Author’s response to reviews

Title: Inadequate programming, insufficient communication and non-compliance with the basic principles of maternal death audits in health districts in Burkina Faso: a qualitative study

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Reviewer reports:

Reviewer #1: 1. This is an interesting paper on an important topic. For a qualitative study, the number of interviewees is rather high (n=73), but it becomes usually not clear, whether findings are based on the views expressed by a few, many, most or almost all interviews. Some semi-quantification would be useful.

Response: we thank the reviewer for these comments. Right. The number of interviewees is high. It is however important to remember that different themes were used with different interviewees according to their profile and what they are supposed to contribute in the MDAs. Furthermore, we made use of the principle of “saturation of the information”. The thematic analysis carried out sought to identify the diversity of the themes and not the number of persons that expressed the idea.
2. There is an inconsistency in the title - on the cover page, it reads "… basic principles of audits …", on the manuscript, it reads "… basic principles of maternal audits …". In fact, the audits dealt with in this paper are maternal death audits - this should be made clear in the title.

Response: Ok. We have corrected it. It is maternal death audits.

3. "And these deaths … adequate care" Since the paper is about clinical audits, I don't think it is necessary to refer to Thaddeus' and Maine's three-delays-model - what is the relevance of the 1st and the 2nd delay?

R: That is true and, we have removed this part.


R: we don’t find reference of the sentence and we removed it.

5. "should be more or less regularly scheduled between one and three months" - consider replacing by "should be regularly scheduled with an interval of one to three months"

Ok. That was corrected.
6. "communication before and after audits is also important to be observed" - not clear: who should observe whose communication? Replace by "communication with\between x and y before and after audits is also important"?

R: That was corrected.

“Communication between the different actors of maternal health before and after audits is also important” page 7 (line 179-180)

7. "Feedback of clinical audit … should be required" - consider replacing by " … is required" or "should be provided".

R: We corrected it.

“Feedback of maternal audits to stakeholders for finding solutions to the problem should be carried out and has been advocated for by the Direction of Family Health of the Ministry of Health.” Page 8 (line 181-182)

8. "operational level of the health system consists of 63 functional health districts" - I am not quite sure what "operational" should mean in this context, but surely health centres, regional hospitals etc. are operational (i.e. working properly) as well?

R: Here, we would like to talk about decentralization in the health system. So, we have rephrased all of the paragraph to take into account your observations and make it more understandable.

Page 8-9 (line 188-206)

9. "Some health districts have no district hospital … and refer patients to the second level of care" - this may be correct but could lead to the false impression that ONLY such districts refer
to the 2nd level of care: other districts refer as well to the regional hospital when specialist care is needed or when the district hospital is temporarily not working"

R: Yes ! we talked about those that refer at first to regional hospitals that stem for their direct referral level.

Page 8-9 (line 188-206)

10. I have not understood the sampling strategy. What does "sampling based on the notification of maternal deaths, on statement in reviews in 2014, on in-hospital maternal mortality rate in 2013" mean? Is this one stratifying variable or are these several? If it was one (with "minimum, average or … maximum" being its three values) and location (with two values, "rural or urban") was the other one, I don't understand how this could result in five districts to be selected - three times two makes six.

R: We hope it’s clearer now. A set of criteria were used to purposely choose health districts to be included in the study.

“*The health districts were selected using contrasted purposive sampling based on the declarations of the MDAs performed in 2013, the intra-hospital maternal mortality rates for the year 2013, and the location area of the health district (urban vs rural). Five groups of health districts were constructed based on the reported intra-hospital maternal mortality rates (close to the minimum national rate, close to the national average rate and close to the maximum national rate) and the location area.*” Page 9 (line 219-224)

11. "The guide was developed based on the main themes, sub-themes, and following levels:" what are main themes, sub-themes, levels?

R: We hope it’s clearer now. Please see table 2.
12. The recruitment of the interviewees is unclear: "it was firstly the collection of the general data that guided the selection of respondents" - those who can provide the basic facts of the health facility are not necessarily those most knowledgeable of the maternal death audits, are they? What were inclusion and exclusion criteria, and what was their rationale - how comes only 19/73 interviewees participated in an audit in 2014? How were interviewees selected when there were more eligible individuals than elected ones?

R: We hope it’s clearer now. The selection of interviewees was grounded on the potential eligible participants in MDAs per national standards. Departments that are involved in MDAs are known and we undertook to involve those working in such departments. Page 10 (line 236-247)

13. "health facilities were numbered in form of Cx (C = case or facility, x = number of the case C, x ranging from 1 to 7)." This sounds complicated - would it not be good enough to just say "health facilities were numbered from 1 to 7"?

R: We modified the numbering to take into account this comment

14. "Vertical analyses were then performed." What does that mean? My anthropologist colleague did not know either …

R: we removed the word and section reworked to make it clearer. Page 12 (line 271-280)

15. Table 1 and 2 are partially not readable - text is cut.

R: Yes. Corrected.
16. The following quote is not clear: "People are not happy, but with good reason" - who is not happy - those who participate in the audits or those who don't, and what are the good reasons for not being happy? If this is clearer to the interviewer, additional explanation should be added - or the sentence should be dropped.

R: Ok. More explanations provided. Page 17 (line 356-361)

17. "The charter … was found only in 5 facilities … and properly used in only one of them" - how did the improper use look like?

R: Explanation provided. Page 17 -line 365-369

“The charter that is expected to guide the participants' behaviour during and after sessions was found in only 5 facilities (1, 3, 4, 6, and 7), and properly used in only one of them (7) where it was read and approved with the signature of all participants. Attendance lists were not found in 3 facilities (1, 2, and 3). The table 4 showed the summary of the availability and use of the audit charter in health facilities.”

18. "Nominative attendance lists were not found …" - what do you mean by nominative?

R: it’s the name of participants. We now considered “Attendance list of participants and we removed the term “nominative”.

Page 17. Line 364

19. "NPHF, CUS, TUS" - are these acronyms really necessary? They are hardly used in the manuscript after their introduction.
20. "So, the spirit advocated in the international guide on auditing according to which the presentation of audit findings must be made was not respected." - when referring to the spirit, is this a result or a discussion point? Anyway, I don't understand how you have come to this conclusion - from what you wrote before it appears that audit findings have been presented?

R: Section removed from the manuscript.

21. The structure of the results section should be improved. The (non-)use of the charter is reported a first time in lines 295 ff, then again in lines 322 ff - such back and forth should be avoided.

Ok. We have corrected it.

22. "Compliance with all the standards of use of the Charter" - what are these standards?

R: Details on those standards are now included in the manuscript.

23. "in a third of health facilities (C4 and C6)." - there are so few health facilities that it would be better to say "in two health facilities".

R. OK.
24. "no shame principles were not respected" - I am not sure that the example for the violation of the no-shame principle is valid. I understand that sometimes, a health worker involved in a maternal death becomes ashamed of him- or herself - that is different from being shamed by other member of the audit team: "Self-shaming exists…". Not shaming anybody does not prevent people feeling ashamed of themselves … What the example does show, though, is that even when the "no name" principle is respected, the identity of a health worker involved in a maternal death can be known to other members of the audit team nevertheless - particularly, I assume, in a relatively small health facility like a district hospital.

R: Ok. We have provided more explanations and we have re-worked the section to make it clearer

25. "There is no blame as such but we question" - it would be interesting to know where that doctor draws the line between "blaming" and "questioning".

R: Yes ! even when we were analyzing the data it was not that clear the limit between blaming and questioning! We felt the interviewee’s point was to be reported as such….

26. "The programming of the audit session was inexistent or irregular in most of the facilities as noted Hamersveld et al. in Tanzania in 2012 [26]." - consider replacing by (provided that is what you meant): "The programming of audit sessions was inexistent or irregular in most of the facilities participating in our study, as noted by Hamersveld et al. for Tanzania in 2012 [26]."

R: Ok. Correction done. Page 22 line 471-472

“The programming of audit sessions was inexistent or irregular in most of the facilities participating in our study, as the same was noted by Hamersveld et al. for Tanzania in 2012”
27. "According to Borchert et al.'s studies in Benin on the "near miss review", to Hofman in Nigeria and to Richard in Burkina Faso in a situation of experimentation or specific interventions, the situations were different [12,14,15]. Audit sessions were regular in the month after the admission of the case [12,14,15]. This is closer to the standards [4,8,9]." Consider replacing by: "This was in contrast to the findings of Borchert et al. in Benin on "near miss reviews", to Hofman in Nigeria and to Richard in Burkina Faso in contexts of experimentation or specific interventions: audit sessions were conducted regularly in the month after the admission of the case [12,14,15], which was closer to the standards [4,8,9]."

R: OK; corrections were carried out. Page 22 line 475-476

28. "Thus, audit sessions have to be spontaneous in order to improve the quality of care often neglected." - it is not quite clear what "often neglected" refers to - and did you really mean to say that in order to improve quality of care, audit sessions must be spontaneous, i.e. they should not be planned for?

R: No. the point here was that MDAs should be regularly scheduled, an interval of one to three months or they may be carried out as cases occurred. They shouldn’t be carried out only when some favourable circumstances happened (funding by a partner etc.)

29. Why do audit sessions require "financial support for participants"? Provided the sessions take place during work hours and do not require travel - what exactly is that financial support needed for? Please discuss whether in your view the lack of financial support (by whom) is a valid reason for not doing audits.

R: Sessions are most of the time scheduled outside the ordinary work hours and some times they require travel into community or from the district hospital to the primary health care facility
30. "Therefore, contrary to what the study showed, presentation should aim to involve as many essential actors as possible to contribute for looking for solutions to the problems identified and their implementation" - consider replacing by (if that is what you mean): "Contrary to what our study found to be common practice, audit results should be presented to as many essential actors as possible, so that they can contribute searching for solutions and overseeing their implementation."

R: OK. Done ! thanks

31. "…where the vast majority of respondents were supportive" - what does this mean? Were they supportive of the principles of good practice of clinical audit you mentioned before, or did they behave in a supportive way during the audit sessions?

R: They were supportive of the principles, which they valued.

32. "…presenting modules and conducive professional environment with the respect of the principle of the confidential medical information were identified as key elements that facilitated confidentiality." - not clear

Section re-worked. We hope it’s more clear now

33. "…were announced as predisposing factors for identifying care provision teams and those of deceased women in some facilities" - not clear

Section re-worked. We hope it’s more clear now
Reviewer #2: Thanks for letting me review this manuscript on maternal deaths reviews in Burkina. Overall a topic of importance however the manuscript in its present form needs further revision before a final conclusion regarding publication is possible.

R: Thank you for your contribution in improving the manuscript.

First of all: The manuscript need to be reviewed by a native English speaker or professional language service as throughout the document there are various language issues.

R: We have improved the English language. See the manuscript with track changes.

Regarding the following points the authors need to clarify:
* Line 52/153: Natural conditions? What do you mean with that?

R: Clarifications done!

* 53 Implementation or quality?

R: Conduct of quality MDAs

* 62: Phrase not clear "in function of events, so not systematic according to the programming."

R: Corrections done, the irregular nature of the scheduling was what me meant here

* Table 1: in parts not readable; mix of French and English "1 an"; period of training >=2014? Do you mean year of training?
OK. Corrections done

* 126: MAD used for the first time- abbreviation needs to be indicated before

OK. Corrections done

* Wording issues, e.g. 135 "to die by maternal mortality cause when having age of childbearing"

OK. Corrections done

* 139: Actually it was MDG 5 not 4

OK. Corrections done, section removed

* 205: All staff or staff involved in MDA?

Staff involved or staff that was supposed to be involved. Corrected!

* 272: what do you mean by skilled actors?

Corrected !

* 318/19 sentence not clear

Sentence removed with the comments from author 1

* 357 audit reports double

Corrected !

The period of data collection is not always specified:
Methodology

In the methodology section 112/182 it is stated that this is a qualitative study: but data extraction and a structured survey is not qualitative.

R: We carried out a qualitative study. Source documents checking was done to cross-validate some information that could be found on the documents used for MDAs. We didn’t perform a data extraction using a structured questionnaire.

192: Please clarify sampling: what do you mean by "based on the notification of maternal deaths, on statement in reviews in 2014"?

R: Section clarified ! Page 9-10

Also more information and clarity is required for the data analysis 229-232

R: Section clarified !

222: data collection by "physician with "a lot of":very vague

R: Corrected
224: collection of the general data that guided the selection of respondents: so what were the selection criteria of respondents???

R: More details provided for this in the manuscript. Page 9-10 on section sampling

239 kept in a place ? not clear: under lock and key??
R: Corrected !

246: How many health facilities? Average number of deaths per facility?
R: The table 3 was completed to reflect those information

248: provide not only % but also a number (n=)
R: Corrected

References:

1/3 of references of Ministry of Health ??

R: No longer relevant, reference removed

Discussion

The discussion needs to be improved. Although the findings are a bit limited, there are areas that can be further discussed and the authors, particularly those involved in MDA in their services
could come up with more concrete ideas how the system of MDA in Burkina Faso may be improved based on the results

R: section reworked with this in mind.

Discussion: 459 "The environment of small numbers of health care providers, the relative small number of deaths … were announced as predisposing factors…Therefore, for better compliance with the principles, there is a need for capacity building.."

Even if you build capacity, one of the difficulty you mention is the composition of MDA teams. Who do you train? One of the problems is the low number of MD in regional hospitals. What other forms of audits could you do to have a regularity in auditing and thus keep up the skills?

R: Ok section reworked with this in mind.

463: Supervision: Who will supervise? How often? How will this be financed?

R: More details provided

OK