Author’s response to reviews

Title: Nurses’ and Auxiliary Nurse Midwives’ Adherence to Essential Birth Practices with Peer Coaching in Uttar Pradesh, India: A Secondary Analysis of the BetterBirth Trial

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Author’s response to reviews:

Associate Editor comments:

Thank you for addressing the reviewers’ comments.

In reviewing the revised manuscript, I have identified the following issues which I invite you to address:

In the abstract you note that baseline adherence to practices across the two groups was approximately 30%. While this is evident in Figure 2, I did not see any statement about this in the body of the manuscript. I think this is worthy of a sentence in the manuscript.

Response: We added the following sentence in the Results section on page 8: “Baseline adherence to essential birth practices among staff nurses and ANMs was similar at approximately 30% (Figure 2, Supplemental Table 5).”
In describing the peer coaching program, could you please specify the duration of the coaching visits.

Response: We added the following sentence on page 5 to clarify the duration of the coaching visits: “Each coaching visit was expected to last 7-8 hours. Any coaching visit that lasted less than 4 hours was excluded from analysis.”

In the methods you specify that, for analysis, you categorized the 28 practices as supply-related or behaviour-related. In the results you don’t report on any analyses according to these categories, however. I suggest you either delete the sentences about the categories, or report on the categories in the results.

Response: We have deleted these sentences regarding categorization of practices.

In the Methods, line 43 you refer to post hoc analysis – please change to ‘secondary analysis’ for consistency.

Response: We have made this change.

In the Methods, in the section on independent data collector observations, you state:

“At 0 months and 6 months after coaching started, data collectors observed 5 sites from each arm. At 2 and 12 months after coaching started, data collectors observed 15 sites from each arm, including the 5 sites observed at 0 months and 6 months.”

In this latter sentence, do you mean ‘including the 5 sites from each arm observed at …’

Response: Yes, we have clarified this sentence as suggested.

In the Abstract and Methods section you specify that you used logistic regression using the Pearson over-dispersion correction. Are these the results reported in Supplemental table 5? These results are not reported in the results section and a reference to Supplemental table 5 is not made in the results. Also, could you specify in the title or sub-text for Supplemental table 5 that the results are based on the logistic regression.

Response: Yes, the results using the Pearson over-dispersion correction are reported in Supplemental table 5, which provides the data for the graph in Figure 2. We have added the reference of Supplemental table 5 along with Figure 2 in the manuscript. We have also clarified this in the sub-text below Supplemental table 5.
Given the secondary analysis examined behaviour uptake, why have your statistical comparisons only focused on comparisons between the two groups (nurses and ANMs) at the different time points, and not comparisons within groups across the different points in time.

Response: The purpose of this secondary analysis was to examine whether differences in birth attendant professional training (i.e. birth attendant cadres) were associated with coaching uptake and behavior change. A separate paper published by Marx Delaney et al in Global Health Science and Practice showed adherence to practices among all birth attendants at different time points.

In the results, in the first sentence you state that “37 (5.7%) did not respond or consent”. Is it sufficient to just say they did not respond (i.e., consent would have been implied by responding, so it is not necessary to say ‘or consent’)?

Response: Yes, we have revised the sentence according to this suggestion.

You refer to ‘Lady Medical Officers’ – could you instead refer to ‘female medical officers’?

Response: “Lady Medical Officers” is the official term used in India, so we prefer to use the official term rather than adjust for clarity in this case.

In the Results, on page 8, the sentence for the paragraph beginning at line 20 of the marked up manuscript seems to be repetitive of what is stated in the previous paragraph – re adherence being highest at 2-months after coaching began, when coaching visits were most frequent.

Response: We removed the first sentence due to repetition and combined the paragraphs.

In the Discussion, you state that “The sharp increase in adherence to essential birth practices at 2 months after coaching began suggests that a coaching-based implementation of the Checklist can improve birth-attendant competence…” Do you mean ‘behaviour’ rather than ‘competence’?

Response: Yes, thank you for this comment. We mean “behaviors” rather than “competence” and have updated the sentence accordingly.

Please review your tables to make the content clearer. Also, for abbreviations, please provide a definition underneath the table.

Response: We have revised the tables according to the suggestions in the attached PDFs.

For Figure 3, why did you select these specific behaviours to illustrate?
Response: We selected these 4 behaviors because they are skill-based essential practices that should be done for every woman during childbirth (as opposed to behaviors that verify supplies). We also wanted to show some variation in practice uptake (i.e. skin-to-skin contact sustained longer than checking maternal blood pressure, baby temperature, and handwashing). Lastly, we wanted to show whether the checklist was actually used during the observation points over time.

For Figure 4, could you please specify in the title the time point these data represent (i.e., 12-months).

Response: We have added the time point to the title (12-month observation point).