

PEER REVIEW HISTORY

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ARTICLE DETAILS

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| TITLE (PROVISIONAL) | Can the Robson Ten Group Classification System help identify which groups of women are driving the high caesarean section rate in major private hospitals in Eastern Ethiopia? A cross-sectional study |
| AUTHORS | Geze, Shegaw; Tura, Abera Kenay; Fage, Sagni Girma; van den Akker, Thomas |

VERSION 1 – REVIEW

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| REVIEWER | zimmo, kaled Aqsa Martyr hospital, Obstetrics and Gynaecology |
| REVIEW RETURNED | 23-Jan-2021 |

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| GENERAL COMMENTS | <p>I would like to thank the authors for this manuscript for the idea and the way they presented the results for this study Title: it needs modifications to be more precise and reflects what's done in the study I suggest (Could Robson Ten Group Classification system explain the high Caesarean section rates at two private major hospitals in Ethiopia; A cross sectional study) P2; l 42-47: it is not a strength it must be added in order to apply the classification system P2; l 48-52: the sentence needs more clarification; it reflects that the author had unplanned design for the study The abstract Study design: please remove cohort no need to add Setting: Remove eastern Ethiopia as ethically you do not need to specify which hospital Conclusion: it needs to be remodified according to your findings</p> <p>Introduction: - The introduction is too short and need to be organized in systematic manner as start by the definition the global rates, the national rate in previous national studies and extra - P4; l 27-28: I prefer to modify this sentence not correct as the CS classification at private hospitals were already in many recent studies in Europe and Asia</p> <p>Methods: - P4; l 54-58: please add more details with reference for this study - P4; l 59-60: Please replace the names of the two hospitals into Hospital one and two - P 5: add a reference for box one - P6: data collection please clarify which data and variables you collected from the near miss study - P6: data processing and analysis what do you mean by data double entered, please clarify - P6; l 36-48: what about the cs indication on mother demand and</p> |
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| | <p>what's the practice at the two study hospitals do you have national protocol to arrange the CS practice?</p> <p>Results:</p> <p>P7; table one: the age needs more categorization and the definition of gestational age need to be revised and which reference you rely on ACOG OR RCOG</p> <p>P9; table three: what about the other CS indications as you have 24 ceases please clarify</p> |
| REVIEWER | Rahman, Aminur International Centre for Diarrhoeal Disease Research, Health Systems and Population Studies Division (HSPSD) |
| REVIEW RETURNED | 04-Feb-2021 |
| GENERAL COMMENTS | <p>1. This is a global concern whether the indication of cs is written intentionally to the favour of surgery specially for the private hospital. This is not discussed at all in this manuscript</p> <p>2. Why only private hospital has chosen for this study why not the public hospital?. In a country both public private should have this information for the policy makers</p> |

VERSION 1 – AUTHOR RESPONSE

Reviewer #1

I would like to thank the authors for this manuscript for the idea and the way they presented the results for this study

We thank reviewer #1 for the encouraging remarks.

Title: it needs modifications to be more precise and reflects what's done in the study

I suggest (Could Robson Ten Group Classification system explain the high Caesarean section rates at two private major hospitals in Ethiopia; A cross sectional study)

We thank reviewer #1 for the suggestion for modifying the title. We have taken the suggestion seriously and modified the title as "Can the Robson Ten Group Classification System help identify which groups of women are driving the high caesarean section rate in major private hospitals in Eastern Ethiopia? A cross-sectional study" (Page 2, 3-7).

P2; l 42-47: it is not a strength it must be added in order to apply the classification system

Thank you for the comments. In limited resource settings, where electronic medical records are not available, majority of existing studies collected data only from women undergoing CS. That is what we wanted to reflect

P2; l 48-52: the sentence needs more clarification; it reflects that the author had unplanned design for the study

The sentence has been indicated to reflect the strength and limitation of the study as per BMJ's requirements.

The abstract

Study design: please remove cohort no need to add

Thank you. Removed

Setting: Remove eastern Ethiopia as ethically you do not need to specify which hospital

We thank reviewer #1 for the suggestion. As the two hospitals are not the only ones in eastern Ethiopia, we believe that they may not be identified from this statement. We agree with suggestion to replace their name with Hospital 1 and 2 (under the method section), and used hospital 1 and 2 throughout the manuscript.

Conclusion: it needs to be remodified according to your findings

The conclusion has been modified to reflect the major findings (page 2, line 46-48).

Introduction:

- The introduction is too short and need to be organized in systematic manner as start by the definition the global rates, the national rate in previous national studies and extra

Thank you for the comments. The introduction has been modified to incorporate the suggested information. As our focus is on the increase in CS rate with significant inequities, like in private facilities, this has been given due emphasis (page 4, line 6-22)

- P4; I 27-28: I prefer to modify this sentence not correct as the CS classification at private hospitals were already in many recent studies in Europe and Asia

Thank you for the remark. The sentence has been modified to reflect the situation in Africa in general and in Ethiopia in particular (page 4, line 45).

Methods:

- P4; I 54-58: please add more details with reference for this study

The larger study, which is now published in BMC pregnancy and childbirth (reference #29), has been briefly described with emphasis on those important to this study.

- P4; I 59-60: Please replace the names of the two hospitals into Hospital one and two

Thank you. As indicated above (under abstract), both hospitals have been renamed as Hospital 1 and 2 throughout the document (page 5, line 17-54; page 6, line 5).

- P 5: add a reference for box one

Thank you. As indicated in the box table, the reference was number [7]. But it is now changed to number [12] due to the modifications.

- P6: data collection please clarify which data and variables you collected from the near miss study

- P6: data processing and analysis what do you mean by data double entered, please clarify

The data were entered independently by two data clerks and compared.

- P6; I 36-48: what about the cs indication on mother demand and what's the practice at the two study hospitals do you have national protocol to arrange the CS practice?

Thank you for the comments. In the classification by Stanton, maternal request is categorized under non-absolute indications. In our study, 18(4.3%) of the CS were performed for maternal request as indicated on the medical records. But because of the low number, it has been categorized under 'others' in table 3 (but clarified under the table). With regard to protocols on arranging CS, we don't have national protocol yet. The existing different ways of reporting CS (as observed by several pocket studies) may drive the need to have common CS indication reporting.

Results:

P7; table one: the age needs more categorization and the definition of gestational age need to be revised and which reference you rely on ACOG OR RCOG

We thank reviewer #1 for the comments. We wanted to categorize ages—as per the common practice—as pregnancy in early life (<20 years), normal common ages (20-35) and old age (after 35 years). We feel that the existing classification would be enough to capture the important differences with regard to age. In addition, the gestational age was categorized as per the ICD-10 recommendation and this has been included in the table [page 8, line 20-22].

P9; table three: what about the other CS indications as you have 24 ceases please clarify

Thank you. 18 of the 24 'other' based on maternal request and this has been indicated in the table (page 10, line 18).

Reviewer #2

1. This is a global concern whether the indication of cs is written intentionally to the favour of surgery specially for the private hospital. This is not discussed at all in this manuscript

We thank reviewer #2 for this important point. Although indications for CS were reported in our review, we feel that the issue of how much reported indications reflect the real indication requires further enquiry which is, unfortunately, beyond the scope of our study. As our focus is on categorizing women into the groups, which is not indication dependent, we didn't focus on the matter. But this is an important question to be addressed in future studies.

2. Why only private hospital has chosen for this study why not the public hospital?. In a country both public private should have this information for the policy makers

Thank you for this nice remark. We agree with reviewer #2 that information from both public and private hospitals is required for decision makers. But as we have indicated in ref #24 (formerly, now #28), this has been studied in public facilities in the same location by our team. So, we proposed this study to be a complementary to our understanding of the condition in the public facilities by.

VERSION 2 – REVIEW

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| REVIEWER | zimmo, kaled Aqsa Martyr hospital, Obstetrics and Gynaecology |
| REVIEW RETURNED | 06-May-2021 |

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| GENERAL COMMENTS | <p>Comments to the authors P2; l 42-47: it is not a strength it must be added in order to apply the classification system Thank you for the comments. In limited resource settings, where electronic medical records are not available, majority of existing studies collected data only from women undergoing CS. That is what we wanted to reflect Reviewer comment: even though it is not considered as a strong point, please remove this sentence</p> <p>Conclusion: it needs to be remodified according to your findings The conclusion has been modified to reflect the major findings (page 2, line 46-48). Reviewer comment: Please replace the first sentence of the conclusion at the abstract as in the first sentence of the conclusion after the discussion to be more precise</p> <p>Reviewer comment /Introduction : L4: please add the to population study</p> |
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| | <p>L10: replace compared to by than L11: replace the word (unprecedented) with the correct spelling (unprecedented) L18: shift the words auditing clinical into clinical auditing Under the study settings: replace the word free into accessible</p> <p>P6: data collection, please clarify which data and variables you collected from the near-miss study Reviewer comment: The authors not responding to this comment. Please add more clarification as it is important for the readers</p> |
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VERSION 2 – AUTHOR RESPONSE

Reviewer: #1

Comments to the authors

P2; l 42-47: even though it is not considered as a strong point, please remove this sentence

Thank you. The sentence is removed now (Page 2, line 43-47).

Conclusion: Please replace the first sentence of the conclusion at the abstract as in the first sentence of the conclusion after the discussion to be more precise.

Thank you. We have replaced the conclusion sentence as been suggested (page 3, line 46-50)

Reviewer comment /Introduction:

L4: please add the to population study

Thank you. We added 'the' to the population study (page 4, line 10)

L10: replace compared to by than

We thank reviewer # for the comments. 'to' has been replaced by 'than' as been suggested (page 4, line 11).

L11: replace the word (unprecedented) with the correct spelling (unprecedented)

Unprecedented has been replaced by 'unprecedented' as per the suggestion. Thank you (page 4, line 23).

L18: shift the words auditing clinical into clinical auditing

Thank you. The words have been shifted as suggested (page 4, line 36)

Under the study settings: replace the word free into accessible

We thank reviewer #1 for the comments. 'free' was to refer to absence of service charges and this has been modified accordingly as 'free of charges'(page 6, line 10)

P6: data collection, please clarify which data and variables you collected from the near-miss study

Reviewer comment: The authors not responding to this comment. Please add more clarification as it is important for the readers

The variables collected under the near miss study have been described (page 6, line 47-52 and page 7, line 5-7).