

Reviewer's report

Title: Care for perinatal illness in rural Nepal: a descriptive study with cross-sectional and qualitative components.

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Version: 1 **Date:** 6 May 2003

Reviewer: Sandra S MacDonagh

Level of interest: A paper whose findings are important to those with closely related research interests

Advice on publication: Accept without revision

The paper is written in a clear and accessible style. The question is posed early in the paper and the results build on the body of knowledge available to maternal and neonatal programmers globally, particularly those working in South Asia and Nepal. The methods are well described and appear to be very thorough and appropriate to the question posed; descriptions illustrate that the data is sound and has been well controlled. This is no mean feat in the challenging work environment in which the study is set. The title and abstract adequately convey the findings of the paper.

My only disappointment is with the phrasing of the conclusions. The paper set out to 'examine consultation strategies.... to describe the sequence of choices.... and to look at the reasons for these choices'. In doing so the authors illustrate the complexity of decision making and the multiple factors which influence both the sequence of and reasons behind choices. Posing 'three choices' for programme approaches to deal with the complexity of the issues raised by the paper and facing women and their families/communities in overcoming 'delay 1 and 2' is over-simplistic in the face of the authors findings. I agree that a purely health sector approach is inadequate. However, a focus largely on 'delay 1' is equally inappropriate and inadequate. A lot of work has gone on in Nepal to try and design interventions aimed to overcome all three delays. To my knowledge the design and implementation of this work has focused primarily on maternal rather than perinatal outcomes. However, given the close relationship between maternal health and perinatal outcomes most of the same issues apply. I would caution that good programmes need to address all three delays and that any suggestion contrary to this is unhelpful (I expect that this is not the intention but the way in which the conclusion is phrased tends to suggest this). Focusing deeply on delay one is very important in the Nepal context and the authors illustrate why. However, if this is done to the detriment of work to address delay 2 and 3 it would be as unproductive as an approach that takes only delay 3 into account. Equally given the complexity, illustrated in the paper, of delay 1 (and to a lesser extent day 2) the response to it also needs to be multi-pronged. A single intervention is a possible approach but a combined approach is more likely to be the way forward and this should be acknowledged (it is mentioned but could come out more clearly). For example, in addition to the approaches suggested

by the authors, there are some health sector interventions that could be important to address some of the issues raised e.g. piloting alternative approaches to financing, bringing skilled attendants who can manage and monitor labour into the community and homes.

I would suggest that the paper is of a high standard and could be accepted without revision. However, there are some minor changes that could be made at the author's discretion:

As stated above my key suggestion relates to the analysis of the conclusion and I would recommend that the authors rethink the wording of the conclusion and the way they phrase the recommendations that they make based on the findings of the study.

A minor point is relating to the use of the words 'trained' or 'skilled' in relation to attendance at labour and delivery. The word 'trained' is used, to my mind, appropriately in the first paragraph of the background 'less than 15% of births are attended by a trained service provider'. However, the word 'skilled' is used in Table 2. A footnote explaining the important distinctions between 'trained' and 'skilled' as used in the maternal and neonatal health field would be useful for many readers. I would suggest that the word 'trained' is appropriate in the context of this paper.

Also Table 2. The 'private clinic' and 'medicine shop' appears to have a relatively small role (5 and 3 %) in consultation for morbidity. However, the narrative informs that 'the medicine shop is the usual first stop for treatment after the traditional healer'. I assume then that the table illustrates the place of the primary consultation. If so it should be labelled as such.

On page 10, 2nd paragraph, last sentence: 'by way of contrast, on indigenous Maternal and Child Health Worker....' It might be useful to state that this is 1 out of 24 (assuming there is one in each of the study VDCs?) so that the statement is taken too out of context.

Competing interests:

None declared.