

## Reviewer's report

**Title:** "Near-miss" obstetric events and maternal deaths in Sagamu, Nigeria: a retrospective study

**Version:** 1 **Date:** 6 September 2005

**Reviewer:** Robert Clive C Pattinson

### Reviewer's report:

#### General

Olefemi T. Oladapo, Adewale O. Sule-Odu, Adetola O. Olatunji, Olusoji J. Daniel. "Near-miss" obstetric events and maternal deaths in Sagamu, Nigeria: a retrospective study

#### General comments

This is an interesting article and illustrates some important issues concerning definitions. Say et al., (Reproductive Health, 2004, 1:3) have addressed some of these in the systematic review on severe acute maternal morbidity. The authors define a near miss "as acute obstetric complication that immediately threaten a woman's survival but do not result in her death ...." Others use something like "woman fulfilling the SAMM criteria with organ system dysfunction or failure, without appropriate treatment or incredible good fortune, would usually die". The essential difference between the two grades of definition is the first concerns the potential of developing a complication whereas the second concerns those who already have a complication that is life threatening as defined by organ system dysfunction. For example all women with placenta praevia has the potential to develop a life threatening complication, but not all will and certainly not all will develop organ system dysfunction. This article must be read in this context, but it would help if more information was give regarding the organ system dysfunction which is very briefly mentioned (saying there were 19 cases with no detail) so others who are interested in a more strict definition of 'near miss' can interpret the data. This would make the article more accessible.

The authors do mention this issue in their discussion and rightly say they are using a tested case definition that best fits the circumstances in their environment and will allow them to detect change in their setting. However, I would urge the authors to read Mantel GD, et al., (Severe acute maternal morbidity: a pilot study of a definition for a near miss. BJOG 1998; 105: 985-990) as they might find the organ system based definitions are not that resource intensive and rely mainly on clinical measures.

The aspect of this study I find difficult to understand is the lack of any detail on the maternal deaths. There were 44 maternal deaths and we know nothing more. Surely one of the great values of near-miss studies is to compare the maternal deaths and near miss to see how they differed and what lessons can be learnt to improve the health system. In fact it would probably be better to talk of critically ill pregnant women and then define them as women who fit the near miss criteria and maternal deaths. One would then have the whole picture of severe maternal disease. Just because developed countries have very few maternal deaths it does not mean maternal deaths must be ignored.

#### Specific comments

1. Is the question posed by the authors new and well defined?

No. The question has been discussed before, but not for Nigeria. There is confusion surround the maternal deaths. The title "Near-miss" obstetric events and maternal deaths in Sagamu, Nigeria: a retrospective study" implies maternal deaths will be discuss. They are not.

2. Are the method appropriate and well described, and are sufficient details provided?

Yes. The methods are well described as are the definitions used. However, more information could be included, like the causes of the maternal deaths and the causes of the organ dysfunction. It is also a retrospective study which has its inherent problems.

3. Are the data sound and well controlled?

There is no control group nor is there a comparison. A comparison with the maternal deaths would have been useful.

4. Does the manuscript adhere to the relevant standards of reporting and data deposition?

No. Table 3 referred to in the text is not on the pdf text. The legends for the figures do not contrast/match the actual figure making interpretation difficult.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

No, I think many opportunities were lost to improve the study by analysing the maternal deaths with the near misses.

6. Do the title and abstract accurately convey what has been found?

No see above.

7. Is the writing acceptable?

Yes

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Analysis of maternal deaths

Analysis of organ dysfunction/failure

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Table 3 missing

Look at figures, the legends are not clear

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Discretionary Revisions (which the author can choose to ignore)

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I work in the field of maternal near miss and have published in the field. I do not know the authors. I have no financial competing interests.