

Peer Review Report

Review Report on Community-Based Knowledge Translation Strategies for Maternal, Neonatal, and Perinatal Outcomes: A Systematic Review of Quantitative and Qualitative Data

Review, Int J Public Health

Reviewer: Rommy Helena Novoa Reyes

Submitted on: 02 Nov 2022

Article DOI: 10.3389/ijph.2023.1605239

EVALUATION

Q 1 Please summarize the main theme of the review.

This study assesses the effect of healthcare Knowledge Translation Strategies with horizontal engagement between the local community and organizations or programs, in a bidirectional communication, on maternal, neonatal, and perinatal outcomes in community healthcare settings.

Q 2 Please highlight the limitations and strengths.

Limitations

The heterogeneity of the different strategies could have implications in the interpretation of the results. The authors must be rewritten the discussion to improve the relevance of this RS.

Strengths

The methodology is well described and complies with almost all of the PRISMA guide.

This SR includes evaluation of qualitative data that improves the understanding of the KTS in the reported studies.

Q 3 Please provide your detailed review report to the authors, structured in major and minor comments.

Introduction

- There are some specific data on maternal and child mortality (Latin American and Colombia) that is not relevant to the objective of the systematic review. The authors could report the data in the populations which "Knowledge Translation Strategies (KTS)" is directed.
- On line 35, the meaning of "UN" must be specified since it is the first time it is mentioned in the article.

Methods section (page 5)

- Check the proper use of capital letters on the lines 75 and 76.
- One of the outcomes is repeated on line 82 ("maternal mental health disorders")
- It is not necessary to mention that the search was updated, as it was finally applied until June 2022.
- Case-control studies, before-and-after studies, and cross-sectional studies were included, therefore the association test would not be better the OR instead of the RR in this type of studies?

Results

- Lines 161 and 162: Punctuation marks should be changed (placing a colon instead of a semicolon) when writing the types of quantitative studies for better understanding.
- Are there 14 reports included?, It is not consistent with figure 1 that adds up to 28. Request authors to clarify.
- The Methodological quality of included articles (change the word "reviews" on line 294) must be placed before the Effects of Interventions.
- The number of participants for each outcome must be added to the description of the relative effect.
- The cause of the risk of bias should be detailed in the "Methodological quality" section

- Page 9 The authors comment that the data of cohort study was not available for the metanalysis. They should clarify the reason.
- Page 10, line 231: The reference to Table 3 must be placed at the beginning of "Effects of interventions..."
- Page 10, line 242: Is there a Figure 5? It must be reviewed.

Discussion

- Page 12, line 317: The number of studies included in the SR must be reviewed (are there 14 or 10 articles?)
- The discussion should be rewritten with focus on findings of their review. Unnecessary comparison with other reviews/ unrelated reviews should be avoided.
- The discussion should not be focused on comparing the detail with other systematic reviews. Reporting of each OR or RR of meta-analyses (line 388 to 398) is unnecessary.
- The authors should explore the practical implications of different KTS on the results of SR. Are the outcomes heterogeneous because different types of strategies were applied?
- Could these KTS be scaled up? Would they be acceptable in other communities?
- The discussion will need to take into consideration SOF table.
- Include the relevance of qualitative data in the understanding of the KTS.

References

- The Vancouver format must be used to write all references. The authors should review instructions for authors.

Tables

Table 2

- Table 2 should be summarised if it will be in the results. Otherwise, it should be in supplementary materials.

Figures

Figure 1.

- The flow diagram must be summarized in one. Records identified through databases, registries, and other methods should be added to the larger diagram.
- The sum of reports screening is wrong. The authors must review all the numbers. On identification box (20055 ≠ 7250 + 12850) and screening box (Reports assessed for eligibility (405) + reports assessed for eligibility (2) ≠ Reports excluded (325+43+17+6) + new studies (14) + reports of new included (14))
- Which are the automation tools ? Please specify this in methods.
- It is unnecessary to describe "other reason" if there are not records removed here
- Why did you refer as "new studies included.." in the last box, are there other studies included?

Figures 2, 3, 4, 5

- The meta-analysis must have a title that specifies the comparison groups, the effect or other important information.

Supplementary material

- The name of the "supplementary material" must be homogenized in the text and in the attached files. This is referred to as "supplementary material" or "supplemental table" or others. Correct the denomination with a single name
- The Supplementary material 1 must be titled at the beginning of the Prisma table.
- The text refers to supplementary material 5 and 6 that are not found in the attached files. The attached file named "Table 5" is titled "Supplementary Table 3" that is not found in the text. It must be reviewed.

PLEASE COMMENT

Q 4

Does the reference list cover the relevant literature adequately and in an unbiased manner?

Yes, it does.

Q 5 Does this manuscript refer only to published data? (unpublished data is not allowed for Reviews)

Yes.

Q 6 Does the manuscript cover the issue in an objective and analytical manner

Yes.

Q 7 Was a review on the issue published in the past 12 months?

No.

Q 8 Does the review have international or global implications?

Yes, it does. The implementing KTS may become an opportunity to reduce inequalities related to interculturality in the provision of healthcare services. Therefore, it could reduce important outcomes as maternal and perinatal morbidity and mortality.

Q 9 Is the title appropriate, concise, attractive?

Yes, it is.

Q 10 Are the keywords appropriate?

Yes, they are. However, the Keyword "Knowledge Translation" must be modified to "Knowledge Translation Strategies".

Q 11 Is the English language of sufficient quality?

Yes, it is.

Q 12 Is the quality of the figures and tables satisfactory?

Yes.

QUALITY ASSESSMENT

Q 13 Quality of generalization and summary



Q 14 Significance to the field



Q 15 Interest to a general audience



Q 16 Quality of the writing



REVISION LEVEL

Q 17 Please take a decision based on your comments:

Major revisions.