)

Abstract

1) In the introduction section there is need to address the following

a. the opening statement (About 25%...) does not transmit the same meaning a similar statement made on page 3 line 33.
b. What was the previous IPTp-SP policy?

Authors Response (AR)

a. The sentence on page 3 has been reworded for clarity and to convey the same message as the abstract

b. The old policy implemented recommended three doses starting from 16 weeks but before 36 weeks (Reference 13).

RC

Abstract

2) In the methods section, I urge the authors to state how the women were selected and what criteria was used to select the four study sites.

AR

Thank you. Additional details have been included. 4 health facilities with the highest volume were selected (Page 6, line131-132 ‘Sampling proportionate to the size of facility was used to determine the number of nursing mothers from each facility based on the caseload. For each facility, systematic random sampling was used to select eligible nursing mothers’ (Page 2, Line 40-42)

RC

Background

1. Generally the background has a good number of one-sentence-paragraphs that do not make reading smooth. E.g. page 4, lines 3-6 and lines 48-50, page 5 lines 21-23 and line 39. This needs to be reviewed to enable information flow from one paragraph to the next.

AR

The background section has been significantly revised and edited in response to your comment and that of reviewer 2 to enhance logical flow.

RC

2. Page 3, Paragraph 2, line 18 needs to be referenced

AR

This has now been revised and referenced (Reference 2, Page 4 line 79-80)

RC
3. The paragraph starting with (Malaria in pregnancy … page 3 line 33 could be merged with the paragraph beginning (About 25 million…. Line 43) and reworded to flow.

AR

3. We agree with observation. The sentence has been revised for logical flow. Furthermore, the second paragraph in the introduction has been deleted to enable a smooth transition from the first to the next paragraph.

RC


AR

4. Vulnerability of pregnant women to malaria is associated with hormonal and immunological changes in pregnancy (Reference 5, Page 4 lines 85).

RC

5. Page 4 lines 10-17 needs to be referenced. It is not clear to me what the authors mean by "severe complications of malaria in pregnancy is striking for women in their first and second pregnancy". In the same light line 43: it is not clear what the authors mean by "Prevention of malaria in pregnancy is as important as treatment".

AR

5. The authors meant first and second pregnancies are more susceptible to malaria and the level of parasitaemia decreases with increasing numbers of pregnancies (Reference 6, Page 4 line 86). The sentence has been revised for clarity.

The reference to prevention of malaria being as important as treatment has been reworded to read as follows ‘Prevention of malaria in pregnancy forestalls complications of severe malaria and reduces the risk to both pregnant women and their unborn child (Page 5 lines 98-99 )

RC

6. Page 5 line 21-23, the sentence is hanging, it is not linked to the paragraph above or the one below.

AR

6. This part of the introduction has been completely revised for clarity and logical flow.

RC
7. Information on Ghana in the background should be provided in one piece. As presented, it does not paint a picture of the situation in Ghana. For instance Page 4 line 4 (studies in Ghana…) and Page 5 line 27 -36 should be merged and reworked to give a complete picture.

AR

7. Thank you for the observation. This has been done (Page 4, lines 89-93)

RC

8. Line 39: the sentence starting with (To date,… ), it is not clear to me what this means.

AR

8. Thank you. The sentence has been revised and expanded for clarity. It now reads ‘Ghana transitioned from the three doses given to the five dose policy in 2014 (Reference 15, page 5 line 115). Currently, only few studies have focused on the implementation of the new IPTp-SP policy that was adopted’ (Page 5 lines 115-117)

RC

9. Thought the aim of the study is clearly stated in the abstract, it is not clearly stated in the background of the study. I urge the authors to review this to reflect what is written in the abstract. It is also important to state the time covered by this report in this section.

AR

9. The phrasing in the last paragraph of the introduction on the aim of the study has been revised to reflect what is written in the abstract. The time of the study is reflected in the methods under Study Design, Population and settings (Page 6 lines 123-124)

RC

Methods

10. Page 6, Line 27: "A sample proportional to the size of the facility was used to determine the number of nursing mothers to be recruited from each of the 4 facilities based on the case load". I suggest the authors correct this.

AR

10. We meant to say the sample was based on probability proportional to size of the facility in terms of the number of cases seen. This has been revised to read as follows ‘A sampling proportional to the number of nursing mothers seen per facility was used to determine the number of respondents recruited from each of the four facilities’ (Page 6 lines 133, 134, 136-140)
RC

11. Also, I urge the authors to explain how systematic random sampling was applied in selecting participants in this study.

AR

11. This has been elaborated. It currently reads ‘Systematic random sampling was used for the selection of nursing mothers at the CWC who met the criteria. The sampling interval was determined by using estimated average clinic attendance per month and facility sample size. The first client was randomly selected by balloting and the interval applied for nursing mother attending the CWC until the sample size was reached’ (Pages 6 and 7 lines 136-140)

RC

12. It is important to include the inclusion criteria for this study.

AR

12. All consenting nursing mothers who had delivered within three months prior to data collection and visiting postnatal clinic or CWC. This is stated under Methods: sample size calculation and sampling procedures

(Page 6 lines 124-125, lines 134-136)

RC

13. Did the authors retrospectively look at participants records at each of the health facilities? I think this document should be available at the facility and could provide more information on attendance and obstetric characteristics.

AR

13. This information was collected from the ANC card and data collection section has been revised to reflect this.

(Page 7 lines number 144-145). The authors retrospectively looked at the ANC records/cards of each participant. The following information were collected from each participant’s ANC card:

1. Gestational age at first ANC Visit
2. Number of ANC visits during most recent pregnancy.
3. Gestational age at which first IPTp was given
4. Number of IPTp-SP doses given during most recent pregnancy
14. I will like to know whether there was any attempt to retrospectively investigate the availability of SP over the last 12 months for instance as this covers the time of the ANC in question. Were there SP stock-outs over the last 12 months? The fact that a facility does not have SP now does not mean it did not have during the ANC period under consideration.

AR

14. Yes, we did. This information is available but was not included in the original draft. The sentence has been revised and reads ‘SP was the drug of choice at these facilities; however, one out of the four facilities did not have SP at the time the study was conducted but was available few months prior to data collection’.

(Page 15 lines 229-230)

RC

Results

15. SP is to be taken under the direct supervision of the health workers. The four participants who did not take SP should constitute an important finding. Was it due to refusal, stock-outs or what was the reason for not taking the SP. Did these women attend ANC at all?

AR

15. The women that reported not taking SP during pregnancy was mainly because of side effects and allergies to SP.

This has been added to the results under the individual factors (Page 13 line 195)

RC

16. Page 12 line 32-37: Is it normal practice that some participants received more or fewer tablets of SP? Or this could be a reflection that some of the nurses do not know what SP does to give?

AR

16. This could be due to recall bias as majority of the health care workers knew the correct dose of SP (Page 20 lines 299-302)

RC
17. Page 15: It is not clear what the authors mean by "fair/average knowledge about malaria and malaria in pregnancy". I suggest the authors review this statement.

AR

17. This statement has been revised and elaborated in the data management and analysis for clarity.

It reads ‘Knowledge of malaria in pregnancy was measured by asking questions about malaria transmission and interventions with a total score of 13. Scores of 0-5 was considered poor, 5-10 fair and more than 10 was good which was scored (Page 9, lines 162-164)

RC

Discussion

18. Page 18 line 46-53 needs to be reviewed.

AR

18. The session of the discussion has been revised.

RC

19. Page 19, line 4-9, it is important to include the fact that the national health insurance scheme offers services only to registered

AR

19. Yes, the national health insurance scheme is offered for those who are registered; however, it is free for maternal health regardless of registration.

RC

20. The authors should provide reference for some of the literature cited in the discussion.

AR

20. More references have been provided for literature cited in the discussion (Page 18; line 260, Page 19 lines 265, 276-279)

RC

Conclusion

21. The conclusion needs to be clearly written and focused

AR
21. This has been revised
RC

22. It is important to proof read the entire manuscript.
AR

22. Yes, the entire document has been proof read by a native English speaker
Reviewer 2

RC

1- Introduction is lacking important references as page 3; line 18-29 - page 4; line 10-17 - page 4; line 30-46
AR

All literature cited in introduction has now been referenced (Page 4; lines 77,79, 80, 82, 85, 86, 89-93 Page 5;line 115-117)
RC

2- Introduction is too long and need to be summarized
AR

The 2nd, 8th and 9th paragraph of the introduction has been deleted to summarize this section.
RC

3. Table 2 is better replaced by bar or pie chart for easy interpretation
AR

The use of pie/bar charts for table 2 will lead to having too many charts and make presentation of the data disjointed. We suggest we maintain the table in its current form.
RC

4- ADD study strengths and limitations
AR

Added to the manuscript(Page 20; lines 299-302)
RC
5. references are inconsistently written please revise

AR

Thank you for the observation. This has been addressed. Reference number 1, 8, 14 has been revised to ensure consistency.