

Title: A clinical audit of Caesarean Section rates at Bangladesh Medical University according to the Robson's Ten Group classification system

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Reviewer B: Dr Irfan Nowroze Noor , **ORCID:** 0000-0002-1004-9161 , **COI:** None, **AI disclosure:** None

- 1. Comment** Line 4-Please use correct terminology; it's "Robson's ten-group classification." Maintain the term throughout the manuscript.
Response: "Robson's ten-group classification." This terminology was corrected throughout the script (Line 4).
- 2. Comment** Line 6- The full institutional name should be written, not BMU
Response: Bangladesh Medical University was written instead of BMU (Line 6).
- 3. Comment** Line 50-Nulliparous women or first-time mothers, please revisit it.
Response: Proper terminology “nulliparous” was used instead of first time mother (Line 50).
- 4. Comment** Line 103-Inappropriate attribution—“Eighty-three percent of births in private medical sector health facilities are delivered via C-section, as compared with 36% of births in public sector health facilities.” - National Institute of Population Research and Training (NIPORT), the DHS Program, ICF, 2023. Bangladesh Demographic and Health Survey 2022: Key Indicators Report.
Response: We have checked the Bangladesh Demographic and Health Survey (BDHS) 2022 – Final Report [FR386], published by NIPORT and ICF. The figures mentioned— 83% CS rate in private facilities vs. 36% in public facilities — are indeed documented there.
Page reference: In Chapter 9: Maternal Health, specifically in the section on Delivery Care. In the Final Report [FR386], the table presenting mode of delivery by type of facility shows that 83% of births in private facilities were delivered by caesarean section compared with 36% in public facilities. This is located around page 145–146 of the PDF.
- 5. Comment** Line 105- Statements could not be verified in the cited sources
Response: Please check the responses for comment no 4. Both are the same.
- 6. Comment** Line 111-Adding the number of records (all deliveries) and the number of deleted records will increase the clarity.
Response: It has been added in the method section.
- 7. Comment** Line 125 and 111-Please avoid redundancy. Lines 111 and 125 can be expressed more systematically. Please mention all grouping variables (number of fetuses) as variables on which the data were collected.
Response: All grouping variables were added in data collection and data source section
- 8. Comment** Line 141-The result does not correspond to the table. Please avoid mixing of tenses.
Response: The minor mistakes in table and results have been corrected.
- 9. Comment** Line 142-Missing verb; sentence is incomplete and requires correction.
Response: Many of the sentences were redone to avoid grammatical mistakes.
- 10. Comment** Line 149-This statement is regarding the present paper. Please justify the citation.
Response: This point was rewritten.
- 11. Comment** Line 150- The reference is "Begum T, Rahman A, Nababan H, Hoque DME, Khan AF, Ali T, Anwar I. Indications and determinants of caesarean section delivery: Evidence from a population-based study in Matlab, Bangladesh. PLoS One. 2017 Nov 20;12(11):e0188074. doi: 10.1371/journal.pone.0188074.¹ This is not a report by the Bangladesh Bureau of Statistics.
Response: This reference was not included in the revised manuscript due to irrelevance.
- 12. Comment** Line 158- The cited reference does not appear to support the statement. Please verify and revise.
Response: The references were revised to adjust with the revised manuscript.

- 13. Comment** The quality and appropriateness of the data visuals (tables, figures, images, etc.), if any.
The table is not cited in the text. The corresponding tables do not support some statements in the Results section (e.g., Line 141). It's better to mention the group description in the table.
Response: Group description were added the table .
- 14. Comment** Need to be more conscious when rounding any value. In the table (column 6), the total value was supposed to be the same as the total group CS rate (69.4%) in terms of the absolute group contribution. Similarly, in column 7, the total value was expected to be 100 in the relative group contribution column, but it is 70.94. Need explanation, or please recalculate.
Response: Recalculation was done to correct mistakes in some of the columns and corrected results are shown.
- 15. Comment** References are used to support findings generated in the present study. Some cited references do not correspond to the statements made. Certain statements could not be verified in the cited sources (e.g., Line 158). A comprehensive review of all references is required to ensure accuracy and appropriate attribution.
Response: The manuscript was thoroughly revised to coordinate with the references. Some controversial references were omitted to ensure accuracy and appropriate attribution.
- 16. Comment** The manuscript lacks clear and logical progression across sections. Transitions between background, methods, results, and interpretation need improvement. Consider restructuring to ensure a coherent scientific narrative. Please replace informal or narrative wording with neutral scientific language. Avoid overly long sentences. Remove unnecessary subheadings in the method section.
Response: Thank you very much for your valuable feedback. As this is a research letter and the word limit is only 1000 words, it is difficult to write meaningfully within this limit. According to your feedback, the manuscript was thoroughly rewritten.

Reviewer C: Anonymous, ORCID: 0000-0000-0000-0000, COI: None, AI disclosure: None

- 17. Comment** This article may be revised and accepted. It would be better triangulating data with other's or historical data and discuss so that readers can get some action points??
Response: Thank you very much for your valuable feedback. The article was revised and rewritten to add this point
- 18. Comment** Please comment on the clarity, readability, and overall standard of English of the manuscript, and indicate whether language editing is required. Improvement of English is necessary.
Response: The manuscript was thoroughly rewritten to improve the overall quality of English.

Reviewer L: Kazi Ali Aftab, ORCID: 0000-0001-5221-0021, COI: None, AI disclosure: None

- 19. Comment** Introduction is so short only two references, Need more updated references (line 94,106).
Response: As this is a research letter, to accommodate within 1000 words the introduction was kept short.
- 20. Comment** Method- Detailed methodology needed, like Trained Auditor needed to conduct a clinical audit, how and where they were trained , this also needed be included. Audit standard criteria are to be set up before conduction of an audit. Any written permission is taken before the audit from the department or the hospital authority (line116).
Response: Departmental permission was taken to perform the audit. Robson's ten group classification system was set as standard for this audit, as it is recommended by WHO.
- 21. Comment** A bar chart can be added.
Response: As it is a research letter, bar chart was not given.
- 22. Comment** Conclusion (with recommendation) can be added.
Response: Conclusion with recommendation was added.
- 23. Comment** The table may include information on the Criteria also for readers' ease of understanding.
Response: Group wise criteria were included in the table.
- 24. Comment** The limit is 10 for a Research Letter; the authors might make a better choice of recent references, I guess.
Response: The manuscript was thoroughly revised and only appropriate recent references were included this time.

Responsible editor: M Mostafa Zaman, ORCID: 0000-0002-1736-1342

- 25. Comment** The Key Message should have the key findings of the audit.
Response: The key message has been rewritten to have the key findings of the audit.
- 26. Comment** Please present results up to one decimal point.
Response: The newly calculated results were written with only one decimal point.