

Reviewer's report

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

Version: 3 **Date:** 27 September 2005

Reviewer: Veronique Filippi

Reviewer's report:

General

The main strengths of this paper are that it presents data on trends of near-miss obstetric events in relation to deliveries in a developing country hospital. It shows that near-miss events are very common. It is a useful contribution for those working in safe motherhood and obstetrics, who are trying to find new ways of monitoring progress towards the reduction of maternal mortality and are interested in near-miss events. The case finding methodology appears fine and it is also well written.

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

Methods:

The paper could improve by making more use of the statistical data. For example, it could:

- Calculate chi square for linear trends on near-miss vs. deliveries. This calculation should show that the ratio of near-miss to deliveries has significantly improved in the last 3 years (meaning less near-miss in relation to deliveries), and it would be also useful to understand why.
- Provide the breakdown of the number of maternal deaths per year, possibly in table 2.
- Provide information on the cause of maternal deaths – case fatality could be calculated for the main complications over the 3 year period.

The paper should also provide detailed definitions of near-miss events. This would help assess the threshold of severity at which near-miss events were selected.

The study uses definitions prepared for a multi country study in Africa. In this study there was an agreed consensus on the key features of the definition, but each country was left free to define its operational criteria according to the local resource context and the type of information available in the medical records. For example, blood transfusion was defined differently according to the capacity of the local hospital. It would be interesting to know how blood transfusion was operationalised in this hospital.

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

the labelling for figures was not clear eg difficult to differentiate colors in the labels (not on the graph)

I did not find table 3 in the copy of my manuscript – not sure if I made a mistake in downloading the

file

Discretionary Revisions (which the author can choose to ignore)

Minor points:

The reader may need to know a little bit more about the role of this hospital in the local health system. It has very high maternal mortality and seems underused (few deliveries). What is the size of its catchment area, and how many facilities send referrals to the hospital?

In the discussion, the authors indicate page 10 'reduction of maternal mortality in this centre therefore requires channelling resources towards the prevention and combating of haemorrhage....'. I would argue that the resources for prevention should come to the health centre's in the areas, to stop women becoming near-miss and resources on treatment should go to the hospital.

Explanations given on abortion not a cause of near-miss – would it be possible for women with near-miss abortions not to come to this hospital (or die – as mentioned for septic abortion).

There are some sentences in the text which do not follow. For example, page 6: 'therefore, all cases of caesarean section and vaginal deliveries....'

Page 8, sentence starting by 'the overall prevalence...' would be better placed in the last paragraph on page 7.

What next?: Accept after minor essential 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 declare that i have no competing interests