Author’s response to reviews

Title: MANAGEMENT OF SEXUAL PARTNERS OF PREGNANT WOMEN WITH SYPHILIS IN NORTHEASTERN BRAZIL - A QUALITATIVE STUDY

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Author’s response to reviews:

Dear Editor and Reviewers of the BMC Health Services Research Journal,

We are resubmitting the manuscript entitled “MANAGEMENT OF SEXUAL PARTNERS OF PREGNANT WOMEN WITH SYPHILIS IN NORTHEASTERN BRAZIL - A QUALITATIVE STUDY” (BHSR-D-18-00060). We appreciate the reviewers’ comments and contributions and would like to point out that the suggested recommendations were promptly addressed, aiming to achieving a more consistent text.

Please find below the answers according to the reviewers’ opinions and questions. All changes made are marked in red in the text.
Sincerely,

Technical Comments:

Editor Comments:

Dear authors thank you for submitting your manuscript which is much improved however it would benefit from further minor revisions; for example reviewers suggest reducing the length of the manuscript, please consider that readers have limited time therefore a succinct manuscript is more likely to be read. I appreciate that you were previously advised to add participant comments and this necessarily increases the length of the manuscript however there is a balance between too much and too little information.

As suggested by the reviewers, the discussion was revised and its length was reduced. In addition, some quotations were removed. The lines referring to the quotations excluded from the previous version of the manuscript are described below:

Lines 226-227; 247-248; 265-266; 267-270; 292-294; 299-302; 317-319; 328-329; 341-344; 365-366; 379-380; 391-394.

Your research took place in 2014, one reviewer has suggested this as a potential weakness, please comment in your discussion; if you are certain policies have not changed substantially since the time you conducted your research then it is likely your findings are still relevant.

A comment on the year the research took place and a reason that explains its relevance were included in the study limitations section (Lines 496-499).

As mentioned above please amend your methods as suggested by one of the reviewer to make clear how you conducted the analysis, but please make any additions concise.

I look forward to seeing your revision in the near future.
The analysis of data was concisely detailed in the methods section as suggested by reviewer 5 (Lines 182 to 186).

Reviewer reports:

• Jan Bauer, Dr. (Reviewer 3):

Thank you for the opportunity to review this revised manuscript. The manuscript is well drafted and well written. In general, it is an interesting read. The authors show that there are major issues regarding the medical treatment and counselling of antenatal syphilis in Brazil. Especially, non-treatment at the primary care level is a major setback and has to be addressed. Data of this qualitative research are 5 years old, which is a limitation of this study. However, the conclusion drawn are still relevant.

I recommend to accept this manuscript.

The sentence in the discussion of the data was changed to emphasize non-treatment as the main drawback (Line 470).

A comment on the year the research took place and a reason that explains its relevance were included in the study limitations section (Lines 496-499).

• Salla Atkins (Reviewer 4): Dear authors,

Thank you for the opportunity to review your revised article. The article deals with an important issue, the contacting and recruiting of women's sexual partners into syphilis care from antenatal clinics.

I find the manuscript relevant and important, but hope you can address the following comments:

1) Consider rephrasing "partner management". It took me several pages of reading before I understood what managing sexual partners meant. There must be another term for this, alternately please explain the term early.

Some other studies have used the term “Partner Notification”, but they have focused on contacting the partner. In our study, “partner management” refers to notification, testing, treatment and follow-up. We explained the term early in the objective of the study as it was not possible to find a different term. (Lines 97-98).
2) The results are improved, but an overuse of quotations remains. One or two quotes are sufficient to describe an issue.

Quotations were excluded as suggested. The lines corresponding to the quotations in the previous version of the manuscript are described below:

Lines 226-227; 247-248; 265-266; 267-270; 292-294; 299-302; 317-319; 328-329; 341-344; 365-366; 379-380; 391-394.

3) The discussion is too long. In addition to length, at the moment the discussion has several paragraphs without reference to other publications, and also presents new findings. I suggest that you revise your discussion summarising your main findings first, after which relating the findings to international literature.

The discussion was revised and its length was reduced. The main findings were summarized first and then compared with international literature. References were added to the paragraphs corresponding to lines 418, 455, 491.

- Green Bae (Reviewer 5): I am glad to review this meaningful research.

There are some suggestions and questions regarding the clarity of this study.

First, there is no detailed description on script analysis and analysis process in the method section.

You should describe the thematic content analysis and fully explain how it applies to script interpretation of this study. In other words, you need to explain how many authors participated in the content analysis and in which process they discussed and agreed on the theme classification.

The thematic content analysis was concisely detailed in the methods section and the participation of the authors in each phase was described (Lines 182-186).

Second, I suggest tables or figures that will help you to clearly show the different positions of the medical specialist, coordinator, pregnant women and their partner. Overall, the article is too long
and structurally unclear. There are too many quotations. Except for key quotations, deleting it can be one way to increase clarity.

We created a figure to show the different positions of the interviewees. The figure was uploaded as a separate file.

The quotations were removed as previously explained.

Third, you are presenting three themes in this study: 1) Lack of knowledge about strategies for partner notification 2) Poor Access to Testing and Gaps in Counseling 3) Obstacles for Treatment in Primary Health Care. This is too complex and interdependent. It is appropriate that the themes to be distinguished are mutually disjunctive and have different causal relationships and different alternatives.

We acknowledge that the results of this study are complex and interdependent because we carried out a qualitative evaluation of primary health care services considering the experience of the actors involved in the management of sexual partners of pregnant women with syphilis. We decided to keep the themes because important changes were made in the results and in the organization of the themes to comply with the recommendations of a reviewer in a previous revision of the manuscript. Back then, the reviewer recommended us to “present the themes as a process from beginning to end”.