



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2015_IJTDH_18111
Title of the Manuscript:	A Review of Maternal Deaths at Douala General Hospital, Cameroon: the Referral System and other Contributing Factors.
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	Correlation between observations, discussion and conclusions is lacking. The total number of deliveries within the catchment area of the clinics is of importance to have a picture of the maternal mortality rate Dead on arrival cases would have been source of useful information. On inclusion it may affect the present mmr calculation but the present mmr (275) is in no way representative either. No maternal deaths in some years show that the data is skewed and it is non applicable to the data at national level. Line 212-218 statements made in these lines need supporting reference and may incite ethical issues. Line 219-221 antenatal care provided by nurses and general practitioners need not be always bad quality. Line 240-242 percentage of women dying after 24 hours of admission may be erroneous due to exclusion of women who died on arrival. Line 256-257 this conclusion cannot be drawn with present method and results Line 261-262 suggestion about blood bank services is	Dear thanks for your valuable comments. I hope with the explanations and modifications below, the correlation between observations, discussion and conclusion is better. DGH is a referral centre for cases of all health institutions in Douala (Population of 3million inhabitants), other cities and even countries in the Central Africa sub region (Lines 44-45). It therefore does not serve a specific catchment area. Dead before arrival (Not dead on arrival) cases are definitely a useful source of information if this was a community based study. These cases had to be excluded because they did not constitute maternal deaths that occurred in the hospital.(Line 12). The MMR (275) is for this tertiary centre. It does not represent ratios in hospitals of a lower category. Line 219-242. We gave the proportion of antenatal care that was provided by nurses and general practitioner. We did not say that ANC provided by the aforementioned personnel is always of bad quality. There are nurses and general practitioners who perform deliveries better than OBGYN! Lines 224-226 modified Comparison of maternal deaths with data at the national level has been deleted (Line 127-129)



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	prudent but is incomplete without suggesting solutions to prevent deaths due to hypertensive disorders and infection which is out of the scope of the present study. Ethical issues: Line212-218 statements made in these lines needs supporting reference and may incite ethical issues. (Institutes are being incriminated for poor facilities and increasing maternal mortality with out evidence.)	Percentage of women who died after 24 hours is not modified because patients erroneously stated as ‘died on arrival’, died before arrival. Thus were excluded from analysis. Conclusion modified (line 256-257) to tie with method and results presented Solutions to prevent deaths due hypertensive disorders and infection. (Proposed: Lines 263-264) Citation of specific group of ‘health facilities’ like ‘GIC Health’ deleted. (Paragraph modified)
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		