

Author's response to reviews

Title: Maternal Mortality in the rural Gambia, a qualitative study on access to emergency obstetric care.

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Comments to the reviewers

Thank you for a thoughtful and relevant review. First and foremost, we have changed the title somewhat, both to suit the journal's recommended style, and to focus some more on the main topic, namely access to care.

We have explained what we mean by using grounded theory in the qualitative analysis, by adding a source of explaining this relatively frequently used methodology for analyzing transcripts from health related interviews, as a reference. Regarding material and methods, this study is not part of a large study, but one part of the study, that of a quantitative assessment of the medical causes of mortality, is presented elsewhere (submitted). The manuscript is available, of course. Reference to other maternal mortality studies in the Gambia is done, but we are not part of these studies.

We have tried to explain how we have ascertained the deaths. We have not attempted at covering all deaths in the community, only those that had been in touch with health facilities. This is now clearly written out.

We have toned down our statement on HOW MANY deaths as less important than WHY. We do indeed believe that both approaches are essential, but in the Gambia, being the first country to apply quantification studies like the sisterhood method, needs more in depth studies to guide them in the process of reducing mortality. Thus, we have argued that we need both types of studies. We have, however, not expanded on the results, and we have not added any more citations. The text is, according to our opinion, long and rich enough.

We also argue, with reference to new literature (de Brouwere et al) also suggested by the reviewers, that even if the paper seems to repeat some findings from elsewhere, studies that address the local context may have the greatest potential for being a change agent. We do, however, feel that as the study focuses on access, the real implications of lack of access to care may not really have been described in detail before. How various parts of MCH can be incorporated into a comprehensive effort to reduce mortality is addressed in more detail.

The discussion is somewhat more focused on issues of access, too, and has toned down some of the cultural issues, even if we, as partly coming from collaboration with anthropologists, do want to say that culture is also a local phenomenon and should be described for each site specifically. Thus, it has become shorter too.

Reference no 25 (now changed to another reference number) has been replaced by another, more precise reference (Thonneau et al) - to a study that one of the co-authors was a member of initially.