Author’s response to reviews

Title: "Confidence comes with frequent practice": Health professionals’ perceptions of using manual vacuum aspiration after a training program

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Author’s response to reviews:

Dear Editor,

Enclosed please find the revised version of the manuscript for the research article entitled “Confidence comes with frequent practice”: Health professionals’ perceptions of using manual vacuum aspiration after a training program by Maria L. Odland, Gladys Membe-Gadama, Ursula Kafulafula, Jon Ø. Odland and Elisabeth Darj.

First of all, we would like to thank the editor and reviewers for their valuable comments. We have tried to respond to them as outlined below.

Reviewer 1

Overall comments:

Reviewer 1 has two major concerns: 1. Cutting out some of the specific details about the training, which we have done and reduced the text on the training intervention on page 8; and 2, the reviewer suggests we compare participant perception from the discussion group with those found at baseline and emphasize results related to manual vacuum aspiration (MVA) implementation – factors enabling versus blocking its use. However, the aim of our study was not to compare before and after training. Our aim was to get an impression of the health workers perception on doing MVA one year after a training intervention. The knowledge, attitudes and practice survey was intended as background information pertinent to the time-frame before the
intervention. Our main results are therefore based on the focus group discussions a year after the intervention and emphasizes obstacles to and enablers of doing MVA.

More detailed comments from Reviewer 1:

Abstract

1. Line 40-41 in the abstract the reviewer asks what time period the information on obstacles to doing MVA refers to. These are results from the focus groups conducted a year after the intervention. We have rephrased the sentence and hope this is clearer now. Please see line 40-41 and line 44 in the Abstract. The 2016-7-time frame of the study is now acknowledged in the Abstract page 2 line 32-33.

Plain English Summary

2. Reviewer 1 points out a phrasing error in the first line of the plain English summary. The aim of the study was to explore health workers perceptions of doing MVA related to a MVA training intervention as stated later in the paper. We have now rephrased the first line of the Plain English summary, please see track-changes in line 62-63 page 3.

Background

3. Line 159-161 the reviewer suggests we use a more recent article on the definition on unsafe abortion. We have now changed the definition and the citation, and thank the reviewer for this comment (see lines 96-99 page 4.

4. The reviewer points out that we have only mentioned misoprostol as the preferred treatment in incomplete abortions. We apologize for this error and has now changed the sentence to include vacuum aspiration. Please see track changes lines 110-111 page 4.

5. Page 5 line 122-123, we have changed to a more recent reference Cochrane review by Tuncalp as the reviewer suggested.

6. The reviewer asked for legality of MVA provision for postabortion for various cadres of providers in the study. We have provided this information on page 5 line 127-128. Please see track changes. Also, see Methods section on study participants (see page 7 line 178-180).

Methods
7. The reviewer asks us to consider shortening the sections on study participants and the training intervention and has made some suggestions to shorten these sections. This seems reasonable and we have done so accordingly. Please see track changes page 7 and 8.

8. International Pregnancy Advisory Service was removed, and the text not only says Ipas, please see p. 8, line 202.

9. Karman Cannula is replaced by MVA cannula (page 8, line 204).

10. The reviewer made suggestions to shorten the intervention section, which has now been done. Please see track changes intervention section page 8.

11. Results, Page 11, Table 1. The reviewer points out that the information in this table could suggest that the questions are more about abortion than incomplete abortions if taken out of its setting. We agree with this, and have made a few corrections. Please see track changes in Table 1 page 11. The other questions are actually about the participants’ awareness on the frequency of abortions in the country and its legality. The reviewer also finds it strange that medical treatment was not an option for incomplete abortion and we agree with this. The question was; “what is the recommended surgical option for treatment of incomplete abortions”? We have altered this wording in Table 1 to: “Recommended surgical treatment for incomplete abortions”.

12. The reviewer finds that the quotes from the participants throughout the paper is a strength, but wants us to shorten the feedback on the training itself since it is not a part of the aim of the paper, and rather focusing more on MVA implementation one year out with supporting factors and obstacles. We thank the reviewer for this comment, and we have now removed some of the text, and one category which is merged with the findings on previous experience in the first category. The findings now focus on MVA use one year after the training. Please see track changes in results section.

13. The reviewer finds it strange that many of the participants find MVA more time consuming than curettage as it is known to be significantly quicker. The reasons for this seems to be broken equipment among other factors, and this has been addressed in more detail in the Results section lines 393-397, page 16.

Discussion

14. The Reviewer wants us to clarify if some of the findings in the discussion is from our study or another. The reviewer specifically asks about the first few sentences in the section about community level which is about the use of MVA at another hospital in Malawi. This information was based on a previous study conducted by the authors which is now published, and a citation has been given. Please see track changes page 23 line 572-573. Related changes have also been made elsewhere in the text.
15. The reviewer correctly points out that the paper is much like a course evaluation which is difficult since the interviewer was also one of the providers of the training. The reviewer suggests we should focus more on perception of MVA usage one year after the course. We have tried to refocus the paper, and removed the category about the training in the results section. Please see track changes throughout the paper.

16. The reviewer suggests that the socioecological model to be introduced in the background including the rationale for using it here. We have provided some information on this on page 5 line 140-142 in the background.

17. The reviewer has questions concerning how the training enabled people with no previous experience to do MVA. All the health personnel had learned how to do MVA but had little practical experience and this is indicated on line 355-356 page 15. We maintain that the training provided health personnel an opportunity to do MVA because they had the skills and felt more confident after the additional training. Please see quote in the Results section page 16 line 376-377.

Reviewer 2

Reviewer 2’s major concern is whether the study design actually answers our questions and warrants a clarification of the study aims. The reviewer points out that the aims are not clearly defined in the abstract which we have now done, please see page 2, line 32-33. The reviewer also points out that there is a mismatch between the stated aims in the plain English summary and the background section. We agree with the reviewer that the phrasing used in the background section to “explore health workers perception about the use of MVA in PAC at three public hospitals one year following an educational intervention” is more specific and is feasible with the data available. We are now more consistent with the aims, and thank the reviewer for the insight and advice to improve our paper. Please see track changes in the plain English summary line 62-63 page 3 as well.

More specific comments from reviewer 2

1. The reviewer wants us to elaborate more on why most patients with incomplete abortions are treated surgically in Malawi. Please see track changes page 4 line 112-120.

2. Line 130-137 background. The reviewer suggests that we explain more closely why we chose to do a MVA training. Please see track changes and reference (see line 131-137 page 5). There reviewer also suggests that we link this more closely to the research question on line 138-140 which we have tried to do.

3. The reviewer asks us why we have chosen southern Malawi. This is because it is a highly populated area in Malawi where there is a high number of complications after abortions.
as explained in the Methods line 161-166, page 6, and previous studies have shown a decrease in the use of MVA in this area. This has also been mentioned on line 130-133 page 5 of the Background.

4. The reviewer is missing information on how many providers were involved in the pre-test of the questionnaire. Information on this has now been given on line 148-149 page 6.

5. The reviewer finds it odd that we have not used the same data collection tool pre-and post-intervention. However, the KAP survey was only meant to give background data and the FGDs constitute the main source of data. This is explained more precisely in the Method section (line 215-220 page 8, line 247-259 and line 261-263 page 9).

6. The reviewer wants us to elaborate on what was included in the socioecological model, and we are agreement. This information has been placed at the end of the background section (line 140-142, page 5). Also, the socioecological model is now placed at the beginning of the Discussion, line 513-516, page 20 as the reviewer suggested.

7. The reviewer suggests we explain more closely why we chose to work with these hospitals in particular, and more information on this has been given in the section on Study setting (line 161-175, page 6).

8. More information about who conducted the training is given on page 8 line 209-212.

9. Line 190-193, page 7 gives more information as to why some participants were not available for interviews after a year.

10. Line 200-201 page 8 all health personnel should have received training in doing MVA during their studies and not just doctors. Also see line 127-128, page 5 in the Background section. Unfortunately, we did not ask in the questionnaire if they were taught how to do MVA during their studies, but it is a part of their curriculum. It was apparent from the questionnaire that some of the participants had not much clinical experience in doing MVA after graduating.

11. Line 210-211, page 8, more information about the principal investigator’s background and experience is given.

12. Line 217-220, page 8, the topics included in the questionnaire has been included as requested by the reviewer.

13. A definition of a clinical officer is provided in line 180-184, page 7.

14. The reasons as to why clinical officers and nurses were separated is given in line 249-251, page 9.

15. The reviewer raises some questions on how we can compare the results from the questionnaires before the interventions to the focus group discussions after the
intervention. However, the main objective was to explore the health personnel’s perceptions of doing MVA one year after the training intervention. The KAP questionnaire was to obtain pertinent background information about the participants before the intervention, and to obtain demographic data on the participants, and this information is not meant to be compared to the main findings from the FDGs directly. This has now been explained throughout the method section (line 150-153 page 6 and line 261-263 page 9) and is also reflected by adding the word Background to the title of Table 1.

16. Line 292-294, page 10, the background knowledge to the participants was good meaning that all the health personnel were aware of symptoms and recommended treatment for incomplete abortions. We agree the phrasing was a bit vague and this has now been corrected.

17. The reviewer suggests that we provide actual proportions from the KAP questionnaires in the text. This has now been done. Please see track-changes in the results section on KAP (line 295-299, page 10).

18. Line 297, page 10, the participants preferred MVA to D&C, which has now been added to the text.

19. Table 3, other reasons to as to why participants chose curettage are s given in footnote of this table.

20. Table 5. We understand the reviewer’s comment about making this table into text which could be done. However, the categories emerged from the data analysis and constitute our findings, and we feel they should not be put in the methods as the reviewer suggests. Furthermore, we have removed one category on request by Reviewer 1 and merged it with the first category. We would like to keep the table if possible as it would make it easier for the reader to see the results.

21. The reviewer asked which health personnel had more previous experience in doing MVA, and if the different providers were interviewed together. The groups were interviewed separately as far as it would allow, and did not mix between different providers. We found that in all the different groups some had a lot of previous experience and some had very little. In particular, a few nurses had little previous experience and a sentence on this is given in line 352-353 page 15.

22. Line 526-528, the reviewer asked where this finding emerged. That the inexperienced staff lacked confidence is something that emerged in the FDGs and has been added to the text (line 526-528, p 21).

23. The pertinent quote has been removed from the Discussion.

24. The text and the reference from Ghana have been removed as the reviewer suggested.
25. The method sections have been reorganized to reduce the number of repetitions. Please see track-changes in the methods section.

26. The paper has been proofread for missing words and grammatical errors by a native English-speaking colleague. Please see track-changes throughout the manuscript.

Hopefully this manuscript is now suitable for publication in your journal. We appreciate the detailed and helpful input by the referees and acknowledge that their feedback has improved our paper.

The enclosed manuscript has not been submitted to any other journal, and is not under consideration for publication elsewhere. There is no conflict of interest.

Sincerely,

Maria Lisa Odland