Author's response to reviews

Title: Are women with complications of an incomplete abortion more likely to be HIV infected than women without complications?

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Author's response to reviews: see over
Dear Editor,

We would like to thank you for your review of our manuscript entitled “Are women with complications of an incomplete abortion more likely to be HIV infected than women without complications?” We would also like to thank you for the highly insightful and thoughtful comments which we believe will greatly improve the quality of our manuscript.

Please find below our point-by-point responses to each of the comments. The comments are in regular font and the responses appear in italics. Revisions in the manuscript text appear as track changes.

We hope that the revisions in the manuscript will improve the manuscript substantially and look forward to your continued review.

Yours sincerely,

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1) The introduction still does not give a clear explanation of the rationale behind the hypothesis. What reasons do the authors have for thinking that HIV infected women will be at higher risk for unsafe abortion complications?

Response: We have provided explanation of the rationale behind the hypothesis.

2) Details on the characteristics of the hospital where the sample was recruited should be provided (type of hospital, caseload, etc).

Response: We have included a description of our study setting in the methods section, “Mbarara Hospital is a public funded regional referral hospital, serving a population of 2.5 million in 10 districts. The hospital has 350 beds and annual admissions of over 15,000 patients”.

3. Was data on HIV status imputed (as mentioned in line 216)? In some places the authors use the terminology "HIV status" and in other places they use "self-reported HIV status." How was HIV measured? If self-reported HIV status was used, this terminology should be used throughout the manuscript.

Response: We would like to clarify that HIV status was not imputed but was self-reported. And we have opted to consistently use the terminology “self-reported HIV status” throughout the manuscript.

4) On page 12, line 280, the authors mention in the discussion that they hypothesized that HIV and other sexually transmitted diseases would be more common among women who demand abortion and those who do not because those who demand abortion have different lifestyles and relationship status. I am not sure what they are thinking when they say "different lifestyles and relationship status" and this needs to be stated.

Response: We have removed the discussion from the manuscript.

Also, the word choice "demand abortion" is odd. However, more importantly, the reasoning is not salient for this study because the study population does not include the entire population of women seeking abortions. The study population includes the subgroup of women who had an abortion, suffered complications, decided to seek care for the complications at a health care facility, and had the means to get to the health care facility. The authors are conflating all women who had abortions with the more narrow group of women who suffered abortion complications and sought care for them at a health facility (perhaps because they were more severe?).

Response: We have removed this discussion point from the manuscript.
5) The authors should conduct a formal power analysis to determine the level of power they had to
detect a significant difference between those who were HIV positive and those who were not, and
should report this in the discussion.

Response: We conducted a formal power analysis to determine the level of power and have included the
following narrative in the manuscript, “Our study had 70 subjects with abortion complications and 69
without (controls). The rate of HIV in controls was 0.145 and that among those with abortion
complications was 0.114. Given this information and assuming a 2-sided test with Type I error probability
of 0.05 we were able to reject the null hypothesis that the failure rates for those women with abortion
complications and control subjects are equal with probability (power) 0.084”.

6) The points the authors raise in the discussion about reasons for low HIV testing are not relevant for
this paper, and should be reserved for a different paper. The sample was not selected to estimate the
percentages of women receiving HIV testing. 

Response: We have removed the discussion about reasons for low HIV testing in the manuscript.