



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2015_IJTDH_18474
Title of the Manuscript:	EXPANDING ACCESS TO MATERNAL HEALTH SERVICES BY THE USE OF TRADITIONAL BIRTH ATTENDANTS: EXPERIENCES OF THE SUNNI HOSPITAL GROUP, MAIDUGURI, NIGERIA
Type of the Article	Original Research Article

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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.

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SDI Review Form 1.6

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	1. The result tables would be more explicit if statistical analysis and statistical significance could be shown in the table, and brief explanations of each category could be denoted below. 2. The label of 1,446 cases of referrals that were due to maternal or fetal complications should be identified in the table. 3. CYP data was collected; it is unfortunate that no statistical chart was shown in the result. 4. Please explain the drop of home visits, deliveries and referrals throughout the years.	1. Statistical analysis and statistical significance are indicated when comparing two or more variables. But in our 'experiences' was a retrospective observation of a 'post-intervention project' 2. The sum of column 2,3,4, & 5 of table 2 gave the total of 1,446. In presenting results of a work, we do it as narrative, tables, figures e.t.c. So the 1,446 was presented as narrative – see line 189. 3. Likewise, the CYP was presented as narrative and not charts or tables 4. The drop in house visits, deliveries and referrals were as a result of attrition of the TBAs. We indicated (lines 119 – 121) that we trained 100 TBAs but later 60 were active and the remaining 40 stop coming for meetings and we could not get their data. And you know they did not all stop at a time, hence the dropping. We have now emphasized it in the discussion – see line 204 through 206
Minor REVISION comments	1 Please elaborate more on the impact of CYP. 2 It would be interesting to know A. The drop rate of maternal mortality over delivery and home education	1. This has been added; see lines 250 – 257. 2. A, These communities have no official maternal mortality ratio and have no home education records. Therefore, we assumed the home education was only started by our TBAs in those



SDI Review Form 1.6

	before and after application of TBA. B. The number of SBA and TBA in the region of northeastern region. C. Health facility distribution in northeastern region.	communities. B, North-eastern Nigeria is consisting of 6 administrative units called 'states' and the region has about 19million people. Each of the state has its own multi-cultural and varying economic status. To the best of our knowledge, there are no official records of the number of TBAs or SBAs. Even though each state may have record of health facility distributions and SBAs, but we have not come across the record for the region.
<u>Optional/General</u> comments	1. It would be interesting to discuss the number of correct and wrongly referred cases among/beside those 1,778 referrals. 2. In the discussion section, line 248-270 shifted away the focus of the article on TBA's role and access to maternal health services.	1. We did not record any wrong referral 2. The lines 248 – 270 were aimed at informing our readers on strategies we employed to convince our communities to accept modern contraceptives. This is because we are telling our experiences in expanding the acceptance of modern contraceptives in hard-to-convince communities.