ARTICLE DETAILS

| TITLE (PROVISIONAL) | Maternal delays and unfavorable new-born outcomes among skilled deliveries in Public hospitals of Hadiya Zone, Southern Ethiopia: A Case-control study |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| AUTHORS            | Erjino, Dawit; Mekiso, Abera; Woiloro, Lonsako; Arficho, Tegegn; Watumo, Aregash; Katiso, Nuradin; Ermolo, Tadesse |

VERSION 1 – REVIEW

| REVIEWER                        | Said, Ali |
|--------------------------------|-----------|
| Muhimbiili University of Health and Allied Sciences, Obstetrics and Gynaecology |
| REVIEW RETURNED                 | 28-Sep-2021 |

GENERAL COMMENTS

The manuscript assessed the three maternal delays and how these led to unfavourable newborn outcomes. The manuscript is well structured but will need extensive and comprehensive English language editing by a native English speaker to make it readable and clear. The tenses in each section (example background (present and past tense), methods (past tense) and other sections should be reviewed. The manuscript also has a lot of important questions that need clear responses for reader to understand exactly what was done in this study. The comments in each section are below:

Title: Not very clear. The title should reflect the unfavourable newborn outcomes and maternal delays. These were the main outcomes that were studied.

Suggestion: Maternal delays and unfavourable newborn outcomes among skilled deliveries in Public hospitals of Hadiya Zone, Southern Ethiopia: A Case-control study

Abstract

Page 3 line 7: ... using maternal delay framework....I suggest you change to ... using the three maternal delays framework

Methods page 3: Better to say what were controls, what data was collected and give a sentence of what was your definition on unfavourable newborn outcome

Page 3 line 9: ..... Sept 04 to Oct.30/2019....should read ...September 4th to October 30th 2019....

Page 3 line 21: ... Participants with 2nd maternal delay were 23.9 times more likely to have unfavourable newborn outcome when compared with counterpart....should read: ...Cases with 2nd maternal delay were 23.9 times more likely to have unfavourable newborn outcome when compared with controls...Since this was case control study

Conclusion Page 3: Second statement of conclusion is a point of discussion and not appropriate as a conclusion. The other studies could have been completely different from this study.
Background
It is generally ok but need extensive language editing.
The authors should be clear about the rationale of such a study

Methods
Study design, area and period
It’s not clear which hospital is referral and which is the teaching hospital. Are they the same?
It would be better to explain what kind of services is provided in these hospitals (antenatal care, delivery, caesarean section??). How about kind of expertise (are there obstetricians and gynaecologists) in these facilities and the population served by the facilities. What is the population of Hidaya zone and what is the proportion of deliveries that occur in the hospitals compared to deliveries in lower facilities such as health centres?. Is it the fact that patients referred to hospitals will have more complications?. It would also be more informative to know the proportion of referred patients compared to those who come directly from home.

Population
Line 23 which reads : The study population was all newborns delivered in public hospitals within the study period.
Should this say: The study population was all newborns delivered in the three included public hospitals within the study period.

Inclusion and exclusion criteria
It’s not clear when did these newborns died before or after delivery (fresh still birth, macerated or early neonatal deaths or both?)

Sample size
Was Halaba one of the hospitals selected for the study? Was the piloting done only for sample size??
What was the ratio of cases and controls used in the sample size calculation?

Were there any other consideration done during this process? Such as power, non response etc??
How about testing of the tool considering that your tool was not standard validated tool?? What changes were made to the tool as results of pre testing?

Selection of study participants
Page 5, Line 48: It’s not clear if the dead newborn were fresh stillbirth or macerated
Page 5, Line 48: What problems did the admitted newborns have??
Page 6 line 3: Who were data collectors? Were they working in the study facilities of departments? If yes you need to consider how could have affected your results

Data processing and analysis
Some words are unclear about their meaning because they are in local language. Would be better to have these words meaning in bracket for better understanding

Data collection, tools, Outcome variables and in operation definition
The authors have tried to explain how the delays were determined.
There are several questions that need clarification in above sections
- The reviewers should attach the tool that was used especially questions that assessed delays. It’s not clear what questions were asked since the tool was constructed by the authors and were not standard tools such as Verbal autopsy/Social autopsy tools
- How did the interviewers score the delays? How did the interviewer alone decide what and how to score? Was it agreed by a panel like how audits are done or each interviewer scored by themselves? This needs clear explanation since delays are subjective and need some discussions to understand whether the delay actually contributed to the outcome. Were the midwives alone well informed to be able to
score the delays? What exactly did they consider when they scored them?
- How was the third delay determined from interviews? This is usually done by reviewing clinical notes to assess what, how and when managements/treatment were done and by who (qualified staff rather than name). From the explanation it seems all delays were determined by interview of the mothers. Was it feasible to understand all delays this way? How informed were the mothers on all managements that were done?
- Why did the authors decide that score above the mean constitute a delay? And how was it determined that this delay actually contributed to the unfavourable outcome?
- Were delays considered after start of labor? How about start of other conditions such as bleeding or eclampsia? Were these excluded?

Operational definition
Newborn with unfavourable outcomes: Were these new born admitted for any cause? Not all causes may have been result of maternal delays. Dead newborns included fresh and macerated stillbirths?

Results
Page 8 line 19: response rate of 97.3%...What happened to the rest?? Were the non responses cases or controls?
Page 8 line 33 -34: Husband was attendant (what does attendant mean in this context?)
Table 1: Page 8 and 9
The table will be more informative if it was analysed using a Chi square test. This will give an idea on how different/similar the two groups were
The total rows in each variable can be removed
Table 2 Page 10
Use Chi square to analyse this table also and explain the associations
The total rows can also be deleted
Which Child related complications were asked for this table. That can be explained in the methods sections
Table 3 Page 11
This is the main table that should show clearly the delays and how they were scored
The author did not show most of the information on the delays and it is difficult to understand how delays were scored. For example there is very few information on first and second delays. The third delay has no information completely. Only the mean scores are present and this still doesn’t provide information on how it was reached
The author has also explained some information in the legend but these are not reflected in the table
For example:
Page 10 line 42:...applying butter was the main practice. This information and other practices are not in the table
Line 44 to 48: Frequently listed childbirth related traditional belief was thinking going to the health facility before having a complication is unnecessary. This information is also not reflected on the table
The author should clearly show this information in the table
Or clearly explain in the methods how each variable was assessed during interviews

Discussions
Page 12 line 29 to 38:
The author have discussed by comparing with the study in Myanmar without considering the type of study and how delays were measured. The study in Myanmar also used verbal autopsy which is
standard tool. The study was based on maternal deaths. Will a delay that leads to maternal death also can lead to newborn outcomes. It may be true but the authors have to discuss this clearly.

Page 13 line 38 to 45
The findings that the third delay was not determinant factors in this could be explained also by the way in which the delay was determined since the authors did not review the medical information and so they might have missed a lot of missed delays. This for me remains one of the main limitations of this study because I did not get the impression that the third delay was clearly assessed. In most low resource settings the third delay causes more maternal and newborn morbidity and mortality than other delays. Is this also the case in Ethiopia?

Strength and Limitation of the study
The author needs to explain the strength of this study especially methodologically since the method used was different from other traditional methods of death review, near miss review, death audit, verbal autopsy etc.

The limitations are also not clearly explained in this manuscript. The limitation of the study design, the tool, the data collectors and how delays were assessed should come out clearly.

Recommendation
The authors should give recommendation for further studies. Which areas of your findings need further research to understand them better?

List of abbreviation
PCA...has been repeated See Page 14 line 33 and line 45

REVIEWS

| REVIEWER                        | Andarge, Eshetu       |
|---------------------------------|-----------------------|
| Arba Minch University           |                       |

REVIEW RETURNED 11-Dec-2021

GENERAL COMMENTS

Thanks for providing me the opportunity to review this important paper. This is an interesting area of research which has framed newborn outcomes with the critical barriers to accessing optimal maternal health care service (the three delays model). However, the manuscript needs a further revision for language usage where a number of sentences are not well structured in terms of the appropriate use of articles, prepositions, commas, tenses, voices, capitalizations, plural and singular nouns, and clarity issues.

Specific issues are presented in each sub-section as follows.

1. Abstract: The strengths and limitations should be clearly stated as it is not clear in its current appearance.

2. Background
The rationale for conducting the study is not well grounded on existing evidence. For example, the contextual importance of the study and the gap in evidence are not sufficiently discussed. The connection between the three delays model for maternal mortality and unfavorable newborn outcomes need to be well described.

3. Methods
Population: A further clarification is needed in differentiating between source and study population.
The inclusion criteria has based newborn outcomes based on delay to institutional delivery service, the three delays model developed by Thaddeus and Maine is not exactly related to the delay during this time alone, however. Could authors’ comment on this? Moreover, the statement “mother’s witness of quickening within 48 hours before labor was considered as inclusion criteria” confuses as quickening is, by definition, the first movements of the fetus felt in utero. This happens at or around 8th-12th weeks of gestation. If authors’ were
referring to the term “fetal movement” at any time after quickening, they have to make their statement a bit clear. In relation to this, what is the authors’ evidence for this kind of criterion? The sample size calculation is not clearly stated. The proportions and assumptions used in the Open-Epi software need to be described in a better detail than as it appear now. The calculated sample size is also not stated.

“Selection of study participants, Data collection and Data collection tools” can be changed to “Sampling and data collection procedures”. Page 5 line 10...Cite the literatures used to prepare your tool.

Data analysis: Authors’ need to clearly show how the wealth index was done. For example, how did they make a composite index from the three final components in the PCA. The permanent and non-permanent goods should either be named in English or described in English so that readers across the globe can understand them. Multi-collinearity and interaction between variables should be reported as some variables can have a concerning degree of correlation; for example, first delay and wealth index.

Determinant variables: How did authors measure the three delays? What was the basis for those items and the use of mean score? Can some variables like availability of decision maker, trained staff, and supplies, distance to health facilities be suitable for Likert's scale, given they do not seem ordinal variables?

4. Result: In Table 1, there is a misclassification in age. Nothing is stated about what “others” indicate in the tables. Authors should have reported the variables they have considered before they conduct multivariable regression. Many grammatical errors are there in this sub-section. Tables should be formatted as appropriate to the journal.

5. Discussion: Fair attempt. The arguments put forward by the authors for any discrepancy in the findings are not strong to convince readers. Authors need to substantiate their discussion with focus on the implications of their finding to policy or practice. At the end of the discussion, there is a wrongly placed “strength and limitations” sub-section where there is no visible report on the limitations to the study.

6. Recommendations do not seem to come from the finding. ‘Bajaj’ is not a formal name.

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1
Dr. Ali Said, Muhimbili University of Health and Allied Sciences
Comments to the Author:
General comments

The manuscript assessed the three maternal delays and how these led to unfavourable newborn outcomes. The manuscript is well structured but will need extensive and comprehensive English language editing by a native English speaker to make it readable and clear. The tenses in each section (example background (present and past tense), methods (past tense) and other sections should be reviewed.

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Suggestion: Maternal delays and unfavourable newborn outcomes among skilled deliveries in Public hospitals of Hadiya Zone, Southern Ethiopia: A Case-control study[u1]
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Page 3 line 7: ... using maternal delay framework....I suggest you change to ... using ‘the three maternal delays’ framework [u2]

Methods page 3: Better to say what were controls, what data was collected and give a sentence of what was your definition on unfavourable newborn outcome [u3]Page 3 line 9: ..... Sept 04 to Oct.30/2019....should read ...September 4th to October 30th 2019 [u4]...

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Methods
Study design, area and period
It’s not clear which hospital is referral and which is the teaching hospital. Are they the same [u7]?
It would be better to explain what kind of services is provided in these hospitals (antenatal care, delivery, caesarean section??). How about kind of expertise (are there obstetricians and gynaecologists) in these facilities and the population served by the facilities [u8]. What is the population of Hidayah zone and what is the proportion of deliveries that occur in the hospitals compared to deliveries in lower facilities such as health centres? [u9] Is it the fact that patients referred to hospitals will have more complications?. It would also be more informative to know the proportion of referred patients compared to those who come directly from home. [u10]

Population
Line 23 which reads : The study population was all newborns delivered in public hospitals within the study period.
Should this say: The study population was all newborns delivered in the three included public hospitals within the study period [u11].

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It’s not clear when did these newborns die before or after delivery (fresh stillbirth, macerated or early neonatal deaths or both?) [u12]

Sample size
Was Halaba one of the hospitals selected for the study? Was the piloting done only for sample size??
What was the ratio of cases and controls used in the sample size calculation? [u13]
Were there any other consideration done during this process? Such as power, non response etc? [u14]
How about testing of the tool considering that your tool was not standard validated tool?? What changes were made to the tool as results of pre testing? [u15]

Selection of study participants
Page 5, Line 48: It’s not clear if the dead newborn were fresh stillbirth or macerated [u16]

Page 5, Line 48: What problems did the admitted newborns have?? [u17] [u18]

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Data processing and analysis
Some words are unclear about their meaning because they are in local language. Would be better to have these words meaning in bracket for better understanding [u20]

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Recommendation
The authors should give recommendation for further studies. Which areas of your findings need further
research to understand them better?
List of abbreviation
PCA...has been repeated See Page 14 line 33 and line 45

Reviewer: 2
Dr. Eshetu Andarge, Arba Minch University
Comments to the Author:
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Recommendations do not seem to come from the finding. ‘Bajaj’ is not a formal name.
Reviewer: 1
Competing interests of Reviewer: None

Reviewer: 2
Competing interests of Reviewer: No

[u1] Corrected
[u2] Suggestion is accepted and corrected accordingly
[u3] The document is revised and this are included.
[u4] This one is accepted
[u5] The documented is replaced by this phrase
[u6] 2nd statement is removed.
[u7] There is one referral teaching hospital and these two expressions are restated as teaching referral hospital in current submission.
[u8] These things are incorporated in the new submission.
[u9] This should be responded.
[u10] Before this study, it was unclear in this study population. However the referral condition was not candidate for multivariate analysis in this study.
[u11] Accepted
[u12] This study included new-born died before or after delivery. The new-born death before delivery means a death of new-born occurred during labor and delivery. And after delivery means that occurred within the 24 hours of delivery.

All these were clearly stated in new submission.
[u13] It was 1:2 ratio.
[u14] Yes 80% power and 5% none response rate was considered.
[u15] The order of the tools and the time allotment per questioner was arranged after pretest.
[u16] It was fresh stillbirth.
[u17] Any health problem?????
[u18]
[u19] They were selected from out of their data collection hospital.
[u20] We have tried to indicate their meaning on bracket
[u21] Ok, we have attached the whole tool with the revised submission>
[u22] We used 10 question for 1st delay, 9 question for 2nd delay and 10 question for 3rd delays. Initially interviewer read each question for the respondents. Then asked them to give
their response by saying strongly disagree or disagree or neutral or agree or strongly agree for each question. Before asking the next question interviewer put ‘✓’ mark in front of each question according to the participant’s response. The maternal delay was scored during data analysis using the response from these questioners. All these procedures are discussed in detail in this submission.

[u23] We have prepared a tool that asess the procedural note from registration to assess 3rd delay. However we couldn’t get the written note on the delayed time to get service. Therefore, we depend perceived 3rd delay that is assessed from mothers by series of questions. At proposal level authors assumed that the procedural note will be insufficient to make a decision for 3rd delay; and prepared alternative questions to assess perceived 3rd delay from mothers. The limitations that occurred due to this data is stated on the new submission.

[u24] Yes; these all delays are considered after the start of labor.

[u25] These problems were included if they were started after the start of labor, other wise excluded.

[u26] ?????

[u27] The fresh stillbirth was considered

[u28] Four cases and one control had refused to respond for the study. The none respondents were higher in cases when compared to controls. The reason for this might be social desirability due to data collection at institution and within 24 hour of delivery. Therefore all these were stated in limitation part.

[WU29] Total raw was removed and new column added for chi squire test.

[WU30] We have created new column for it

[WU31] We have discussed in the method part of new submission.

[u32] In the revised submission these issues are addressed.

[u33] We have tried to address this issue.

[u34] After the reviewers comment quickening is replaced with “fetal movement”.

[u35] We have tried to state these clearly in this submission.

[u36] We have accepted this sub title

[u37] Ok we have tried to describe them in bracket on the new submission documents

[u38] We have used this variables to measure maternal delay since we are considering their response was strongly disagree, disagree, neutral, agree and strongly agree. That is ordinal response. And the tool that we have used is also attached in this submission.

[WU39] We have addressed this issue I the new submission.

[A40] we have followed the Journals guideline to put the strength and limitation of the study.

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**VERSION 2 – REVIEW**

| REVIEWER  | Said, Ali  |
|-----------|------------|
|           | Muhimbili University of Health and Allied Sciences, Obstetrics and Gynaecology |
### GENERAL COMMENTS

**Comments**

| General comments |
|------------------|
| The manuscript still needs further English language editing |
| The manuscript should also follow journal guidelines and edited accordingly in terms of font type and size, line spacing, and color of fonts |
| The tables in results section can be improved by |
| - Removing some information and include them in operation definitions (see comments in the document) |
| - Including number and percentages on the same box like in table 4 |

There fewer comments in the documents as comments in tracked changes

The discussion section needs extensive English language editing. There are a lot of language errors that need addressing to make the manuscript readable and understood. There are still some issues in the discussion section that needs clarification especially the limitation section. An English language native speaker is recommended to review the manuscript

### VERSION 2 – AUTHOR RESPONSE

| Reviewer: 1 |   |
|-------------|---|
| The manuscript still needs further English language editing | Edited |
| The manuscript should also follow journal guidelines and edited accordingly in terms of font type and size, line spacing, and color of fonts | We have checked and corrected accordingly |
| The tables in results section can be improved by |
| - Removing some information and include them in operation definitions (see comments in the document) |
| - Including number and percentages on the same box like in table 4 | Corrected |