Author’s response to reviews

Title: Health workers' experiences with the Safe Delivery App in West Wollega Zone, Ethiopia: A qualitative study

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Author’s response to reviews:

Dear Reviewers and Jose M. Belizan,

Thank you for the opportunity to resubmit a revision of the paper: Health workers’ experiences with the Safe Delivery App in West Wollega Zone, Ethiopia: A qualitative study to Reproductive Health.

We truly appreciate the time and effort the reviewers put into commenting on this study. We have revised the paper according to the reviewers’ comments.

We have listed the points and suggestions raised by the reviewers with our reply to each of these below. We have included references to changes in the manuscript.

We hope that you find our reply and revision of the paper sufficient.

Best wishes,

All authors
Reviewer #1:

(1) 109 Please describe the existing studies. What were the interventions? How were they evaluated and what was the outcome?

The existing studies have been described in more detail including the interventions, how they were evaluated and the outcome.

The following sections have been included:

Pages 4-5, lines 120-125: “Among these studies, a controlled intervention study by Nilsson et al. (2014) compared two training methods for postpartum haemorrhage (PPH) (interactive hands-on training vs. a non-interactive training video) among 27 senior nursing students at a secondary health care centre in Kenya. The training methods were evaluated through structured observations of a standardized scenario before and after training and showed increase in performance scores in both groups with no significant difference between the two groups [26].”

Page 5, lines 135-138: “Knowledge scores were assessed using a key feature questionnaire and technical skills were assessed using simulated scenarios evaluated by independent and trained midwives. The study showed that the knowledge and skill level in neonatal resuscitation increased significantly 6 and 12 months from baseline among health workers in the intervention group [25].”

(2) 2.2 Study design section

- Most of this section refers to the trial. This section should provide information about the design of this qual study. Some information in 2.5 could be included in 2.2, e.g. lines 202-205

Information about the design of the qualitative study has been outlined further in the section Study design including the lines suggested by reviewer.

The following has been included:

Page 6, lines 166-171: “Five FGDs were conducted at baseline and six FGDs at follow-up. As a supplement, we interviewed two health workers who had used the app frequently, and two health workers who hardly used it at all to get an indication of what might lead to very different use patterns. Individual interviews were conducted as a supplement to gain in-depth information about how the app was perceived. The follow-up data collection further included observations and informal conversations.”

(3) 2.3 the SDA
This section would be improved if it included information about the development of the SDA and theoretical basis (if there is one).

Information about the development of the SDA has been included as suggested by reviewer:

Pages 6-7, lines 176-190: “The clinical content was developed following international WHO guidelines but focusing on key essential lifesaving interventions. Selection of key features was selected in a standardized Delphi process where international clinical experts scored key features according to relevance. Film manuscripts and draft animations was hereafter developed and approved by the Delphi groups.”

Page 7, lines 191-194 have been revised: “The app also contains a catalogue with essential drugs and equipment. To stimulate use, the app sends weekly notifications with quiz questions and a direct link to the films where the information to answer the question is found. The SDA can be downloaded in different language versions free of charge.”

(4) 2.5 Data collection

- If the aim of this qual study is to examine health workers' experiences in using the SDA (123-125), why are FGDs and interviews conducted with people who have not had experience using it? This needs some clarification/justification so that it aligns with the aims of the study. Also, it would help if the topic guides were included as an additional file.

It has been clarified why health workers who have not used the SDA were included in the study:

Page 8, lines 236-238: “Health workers from the control group were interviewed to examine whether the working experiences of the two groups diverted from each other and to assess to what extend the SDA is perceived to influence this.”

The four topic guides have been included as a supplementary file.

(5) 2.6 Data analysis

- The sentence in line 234 does not make sense to me ("All patterns…")

- The last sentence in this section could be improved to be more precise (e.g. Facilitators discussed their perspectives from their observations of the FGD/interviews with health workers (working where?) and member of the community (how were they identified?)

The sentence “All patterns…” has been deleted and the last sentences revised to be more precise:

Page 10, lines 286-289: “When visiting health facilities, the interpreter and moderator engaged in informal conversations with employees at the health facilities and with pregnant women waiting
to deliver their babies. This provided the opportunity to get a better contextual understanding of the health workers’ work places and the facilities in which pregnant women give birth.”

(6) 2.7 Ethical considerations

- Was verbal and written information given?
- How was informed consent provided? This isn't clear.

The ethical considerations have been further explained including how information was given and informed consent provided:

Page 10, lines 293-294: “All health workers in the clinical trial were informed of the purpose of the study and that they at any time could withdraw from the study. Informed consent to participate was given by signature or fingerprint [25].”

Page 10, lines 295-297 has been revised: “Interview/FGD participants were verbally informed of the content of the interviews/FGDs and that participating was voluntarily. It was emphasized that all information shared by the participants would remain anonymous and confidential.”

(7) 248-258 Some of this information may be better placed in the Discussion, particularly lines 255-258

The section about data quality has been placed in the Discussion section as suggested by reviewer.

(8) Discussion: Please comment on the methodological limitations of the study.

The methodological limitations of the study have been included in the Discussion section as suggested:

Page 20, lines 586-596: “The following study limitations have been considered: as the interpreter and moderator were both known to be associated with Maternity Foundation, which is one of the implementing agencies, there is a risk that the informants' responses might have been influenced to gravitate towards positive examples of the SDA use, out of politeness. In order to reduce this risk, it was emphasised to informants that the researchers would like to learn from both positive and negative experiences and any experience they could share was welcome. In addition, data was triangulated, using multiple data sources, to confirm the statements of informants, e.g. talking to the participants both individually and in groups, observing facial expressions and body language, the way they interact, and the conditions under which they work. As the FGDs were carried out with homogenous groups, there is a risk of response bias with some informants agreeing with others in order not to stand out. However, as the informants often provided
different examples of use, this did not seem to be a concern. For instance, some HEWs described a very limited use because of lack of electricity or few deliveries at the health posts.”

Reviewer #2

I would probably have aimed to reduce some of the Result section, but if the journal is willing to accept the size of the manuscript I think the content is fine. Some language editing is warranted. That might be done as in-house language editing by the editorial team.

As the editor has no concern with the length of the result section, this section has not been reduced.

The authors have made some language editing, but the reviewer is more than welcome to suggest additional changes.

Page 1, lines 11-23: ‘København’ has been changed to ‘Copenhagen’.

Page 6, lines 167-168: “As a supplement, we interviewed two health workers who had used the app frequently, and two health workers who hardly used it at all […]”

Page 10, lines 296-297: “It was emphasized that all information shared by the participants would remain anonymous and confidential.”

Page 20, lines 586-590: “[…] as the interpreter and moderator were both known to be associated with Maternity Foundation, which is one of the implementing agencies, there is a risk that the informants' responses might have been influenced to gravitate towards positive examples of the SDA use, out of politeness. In order to reduce this risk, it was emphasised to informants that the researchers would like to learn from both positive and negative experiences and any experience they could share was welcome.”

The above response to the reviewers' comments has also been included as a supplementary file 'Response to reviewers'.