

Author's response to reviews

Title: WHO Systematic review of maternal morbidity and mortality: the prevalence of severe acute maternal morbidity (near miss)

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Author's response to reviews: see over

WHO Systematic review of maternal morbidity and mortality: the prevalence of severe acute maternal morbidity (near miss) by Say et al.

Reviewer: Malinee Laiopaiboon

Comments:

I would like to indicate that I would accept the paper of WHO Systematic review of maternal morbidity and mortality: the prevalence of severe acute maternal morbidity (near miss) after minor revisions. There are some comments for the paper as following,

INTRODUCTION

- 1) If the author provides some information of 'what SAMM is' at the beginning before its benefit, that would be more understandable for readers. Provided

METHOD

Fine

RESULTS

- 2) The authors mentioned in the method that they collected information of quality assessment of morbidity reports and reporting of definition and procedures for detecting SAMM case were part of the quality assessment. Information added in the methods section as to how the quality assessment information presented. However it is difficult to identify the information in the result.
- 3) In the 5th paragraph, 10.61 % should be extended to 10.61 % (104/980), this will be clearer. But this figure seems to be unnecessary information. Removed
- 4) The years of most studies in the groups of disease-specific and organ-system specific are quite higher than those of the studies in the group of management-specific criteria, whether this issue could give any information. This implies that the first two methods are increasingly being used.

DISCUSSION

- 5) In the 1st paragraph, I am not sure whether the information of higher rates in studies that use disease-specific criteria could suggest less sensitivity of the criteria in detecting the real SAMM cases. Usually a high sensitive instrument will give a high chance of detecting the real disease. Changed to "specificity"
- 6) The last paragraph mentions two potential approaches of assessing the care SAMM cases receive. But most of the discussions are for benefit of the ratio of SAMM to mortality. It would be better if the authors provide the benefit of both approaches. In addition, a column of MI should be provided in TABLE 1. This could not be done, a sentence added to the relevant section explaining the reason.

TABLE 1

- 7) One more column of studies design would give more information of individual studies characteristics to the readers. Provided.
- 8) The two columns of 'N of cases' and 'Sample size' can be presented in one column of 'N of cases/Sample size', eg. 232/4081. left as it is.