

Reviewer's report

Title: Women's and care providers' perspectives of quality prenatal care: A qualitative descriptive study

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Reviewer: Katrien Beeckman

Reviewer's report:

Measuring quality of antenatal care is a very important and actual topic, therefore the paper is of interest in its field. This study occurred according to the methodological requirements; a convenient sample size was reached. The mix of questioning women as well as care providers is very good. The study confirms what was found in earlier research: the importance of health promotion, screening and assessment, continuity of care etc. when considering quality of prenatal care. The clinical and interpersonal care processes seemed to be the most important dimension when describing quality of care, this is new.

- Major Compulsory Revisions

1. The authors state that the aim of their research is to develop and test an instrument to measure quality of prenatal care (p7), also they state that there is no agreement on what constitutes quality prenatal care of (p6, background section), I agree with this statement and argumentation, however I believe that the paper insufficiently provides in an answer to this. Suggestions about the items that such an instrument, to measure quality of prenatal care, should include are missing.

Several dimensions of quality of care, resulting from the interviews were described; however it is unclear how the future process to select which dimensions will be included in the questionnaire and how these dimensions will be translated into questions, are missing.

Eg. Will the dimension of the care setting or the staff characteristics be equally important as the clinical care processes and interpersonal care processes? Women will not always know if their care provider gained 'personal experiences with pregnancy and childbirth', and I cannot believe this is a major topic to judge on the quality of prenatal care.

The suggestions for further studies (p37) jump to far, in order to examine the impact of quality of care on maternal and infant outcome, we need to know how quality of care will (need to) be defined/measured. I would prefer that the authors describe future research steps in this area instead of general recommendations.

2. In the abstract as well as in the background a clear link is made between (1) the exploration of the women's and care providers' perspectives of quality of prenatal care to (2) inform the development of items for a new instrument. The

paper however only provides an answer to the first objective (1) but not on the second (2).

3. The authors state that the purpose of the study is to describe ‘... dimensions of prenatal care that ultimately might contribute to healthy outcomes for women and their infant’ (p7). This is a very strong statement, however in the discussion no relation between the dimensions defined and pregnancy outcome is made.

- Minor Essential Revisions

4. The authors describe that women with variations in medical risk status were included. I agree that this is important when describing perceptions of quality of antenatal care. However this variable was not described in the table 1 and we do not know if women with medical risks have a different perception about the quality of antenatal care.

5. In the background the authors describe that ‘there is emerging evidence that the quality of prenatal care, i.e., what is actually done during the giving and receiving of care, may be more important than the quantity of care.’ I agree with this statement and also believe that measuring the quality of care is most important when evaluating prenatal care.

After this argumentation, three studies are discussed to demonstrate this. The first with a focus on lifestyle and psychosocial support in high risk women, a second focusing on the content of health promotion (the receiving of 22 health behavior advices) and a third on centering pregnancy. A whole range of variables, that are ‘actually done’ and contribute to the quality of care are described in these three studies. Although the general topics: health promotion, clinical care process and interpersonal care processes described in the three studies are subject of the current study, no suggestions are made about what elements of ‘what is actually done’ are most important and need to be included when measuring quality of care in the Quality of Prenatal Care Questionnaire.

6. We do not have any idea who will (need to) fill out this questionnaire, the women or the care providers? Women that didn’t receive care in pregnancy will be excluded I guess, and can you measure quality of care in women that enter the care system very late, in the third pregnancy trimester for example? This is important especially when one aims to examine the relation between quality of prenatal care and pregnancy outcome, which was one of the objectives described.

- Discretionary Revisions

7. On p 6: ‘...the need for the usual 14 to 16 visits has been questioned....’. Current guidelines advice far less consultations about 10 for primiparae (eg NICE guidelines for antenatal care, ACOG guidelines), therefore I wonder why the authors choose this article to underpin their argumentation.

8. ‘The clinical care processes and interpersonal care processes emerged as being most essential to quality of care’ (p33), for me it is not clear how the

authors came to this conclusion. I could not derive from the result's section why one dimension was more important than another.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests