Author’s response to reviews

Title: The role and scope of practice of midwives in humanitarian settings: a systematic review and content analysis

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RE: Manuscript ID HRHE-D-18-00022

The role and scope of practice of midwives in humanitarian settings: a systematic review and content analysis

Dear Reviewers

Thank you for the careful review and for the advice and valuable, constructive comments. We have carefully edited the manuscript in response to these comments as outline below. We resubmit this manuscript for your consideration.

Reviewer 1 Comment

Motivation: The motivation section can be further strengthened in terms of the overall demand of health work force in the emergency setting; the shortage of health workforce in general and how midwives can partially fill the gap.

Response: We have addressed these comments in the introduction (lines 74-83)
Reviewer 1 Comment

The paper also mentioned (page 6) that "there is ambiguity in the delineation of roles and the relationship between SRH cadres such as midwives, doctors, community health workers, and lay health workers". A bit more in-depth context setting in this area can further help the audience and provide more context for the analysis part.

Response: We have addressed these comments in the introduction (lines 121-130)

Reviewer 1 Comment

Method: The paper has detailed inclusion and exclusion criteria. However, it is not easy to be replicated as the search method is a bit ambiguous in terms of keywords used.

Response: We have addressed these comments in the methodology section and in table 2.

Reviewer 1 Comment

Analysis: The paper uses the general framework "before emergency: mitigation and preparedness", "during an emergency: the minimum initial service package" and "after an emergency: recovery and protracted settings". The framework is ok but the analysis is more of the literature review. The content can be synthesized more concisely and sharply so the readers are informed what the key issues are and what are lacking (for example, midwives lack the skills were mentioned in a couple of the places, page 13).

Response: We have tried to report the findings more concisely.

Reviewer 1 Comment

Discussion: The discussion part can be further strengthened. First, in some countries, midwives are even not adequately trained or equipped to deliver their daily jobs. This will add the challenges for midwives to deliver in the humanitarian settings. Secondly, who should specify the roles of midwives in the humanitarian setting? What are different roles of international agencies and the national governments? What are the value added of the additional research? After reviewing the papers, what are the types of research which could benefit more to add knowledge to this agenda?

Response: We have addressed these comments in the discussion.
Reviewer 2 Comment

The research question the systematic review tries to answer has some key weakness;

What the authors seem to be answering is; the role of midwives in task-shifting sexual and reproductive health services in humanitarian settings. It is widely agreed by WHO, ICM and experts that midwives have specific job roles based on active competence. Expanding that in humanitarian settings is largely task-shifting

Their review tries to garner usable evidence to support or advocate choosing midwives over all other health care professionals to play a more generalist role in the provision of sexual and reproductive health in humanitarian settings… and their paper tried to justify it using experiences from adhoc field practices rather than a review of the typical range of active practice competencies of midwives.

Response: We are not advocating choosing midwives above all other healthcare professionals and we do not say this at any point in the paper. Rather we are proposing that midwives can make a significant contribution to the multi-professional team if they are supported and facilitated to work to their full scope of practice. The international midwives’ competencies include wider elements of SRH such as family planning, abortion-care and addressing gender-based violence.

Reviewer 2 Comment

The methodology needs to elaborate more on;

Search strategy, so that the reader of the paper can repeat the search and get similar or same results

Reasons for sticking to 4 databases and 32 organizations

No study from Europe was included in the review.

Response: We have addressed these comments in the methodology section and in table 2.

Reviewer 2 Comment

The statement on 76 about midwives is factually ambiguous (correct and incorrect)

Response: We have closely examined the sentence at line 76 and are unsure what the reviewer would like us to correct.
Reviewer 2 Comment

131...Key standard definitions of terms needs to be included in the text

Response: We have reduced the number of acronyms and abbreviations in the text and included a comprehensive list of acronyms with definitions after table 4.

Reviewer 2 Comment

The research benefited from a grant, it may be helpful to see the public terms and conditions of the grant, to rule out funding bias

Response: The funding was an internal University of Technology (UTS) seeding grant from the Faculty of Health provided to stimulate international research collaboration between the University of Dundee and UTS under the Key Technology Partnership Program. UTS had no involvement in the selection of the research question, methodological design or analysis. The publication of a research paper and development of a grant for funding were aspirational outcomes of this research collaboration.

Thank you again for your time to review this paper.

Regards

The authors