

## Reviewers report

Title Socioeconomic and physical distance to the maternity hospital as a predictor for place of delivery: an observation study from Nepal

Authors Wagle, Sabroe and Nielsen

Version

Reviewer: Anthony Costello

Level of interest: a paper whose findings are of importance to those with closely related research interests

Advice on publication: accept after a few compulsory, and some discretionary revisions

Title: Might read better as “Socioeconomic status and physical distance to the maternity hospital as predictors for place of delivery: an observation study from Nepal

Abstract: this needs to have consistency in using the past tense rather than present tense.

Background and Study objectives: although this contains very interesting and relevant information on the relative merits of home delivery in different countries, this section is much longer than the background or introductions accepted in most journals, and could be shortened (discretionary).

The objectives of the study at the end of this section do not mention physical distance as a risk factor to be explored. This should be added. (compulsory)

Methods: it would be useful to know more details about

1. Why they chose these particular VDCs to study which overlap two districts, and include municipal as well as remote rural VDCs. (discretionary)
2. More specific details about the census, mapping and identification of households and women than “we moved from one part of the study area to another until the whole area was covered. (compulsory)
3. The lower than expected fertility rates might include migration from the area by men as a result of the civil unrest, and higher than average contraceptive prevalence rates. Maybe the authors can comment on these factors (discretionary)
4. Why the interviews were collected by a male interviewer and whether this might have influenced findings.
5. Ethnic information on the mothers is important. If there were many Tamangs (likely in this area) were the interviews compromised if the women spoke mainly Tamang and the interviews were in Nepali? I can find no ethnic group information here or in the results (compulsory)

## Results

I cannot understand the information given in the first paragraph about whether the child died within the 5 years of birth are associated with home delivery. This information cannot refer to the present birth, and does not appear in the Table as referring to a previous birth. If it is a discussion point, it should be moved to the discussion and properly referenced. (compulsory)

Do the higher caste groups (Brahmin, Chettri and Newar) have different delivery patterns compared with the TibetoBurman groups (Tamang and Magar) and the artisanal and lower caste groups? (discretionary). I think this is important information.

## Discussion

One limitation of the study which might be considered is that they are looking at three rather different populations: Kathmandu metropolitan, Kathmandu VDCs, and a remote rural district. Inevitably distance to care will emerge when looking at these populations combined. It would be interesting to sub-analyse the distance effects (if there is sufficient statistical power) for each of these groups.

A discussion about ethnicity effects would be important here. The distance effects might well be confounded by ethnic beliefs about where care during childbirth should take place

As a non-professional epidemiologist I am uncertain about the epidemiological validity of Table 4....it is interesting but I am not sure the authors can say so emphatically that this shows that socioeconomic status is more important than education....maybe the verb 'suggests' would be better.

## General comments

I found this paper interesting, though perhaps a little too long. It certainly warrants publication, but I would like to have some more details about how the study area was chosen and mapped (is this a baseline for some other study?...if so, it would be interesting to know) and the ethnic background of the mothers.

## Competing interest

None. We are doing similar community perinatal research in Nepal, and surprisingly, I have not met with these investigators. I and my colleagues hope to meet them at the Perinatal Society of Nepal meeting in Kathmandu November 21<sup>st</sup> – 23<sup>rd</sup> 2003 where they could present their findings.