Author’s response to reviews

Title: The power of peers: an effectiveness evaluation of a cluster-controlled trial of group antenatal care in rural Nepal

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Dear Reproductive Health Editors,

Thank you for processing our manuscript and to both the editorial team and the reviewers for taking the time to provide further comments on our manuscript. We have revised the manuscript accordingly, and here we provide our responses to the reviewers’ insightful comments. Our responses follow the arrows:

Editorial Comments:

Given the study design (trial), might you please provide details on whether the study protocol was published (if not, please reference the unpublished protocol potentially as an Appendix). In addition, was the trial registered (if so, provide the registration number and database). If not, how come?

-> Thank you for noting this important point. We provided the details of our trial registration following the abstract in accordance with the directions on the Submission Guidelines page for Reproductive Health (see lines 127-128): “ClinicalTrials.gov Identifier: NCT02330887, registered 01/05/2015, retroactively registered”. The study protocol was not published separately beyond the trial registry.

The study protocol is described in the ClinicalTrials.gov public record with the intervention and methods being described in greater detail in the complementary methods paper (see comment below). As such we’ve not included a copy of the study protocol with this manuscript. However, if required we can include an additional copy of the study protocol as a supplemental file or appendix.

Now that your paper is considered for publication, I have also noted that you submitted a commentary with the goal of including this in the same issue. I will look into the status of that paper and whether such an arrangement would be possible. Depending on the response from the Editorial Office, I suggest you update the sentence regarding this paper in the manuscript (so that it reflects whether or not it is included in the same supplement).

-> Thank you and we appreciate the effort to consider these publications jointly. We also respect the peer-review process for each and acknowledge that it may not be possible to publish both manuscripts concurrently.
However, we wanted to clarify that the accompanying manuscript (REPH-D-19-00171) is not a Commentary piece, but is also a Research piece given that it focuses on evaluating the implementation process of the group antenatal care intervention (i.e. both are submitted as ‘Research’ article types). Furthermore, we did not submit the accompanying manuscript as a Supplement to this paper nor as part of a Supplemental volume/issue in Reproductive Health. Rather, as two complementary papers given that including both the evaluation of the effectiveness outcomes and the evaluation of the implementation process of the group antenatal care intervention was too broad in scope and contained too much depth for a single manuscript.

Taking your suggestion, we have revised the manuscript text (in all 3 locations) to remove mention that the complementary paper is currently under review at Reproductive Health but have left the citation information as is.

Reviewer #3: I have reviewed the reviewer comments and the responses as well as the updated manuscript. I believe that all the queries and outstanding questions have been responded to satisfactory.

As I was reading through the responses I realized that the reason for using ultrasound in this study was not explained. I assumed it was for ultrasound dating, but it would be interesting to know what it was intended for.

Beyond this small query I have no further comments on the manuscript.

Thank you for noting this point of confusion. The community health nurses were trained in basic obstetric ultrasound to identify placental location, fetal malpresentation, dating, growth, and adequacy of amniotic fluid. These ultrasounds were primarily conducted in the eight and ninth months of pregnancy. Women with any abnormalities identified on ultrasound were referred to a higher level facility for confirmation and management.

Given that the complementary paper describes the intervention in detail, this additional clarification would be more appropriately placed there under Methods>Intervention Design alongside the other details of intervention. As such, we’ve not included this additional description here, but would be glad to include this information in a revision—pending outcome of the peer review—to the implementation process manuscript.