Author's response to reviews

Title: Utility and feasibility of integrating pulse oximetry into the routine assessment of young infants at primary care clinics in Karachi, Pakistan: a cross-sectional study

Authors:

Connor A Emdin (cemdin@georgeinstitute.org.uk)
Fatima Mir (fatima.mir@aku.edu)
Shazia Sultana (shazia.sultana@aku.edu)
A M Kazi (momin.kazi@aku.edu)
Anita KM Zaidi (anita.zaidi@aku.edu)
Michelle C Dimitris (michelle.dimitris@sickkids.ca)
Daniel E Roth (daniel.roth@sickkids.ca)

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Author's response to reviews: see over
Dear Dr Shally Awasthi

Re: Utility and feasibility of integrating pulse oximetry into the routine assessment of young infants at primary care clinics in Karachi, Pakistan: a cross-sectional study

We have provided an intensified response to reviewers’ comments, which we believe strengthen the enclosed manuscript. We thank the reviewers for their insightful comments and hope that we have responded to them adequately.

Thank you for your consideration of the manuscript, and we look forward to hearing from you.

Yours sincerely,

Connor Emdin     Daniel Roth
We thank the reviewers for their insightful comments and hope that we have responded to them adequately.

Reviewer: Walter Karlen

Reviewer’s report:

Minor Essential Revisions
1. A clarification should be still given for parent/caregiver. In the first part of the manuscript only the term caregiver is used. Later in the manuscript (e.g. table3) both terms are used combined. I find the term caregiver in the given context a bit confusing as it suggests these would be medically trained caretakers. Maybe “guardian” is better suited?

RESPONSE: Caregiver has been changed to “guardian” throughout the manuscript. The sentence on line 38 has been modified to reflect this change: “Eligible infants were then referred to the PO study team who obtained informed consent from the parent or guardian (that is, the infant’s caregiver in place of a parent) prior to proceeding with study procedures.”

2. The feasibility of using pulse oximetry in primary care clinics has been evaluated based on work of 4 study workers (2 at each site). This seems to be a limited number for certain aspects, such as training, expected variability between health workers, reliability of recordings and reliability/robustness of oximeters and required supply chains. It would be favorable if this is better discussed and more clearly communicated. Maybe there is supporting literature or other existing work for these subthemes?

RESPONSE: The following sentences have been added to the discussion (page 20): “The small number of study workers who were trained to use pulse oximetry limited the analysis of worker, clinic and system-level factors that may have impacted the performance and feasibility of pulse oximetry in this setting, and which likely accounted for the observed between-site differences.”

Discretionary Revisions (lines refer to word document with track changes)

3. The acronym CHW is introduced at line 194, but already used at line 156

RESPONSE: CHW is now defined on line 156.

4. There is variable use of “one” and “1” minute

RESPONSE: 1 minute is now used throughout the manuscript.

5. SpO2 is spelled differently, with O and 0, as well as the 2 is sometimes put subscript and sometimes not

RESPONSE: SpO2 is now consistently written as “SpO₂”.

6. L 566: “repeated” instead of repeat

RESPONSE: Repeated changed to repeat

7. What does “well baby visit” mean in table 1?
RESPONSE: The following sentence has been introduced under table 1: “Well baby visit refers to a visit for well-child care (vaccination, growth monitoring, nutrition and hygiene education).”

Reviewer: Shamim A Qazi

Reviewer's report:

1. Line 442 in the track changes document: Some qualification needed here- In health system terms first level-personnel are usually considered the health professionals working at the static primary health care facilities. Community health workers usually work at the village/community level and may not work from a 'health facility'. The health workers used in this project resemble more the Health Extension Workers (HEW) in Malawi or Community Health Extension Workers (CHEW) in Nigeria. With the level of remuneration, training and exposure to research settings they were probably better than the usual community health workers.

RESPONSE: The sentence has been changed to (page 20) “Pulse oximeters were used by first-level personnel (a cadre with less health care training and experience than nurses)...”

2. They have still not discussed potential reasons for statistical differences between some of the results reported from two sites in Table 1 and 2.

RESPONSE: The following sentence has been added to the discussion (page 20, paragraph 2): “The small number of study workers who were trained to use pulse oximetry limited the analysis of worker, clinic and system-level factors that may have impacted the performance and feasibility of pulse oximetry in this setting, and which likely accounted for the observed between-site differences.”