

Reviewer's report

Title: Obtaining emergency obstetric care in Gambia's main referral hospital: Women-users' testimonies

Version: 1 **Date:** 8 November 2008

Reviewer: Tippawan Liabsuetrakul

Reviewer's report:

In summary, Gambia is one of country where has a high maternal mortality and the exploration to identify the causes related to severe acute maternal morbidity is needed. Therefore, this study aimed to assess the barrier or obstacles of getting good quality of care in the main referral hospital where is expected to be available EOC services and provide good quality of care. An interview of women after discharge is a strong method to reduce Hawthorne effect. However, there are several points of view needed to be clarified as comments below.

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

- The question is not new but it identified the quality of maternal care in women's and relative's perspectives which is important.

- If the author concerns on the barrier to utilization of obstetric service, the women who gave births at home are more appropriate to be interviewed than women gave births in the hospital. If the author concerns on quality of hospital care, the hospital-based study is ok. But if the author would like to know the problem perhaps to be the barrier of utilization in the future, it should be an important issue in the interview.

- Details of care payment in Gambia should be mentioned such as all patients need to pay for all drugs, blood components or interventions before they can get those treatments or they receive treatments and pay for treatments later, or insurance, etc.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

- In methods, it presented the good availability of health workforce, equipments and EOC services in the Royal Victoria Teaching Hospital (RVTH). That was why this hospital was selected to be a study setting but the research finding showed negative outcomes of EOC services and equipments such as delay of c/s, no blood or drug supplies. What were other data sources which the author mentioned to confirm the study findings?

- Inclusion and exclusion criteria should be described in the manuscript rather than did as the detailed elsewhere [22] because the citation is still in press.

- It was not clear why the weekend admission, when only few junior doctors are available after normal working hours and on weekends, was selected instead of in general around the clock.

- Current unpleasant experience of hospital care cannot be guaranteed that they will not come back to use the hospital service and has not been revealed in this study such as the question related to return of service in the future. The women were interviewed whether they would prefer to return to getting services in this hospital?

3. Are the data sound and well controlled?

- Information of hospital care was inconsistent in terms of cost care. In the introduction, it seems that patient has no barrier of cost due to low fee for admission or care but in the discussion mentioned about abolished support of hospital and government then the patient faced the problem of care payment.

- In introduction and methods showed the good support from government on health but in the discussion showed in contrary.

- In results page 8, "Of the 22 women giving birth to 24 babies (including two sets of

twins), 20 delivered at the study hospital by cesarean section (10)". What is (10)?

- The details of conditions and care are needed to be showed in the results.

- During 6-month data collection, 30 women with five purposive conditions were found. It will be good if the magnitude of this near miss (proportion of near miss per deliveries) in the hospital will be presented.

- The information of prenatal care of these women and the number of women diagnosed of each condition among five studied conditions should be described. What is the birth preparedness including the emergency related conditions and counseling on transportation, referral or costs during the prenatal care in study hospital?

- Cost of expenditure should be explored whether it is because of treatment of interest such as blood transfusion or MgSo₄ or other medical cares. How much does it cost for 1 unit of blood component or MgSo₄ used in a case approximately?

- Reception delay as women's interview should be confirmed by medical record audit to see the time of arrival and treatment given accordingly. Qualitative and quantitative results should be combined.

- According to blood transfusion, I think it depends on the different context. For example, if a woman diagnosed a condition of severe anemia without other emergent condition, it is ok for waiting time for blood transfusion. In contrast, if a woman diagnosed severe hemorrhage, greater than 10-20 minutes of waiting time is seriously harmful and unacceptable. However, I agreed with the author that the blood components should be available all the times in the big referred hospital.

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

- The author said "Interview data were triangulated with quantitative data abstracted from multiple maternity data sources" but no data of other sources

were showed to support the triangulation of findings.

- In the introduction, it mentioned “nearly all doctors and 45% of midwives in the public sector work in RVTH [20].” But its result of interview showed “Shortage in health personnel, particularly doctors is an important constraint.”

- In page 12, “Lack of essential drugs especially Magnesium Sulphate, in the hospital was an important factor in suboptimal care. The high costs of this drug in private drug stores meant that in most instances family members were unable to buy all the prescribed drugs”, what does it mean? Has this hospital not had MgSo₄ in drug stock? Is it confirmed by EOC assessment? What does it mean for “private drug stores”?

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

- "Time interval between diagnosis and the initiation of definitive treatment is different in context of condition and management" should be considered.

- Lack of blood transfusion in the big referred hospital is needed to be discussed. Problem of blood transfusion facilities has been well-known reported in Gambia and published as an important factor of maternal death since 2000 [ref 25-31]. Still existed? Why?

- Costs of expenditure paid are similar or different from other hospitals in Gambia or other countries such as relatively cheap or more expensive.

- In discussion page 14, “The Gambian government abolished all user-fees on maternity care services but that has not been accompanied with increased funding to replenish the lost incomes from user-fees.” What does it mean? No user fees meant “free of charge”? It seems not like that because the patient and relatives said a problem of care payment.

- Delay of getting payment may be delay of getting treatment but in this study did not show these data. Even patient mentioned the cost of care payment but it seems that all could pay?

- One case expression could not conclude poor staff attitude or performance.

- Last paragraph of discussion which claimed “heterogeneous groups (almost half of women diagnosed HPD)” and best equipped referral hospital of the study setting is questionable.

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

- The title should be mentioned on “the quality of emergency obstetric care in severe acute maternal morbidity”.

- Conclusion in abstract is extrapolated on increased funding or investments.

7. Is the writing acceptable?

- Well-written but introduction and discussion are too long- more than 2 pages for introduction and 5 pages for discussion.

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.