Reviewer’s report

Title: Towards a Consensus Definition of Maternal Sepsis: Results of a Systematic Review and Expert Consultation

Version: 0 Date: 23 Mar 2017

Reviewer: Eliana Castillo

Reviewer’s report:

I wish to congratulate the authors on this work. Your manuscript is an important step towards finally having a very much needed operational definition for maternal sepsis for epidemiological purposes (true disease burden, especially in low-resource settings) and as a stepping stone to develop and test diagnostic and therapeutic algorithms.

This paper fulfills the need to "start somewhere" and carries the reader through the process the authors followed to arrive to the WHO operational definition of maternal sepsis -"Maternal Sepsis is a life-threatening condition defined as organ dysfunction resulting from infection during pregnancy, childbirth, post-abortion, or post-partum period". However, this manuscript could become a better resource for the reader if more granular information on the new the definition is provided clearly stating what the new definitions looks like. Also, there is value on discussing the methodological limitations of a set of criteria that is not the product of a model validation exercise.

Specific Comments per Section as Follows:

Methods

Can the authors define the actual methodology it was used for the group consensus: Delphi process Vs Nominal group technique Vs Consensus development conference?

It is unclear how did the criteria used to identify maternal sepsis that emerge from the systematic review findings (table 2) are were incorporated into the new WHO definition? Was there an iterative process?

Results

Can the authors please include tables/graphs clearly listing the new proposed definition and identification criteria to facilitate the readers understanding?

Can the authors elaborate on the information on lines 290 to 293 "It is proposed that the identification of organ dysfunction takes place in two steps, one for identification of women with possible severe maternal infections, and presenting with early signs of infection with systemic repercussion (to allow initiation of timely treatment) and another for "confirmed" cases of maternal sepsis (to enable comparative studies)."? How is that going to look?
It seems above information is ready, as the authors state there is a global one-week cross-sectional study to be carried out in 2017 in a large network of health facilities, the Ending Maternal Sepsis Week study.

Furthermore, it would be useful for the paper to have tables/graphs to provide the reader with a clear idea of what 2016 The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3) work SOFA and qSOFA look like.

Discussion

All of us, OB care providers struggle with defining "abnormal" physiological parameters in pregnancy, we still don't know what is "normal" as you allude to on lines 361 to 373. An upcoming paper from the UK titled "Trends of vital signs with gestational age in normal pregnancies: a systematic review protocol" http://dx.doi.org/10.1136/bmjopen-2015-008769 should shed some light on this and helps us define "normal" in pregnancy. Have you made contact with the authors? If not, can you consider doing so?

Level of interest

Please indicate how interesting you found the manuscript:

An article of importance in its field

Quality of written English

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Acceptable

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