Author’s response to reviews

Title: Birth Preparedness and Complication Readiness Practice and Influencing Factors among Women in Sodo town, Wolaita zone, Southern Ethiopia, 2018; community based cross-sectional study

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Author’s response to reviews:

Authors response and revisions for comments and suggestions given by article reviewers on a study entitled “Birth Preparedness and Complication Readiness Practice and Influencing Factors among Women in Sodo town, Wolaita zone, Southern Ethiopia, 2018;”

Reviewer #1

1. Minor Essential Revisions on Line-6 of Page-7 in the part of 'Source and Study population', i.e. consider the revision of word "trimaster" to "trimester".

   - Comment accepted and revision has been made on the mentioned section.

Reviewer #2 (Major revisions)

1. Can you please review the references?

   - References were reviewed and all the necessary arrangement and modification has been made on the manuscript.

2. I don't see any mention of other components of BPCR as per WHO recommendation. Identifying labour and birth companion; an identified support to look after the home and other children while the woman is away. Is there a reason these were not included?
In fact, to have WHO recommendations on the components BPCR is better and it can help as a standard because there were many studies which used BPCR components in a different manner; some uses 4 and others took 5 as a basic BPCR components and even others took around 8 components of BPCR. However, we didn’t find this recommendation on time while searching for literatures and setting the methodology and therefore, we took the five basic components of BPCR from peer reviewed and reputable journals (Ref. 1, 20).

‘Identifying labour and birth companion’ was also included in this study as ‘identifying skilled birth attendants’ while the other BPCR component ‘identified support to look after the home and other children while the woman is away’ that was included as WHO recommendation were not found in studies that we were using as a reference.

3. I suggest moving the section "Operational terms and definitions" to a study web appendix. However, the operational definition of what constitutes "birth preparedness and complication ready" is helpful in the main manuscript, although that section is written in both past tense ("identified… arranged") and present tense "save….arrange") so the outcome definition is not clear.

- Comment accepted and revision has been made on the mentioned section.

4. Ethics page 10 - I note verbal consent was sought from participants, but not written consent. Was there a specific reason for this?

- Though the cross-sectional nature, the less sensitive and the minimal risk of our study led us to take informed verbal consent, we recognize the importance of taking written consent in health research especially when it involves participants less than 18 years of age (since our study participant are reproductive age group/15-49 years). However, based on the WHO ethical guideline (World Health Organization. Guidance on ethical considerations in planning and reviewing research studies on sexual and reproductive health in adolescents. https://www.who.int/reproductivehealth/publications/adolescence/ethical-considerations-srh-research-in-adolescents/en/), our study participants are either pregnant or recently delivered women and therefore, women under 18 years in our study can be considered as emancipated minor. As such, informed verbal consent was taken for this study after explaining the purpose of the survey and the voluntary nature of the respondent’s participation. After reading the form, the data collector must sign and date in the space provided to affirm that he/she have read the statement to the respondent on whether or not the participant agreed to participate.

- NB. The response given above might not be the specific reason for taking informed verbal consent over written consent but we are trying to explain why we took verbal consent for our study.
5. Table 4 - the rationale for inclusion of "counseled to prepare blood donors" and "counseled to identify skilled birth attendants" as covariates in the model is not clear. It seems these two variables are part of the definition outcome variable of interest (BPCR), in which case they would naturally be positively associated? Testing the association of an exposure against an outcome which is in part defined by the exposure variable) would not be meaningful. Please clarify.

- In fact, checking the association of the dependent variable with its components would naturally be assumed positively associated. However our aim here is to check whether providing counseling on the components of BPCR during ANC visits had association with the dependent variable or not. We didn’t assessed/checked the association of ‘participants who have identified skilled birth attendants OR participants who already prepared blood donors with BPCR rather we have checked the association of having counseling during ANC visits and practicing BPCR.

- Our point here can be further explained by the following example. For instance, if a study aimed to assess utilization of skilled health care provider during childbirth, the authors may ask the study participant whether they received counseling to utilize skilled health care provider during their ANC visits.

6. The paper would benefit from copyediting, and could be shortened without losing the main findings and themes.

- The authors tried to shorten the background, study finding and the discussion sections and make the manuscript short and precise as much as possible without losing the main findings.

Reviewer #2 (Minor revisions)

Abstract:

1. Line 28 "descriptive statistics was made" should read "descriptive statistics were reported"

- Comment/suggestions accepted and revision has been made on the mentioned section.

2. Line 32 remove "were"

- Comment accepted and revision has been made on the mentioned section.

3. Line 39 "education" needs more description - I believe only women with college education were significantly more likely to practice BPCR?
Plain English summary

1. Line 12: "low and middle income countries" should be "low- and middle-income countries"

   • Comment/suggestions accepted and revision has been made on the mentioned section.

Background:

1. Please reword the first fragment of the first sentence of the Discussion (line 47) as it is not grammatically correct

   • Comment accepted and appropriate revision has been made on the mentioned section.

2. Page 5, line 4 - the reference to WHO recommendation requires a reference/citation

   • Comment accepted and the correct citation has been made to the recommendation.

3. Page 5, line 10 - I do not think reference 2 is the correct citation to support this statement

   • Comment accepted and all the necessary corrections have been made

4. Page 5, line 19 "prepare important supplies for caring the newborn" - this should include any needed supplies for mother at birth as well as supplies for postnatal care.

   • Correction has been made on the main manuscript and manuscript with track change

5. Page 5, line 50 "more than half a million women" and other maternal mortality related metrics - these figures are outdated. Please see 2015 WHO report which quotes 303,000 annually - https://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/

   • Correction has been made and the whole paragraph was re-written.

6. Page 6, row 13 - Reference 11 is not correct here

   • Reference is corrected and we also tried to paraphrase the sentence
7. Page 6, row 36 - "fails to show consistency" is not the correct terminology. I suggest "MMR in Ethiopia has not reduced" based on the data you are presenting in this statement.

- Correction has been made on the main manuscript and manuscript with track change.

8. Page 7, row 17 - the meaning of "potential health coverage" is not clear, suggest revising

- Because the paper was commented mainly due to its information overload, we have decided to remove this statement just to make it precise and short.

9. There is some inconsistent terminology - suggest "participants" throughout rather than "subjects" or "respondents"

- The words ‘Subjects’ (page 9, row 52 and 57) and ‘respondents’ (Abstract on row 32; page 9, row 30 and 33; page 10, row 28 and 41; page 12, row 8; page 13, row 24, 31, 34, 37, 48; page 14, row 8, 18, 24, 29; page 15, row 53; page 16, row 8 and page 19, row 16) were substituted by ‘participants’

10. Page 8, line 15 should read "…not able to be interviewed…"

- Correction has been made.

- Table 1 - age of respondents - 177 + 264 + 114 = 555. I think an error here?

- Table 1: there was typing error and now, the comment has been corrected with additional revisions given by Reviewer-3.

- Table 4 - correct title "Parity_CUT" to "Parity" Table 4:

- Correction has been made.

As an a priori sample size calculation was used, it would warrant mention in the Discussion whether the study was adequately powered as planned, or not

- After checking the power level of the study using G*power 3.1.9.2 software by setting the effect size and sample size, we’ve identified that the study was powered as planned. This information is already added on the main manuscript.

Reviewer #3

1. Background- Better to simplify the words.
• We have tried to minimize and simplify the background by avoiding repetitions, paraphrasing and taking out unnecessary and overloaded information.

2. Result-Better to describe women with BPCR and without BPCR separately in Table 1.

• Comment accepted and appropriate correction has been made on Table 1.

3. Conclusion- Better to elaborate it more

• Adding this comment together with Reviewer 5 suggestions, we have tried to add more details to this section.

Reviewer #4

1. Much too many words no interesting results, but would be acceptable if well-condensed, in good English without the repetitions and irrelevant details, including statistical details.

• Comments and suggestions accepted well. We have tried to condense the whole document to make it precise without losing its relevant content. Statistical details were minimized especially by removing repeated and detailed descriptions.

Reviewer #5

1. This is a very interesting article. There are some minor grammatical/style mistakes that could easily be corrected (e.g., Abstract line 28, page 3, "Descriptive statistics was made and Bivariate and multivariable logistic regression was carried out....") or "A pen was spin and the direction pointed by the tip of the pen was followed. To select the first house hold, one of the house which was included under the initial sampling interval of each kebele was selected by simple random sampling; lottery method."

• As this comment was also given by Reviewer-2, appropriate correction has been made on the modified manuscript and also on manuscript with track change.

• The sampling technique was re-written in the modified manuscript as “The first household was selected by simple random sampling; lottery method. Then, the next household was selected through systematic sampling technique that is every Kth interval household which was calculated for each kebele."
2. I think the author might explain that this study sampling was carried out in a small community or "kebele".

- Correction has been made on the methodology, ‘sampling procedure’ section as “The study sampling was carried out in a small community with 12 rural and 3 urban woreda and with a total of 345 kebels.

3. I believe that the research question was valid but perhaps the intervention used was not evidence-based, or controlled well enough to see a difference. Were all of the healthcare providers using the same script or list of teaching points to encourage families to be prepared for birth?

- We appreciate the reviewer’s point of view and suggestions. We tried to assess whether health care providers provide counseling on components of birth preparedness as a basic component of health care service and whether this was associated with participant’s practice with BPCR. However, Health care providers do not use the same script or list of teaching points to encourage families to be prepared for birth.

4. The study is interesting but requires better critique and analysis based upon best practices in quality improvement research. Rather than a "cross-sectional study" I think the author needs to decide whether this was an intervention or action study. There are potentially so many confounding variables that influence birth outcomes, that it is not reasonable to assume that lack of knowledge of the key obstetric and neonatal danger signs would account for all of the poor outcomes observed in this study. Clearly the social determinants of health, access to a skilled provider, distance from facility, etc. contributed to the outcomes as well.

- Comment/suggestions accepted and since we didn’t take any action/intervention to improve the practice and/or to correct factors to ensure BPCR practice, the only option at this stage that we can do is to put further recommendations for researchers and policy makers and we have made this on the last paragraph of ‘Conclusion’ section as ….’ Lastly, the authors recommend further studies focusing quality improvement research on why women prepared less, addressing many confounding variables that influence birth outcomes, the social determinants of health, access to a skilled provider, distance from facility, etc.”