Author’s response to reviews

Title: A primary health care model for managing pre-eclampsia and eclampsia in low- and middle income countries

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Author’s response to reviews:

Thank you for the review. Please find responses below.

1. Please advise if results of the implementation research described in your manuscript are intended as a separate peer-reviewed paper, and if so, whether this has been submitted for publication or it is already published in a peer-reviewed journal. If so, please provide references.

Response: The results will be submitted for separate peer reviewed papers. Three are under review.

2. The manuscript would benefit from additional references to similar models/ programs/research for prevention and management of PE/E, and a description of the potential advantages of your model, similarities and differences. As well as, any additional reference to the results of your implementation research.

Response: We have added in additional references – for example the PRE-EMPT project

3. Consider adding clarifications on cost-effectiveness of the proposed model, if available.

Response: The cost effectiveness of the model has not been done yet. the model builds on existing practices.

4. Page 5, line 14: please confirm reference 13 is correct. This reference does not present guidelines or recommendations.

Thankyou – changed reference to include Magpie Trial and WHO recommendations refs 14 and 15
5. Page 6, line 15: please add references 10 and 11 after corresponding country, and provide reference for Pakistan Done

6. Page 6, lines 41-44: please provide a short description of the key stakeholders. Please also clarify if your model included evidence-based recommendations, as specified page 5 (for example ISSHP statement, WHO recommendations)

   Response: The learning from the country level landscape analyses, in collaboration with input from key stakeholders – including in-country Ministry of Health officials, partners working in MNH and discussions with members of national and international technical working groups, formed the basis of a comprehensive PHC model for PE/E, tested through implementation research between 2016-2018. The model also built on evidence-based recommendations from WHO and other international experts [15, 20, 22]

7. Page 7, line 4-9: please provide reference to support results of your research Added refs 10, 11 12

8. Page 8, line 5-9: what about quality of medicines? Added quality

9. Page 11, line 31-33: please provide reference to support your statement Please add reference to Figure 1 in the text. Also delete title from the image and spell out PHC model under Figure 1 Please revise format for references: 12, 15, 16, 20, 25 done

   10. Replaced figure without title and spelt out PHC model Added fig 1 in text. Done

   11. Revised format of references P10 and p11

Reviewer #1

12. The model is acceptable especially that it involves the client (women) and commitment thereof will be necessary thankyou for your comment

13. All short-forms need to be fully described under abbreviations. Done see p13

14. Pre-Eclampsia/Eclampsia is a global problem especially in low- and middle-income countries. South Africa recently published a national plan(guidelines...please see attached). I think that this can support (as reference) the importance of the model in the manuscript.

   Response: Thankyou this is a very useful reference this has been added in P12
15. NB An emphasis on level of expertise at all levels of care for best optimal management of the patient. Response: Added on page 11 for referral facilities p11

Reviewer #2

16. It may be worthwhile referring to the 'Application of these ISSHP recommendations to low resource countries' section in the ISSHP statement (reference 22) for more detail.
Response: Thankyou– yes a very useful resource, we have made reference to this on p12