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.

Abstract

1. Reviewers comment: Line 44 – Abstract: there seems to be a bit of a logical jump from the results to the conclusions. Participants feeling confident about the intervention seems like a result rather than a conclusion. Then you note that the training “seemed to have been instrumental in encouraging MVA use”. This is a bold claim, and one which the evidence presented does not support; rather, the challenges and barriers pulled out in the paper results seem to suggest that while training was viewed as useful and even necessary by participants, it was also believed to be far from sufficient in changing actual practice. Please revise the abstract to ensure that the conclusions logically follow (and are supported by) the results. The way you have set this up in the Plain English Summary actually flows better and makes more sense -- would suggest trying to align the abstract more closely to the Summary (and highlight more of the contextual barriers raised by participants – this is the real meat of what you found).
Reply: The abstract has now been restructured to ensure the conclusions logically follow similar to the plain English summary like the reviewer proposed. Please see track changes page 2, line 39-45.

Introduction

2. Reviewers comment: Lines 107-8: Is there any citation you can add here to bolster the argument that fear of misuse is an issue driving practice? This is certainly a well-known barrier to community distribution of misoprostol, but it is less-commonly report as a barrier to clinical practice within facilities.

Reply: A citation from a review study on the barriers to the use of misoprostol in post abortion care has been added; Samnani A, Rizvi N, Ali TS, Abrejo F. Barriers or gaps in implementation of misoprostol use for post-abortion care and post-partum hemorrhage prevention in developing countries: a systematic review. Reprod Health. 2017;14(1):139. Please see page 4 and 5, line 117-120.

3. Reviewers comment: Lines 114-119: It may be worth adding here that vacuum aspiration is the WHO recommended method/best practice: http://apps.who.int/iris/bitstream/handle/10665/97415/9789241548717_eng.pdf?sequence=1

Reply: The citation from WHO and that vacuum aspiration is the recommended best practice according to the WHO has been added to the text page 5, line 124-126.

4. Reviewers comment: Line 172: You note that multiple studies have shown than clinical officers are capable of performing the same duties as physicians yet only include one reference (it is of a meta-analysis, but the juxtaposition in the text is a bit jarring/confusing). Please add additional relevant citations if you choose to kept the current phrasing. An alternate treatment of the text would be to note that a meta-analysis found this to be true, and the proceed with the single citation.

Reply:

The text has been changed to “A meta-analysis has shown that they are capable of carrying out physician’s procedures such as caesarean sections”. Please see page 7, line 190-191.

5. Line 214: “sociodemographic issues” reads a little odd. Perhaps “providers’ sociodemographic information”?

Reply: The sentence has been corrected to “providers sociodemographic information” as requested. Please see page 8, line 223.
6. Line 216: change to “and previous experience conducting uterine evacuation” (also, only vacuum-type or any kind?)

Reply: The sentence has been changed to “and previous experience conducting uterine evacuation of any kind” as requested. Please see page 8, line 225.

7. Line 239: Would suggest “The interviews were transcribed…”

Reply: The sentence has been changed to “The interviews were transcribed…” as the reviewer suggests. Please see page 9, line 247.

8. Lines 243-4: would suggest “…read the transcripts, discussed how to interpret the data, and suggested subcategories, which were then formalized and re-reviewed to reach final consensus agreement.”

Reply: The sentences has been changed to what the reviewer suggests. Please see page 9, line 249-251.

9. Lines 243-251: Somewhere in here you should mention that you then interpreted results using the socioecological model (SEM). This is another layer of analysis and so it should be mentioned in methods so it doesn’t come as a surprise later. Additionally, the analysis should be reported in results rather than in discussion. All that said, it may be redundant to have the SEM analysis and the results as you have them presented both in the results section. Personally, I think the results section is logical and well-organized as is (and more strongly written than the subsequent SEM analysis). One option might be to eliminate the SEM component altogether. Another might be to add a figure to the results section that shows how the different challenges you have identified map into the SEM, rather than rehashing it in the narrative. Or, revisit the current results section and weave in the SEM analysis with sub-headings and the like.

Reply: Thank you for this valuable comment. We have decided to omit the SEM as an own analysis and we have rephrased the Discussion according to this. Please see track-changes throughout the paper.

10. Line 258: “…was, and two-thirds…”

Reply: A comma has been inserted. Please see page 10, line 263.

11. Line 263: “…and regarded it as easier to use and safer”
Discussion

12. Discussion section: As mentioned above, much of what is currently in the discussion section seems more like results than discussion. Please revise this section so that it focuses on placing your findings in context rather than conducting an additional level of analysis/interpretation. The main finding (that training is important but that providers face numerous additional barriers to changing practice; training is just the “tip of the iceberg”) is an important one, and deserves to be pulled out more specifically. You’ve mentioned a number of potential items that could be changed within the different layers of the SEM, but your argument would be much stronger if you weave this into more of a synthesis – how do your recommendations work together? Are you recommending a systems approach? What is the evidence base to suggest it would be successful?

Reply: Our discussions section has been revised. The SEM analysis has been removed as suggested by the reviewer. Instead we carefully discuss which obstacles to doing MVA exist and at what level they should be dealt with. Concluding, that even though we can prove that training is successful and accepted by health personnel, a systems approach is necessary.

13. Lines 465-6: Please do not use “to our knowledge…” Did you do a literature review? Talk to stakeholders? That phrase leaves you too open to critique – either you did an extensive search and thus have a basis for which to make the claim or you did not.

Reply: The sentence has been removed.

14. Line 572-4: Similar point here about the language “the impression was…” Whose impression? On what was it based? How are we to know it is a credible impression? This is a potential limitation, true, but tell us what you did to limit that potential source of bias so the reader can judge to what degree they think it may be a critical limitation.

Reply: The sentence has been changed to; “However, the participants were speaking freely and in uninhibited manner and were encouraged by the moderator to be honest and give critical feedback.” Please see page 23-24, line 711-718.

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