Reviewer's report

Title: Patterns and determinants of care seeking for obstetric complications in rural northwest Bangladesh: Analysis from a prospective cohort study

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Reviewer: Marge Koblinsky

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Reviewer’s report of “Patterns and determinants of care seeking for obstetric complications in rural northwest Bangladesh: Analysis from a prospective cohort study—Sikder S et al.

1. Minor Essential Revisions

a. Ensure the number of the reference in the text is correct (e.g. Andersen’s Care-seeking Framework is listed in the text as 36; in the reference list it is 35). I have not checked others but it would be useful for you to check them.

b. In the Methods’ section, “Definitions of independent variables,” please do include how “service availability” was defined and measured. For example, I am not clear if you collected information on the continuous presence of an obstetrician and anesthetist; or did you just assume they were present if Csections had been done? You do classify facilities by BEmOC vs CEmOC; again is this based on whether Csections were done? Were essential supplies reviewed? As this is central to your conclusions, I don’t think you can just refer to another article.

c. Results-

I. Descriptive Characteristics, first para: you mention that 10,580 women had data on care seeking. While that is the number in Fig 2, Figure 3 starts with 10,380; no explanation for this is given. Please correct or explain.

II. Care-seeking patterns: para 1, sentence 1—your % of those seeking formal and informal care differs from those in figure 3.

III. Care-seeking patterns: Second para—I did not have a figure 5 or 6 attached to the article.

d. This was a study embedded within an on-going project that did have an intervention. In your Introduction, it would be useful to include a description of the on-going intervention so your readers could determine if that might have impacted on use of providers by type.

e. Figure 2: You separated care seeking by whether the woman had a spontaneous or induced abortion—but then did not follow up this separation throughout the analyses. As these are unique data, it would be most interesting to know if there was a difference in the complications reported and where they sought care among women with an abortion as compared with those women with
a live birth. Or are there reasons for not continuing to analyze these data separately that you can discuss in the paper?

f. Figure 2: The MMR that can be calculated from your data (23 deaths among all births in your area) is fairly low for Bangladesh. Were there other deaths that you have not recorded here because you have no data on complications and care seeking? It would be useful for you to mention something about the maternal deaths and whether you captured all of them and the care seeking behavior of these women.

g. Discussion: 3rd para: Eclampsia not only has a higher case-fatality rate, but it should be mentioned that it is also much rarer (about 1/10th of the other complications according to your data). It has been noted in many earlier references that women/families can recognize seizures and antepartum hemorrhage with some medical validity but the others (PPH, obstructed labor, sepsis) are not well recognized by women (Filippi V, Ronsmans C, Gandaho T, Graham W, Alihonou E, Santos P. Women’s reports of severe (nearmiss) obstetric complications in Benin. Stud Family Plann 2000;31:309-24.


2. Discretionary Revisions

a. If you have information on the anemia status of the woman or other health related indicator, could you look at use of services for reported complications/near miss also using this variable?

b. A limitation of your study is that you do not have the distance to an informal provider; I suspect they are closer to the woman than the formal providers. If that is so, it could be a reason for such high use of informal providers. A second variable re informal providers is their relationship to the woman—sister, mother-in-law. Can you comment on these issues in the article?

c. Discussion, para 3: There is mention of “pollution” without elaboration to make
this statement understandable.

d. Discussion, para 4: There are recent reviews of adolescents and care seeking that may be useful to refer to:

Adolescents may use services less than other age groups, and when this happens adolescents suffer a higher maternal mortality than other age groups (Nove et al., 2014). When in facilities, there is also discrimination; for example, in a multi-country survey, adolescents were found to have poorer coverage of prophylactic uterotonics, prophylactic antibiotics for caesarean section and antenatal corticosteroids for preterm delivery, and had poor pregnancy outcomes, such as prematurity, low birth weight, and severe neonatal conditions (Ganchimeg et al., 2014).

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

declare that I have no competing interests