Reviewer's report

Title: Quality of maternal health care in Indigenous primary care services: a cross-sectional study

Version: 1 Date: 28 November 2010

Reviewer: glen Mola

Reviewer's report:

Reviewer's report
-----------------
“Quality of Maternal Health Care in Indigenous Primary Care services: A cross-sectional study, by Alice Rumbold et al.

Please number your comments and divide them into

Major Compulsory Revision

The main limitations of the work is the fact that only ~60% of the facilities participated in this review and the smallness of the numbers in each facility. I think this should be brought out more clearly. It should also be explained why so many facilities did not participate in the review and what attempts at gaining the participation of facilities which did not spontaneously respond in the first instance were made.

The author must respond to these before a decision on publication can be reached. For example, additional necessary experiments or controls, statistical mistakes, errors in interpretation.

- Minor Essential Revisions

The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.

- Discretionary Revisions

The research question is well defined and acceptable, and the methodology standard for a cross sectional study.

The data is sound but it is disappointing that only 34 out of 56 primary health care facilities ‘chose’ to participate in the review. I would have thought that when setting up an “Audit for best practice” project (ABCD) that the M&E component should have stipulated that there would be a defined review and that it would be mandatory for all participating facilities to be involved in the review.

As only about 60% of facilities participated in the review, the validity of the data must be in question; this is compounded by the fact that the numbers of women who were reviewed is quite small. In many cases non-participatory facilities are
likely to have worse performance and outcomes. At least some comment about this issue should be made by the authors; ie why M&E was not part of the set up process of the project.

The manuscript does report the data (small and incomplete as it is) in a standard way.

The discussion of the data is generally speaking balanced; however, it would be good to include some comment about the following issues.

1. Some explanation as to why Standard Protocols were not followed by health workers of each cadre in the participating health facilities,

2. Antenatal care is only part of the total maternity care package, - and it ANC is divorced or at least not integrated with labor and delivery care as well as post partum care, - the package is very unlikely to be functional and delivery quality care. The paper makes virtually no mention at all of labor and delivery care, - except to report very high rates of CS, - and in one service (North Qld) high rate of unknown means of delivery. Some comments from the authors as to why there is no integration of ANC, labor and delivery care and post partum care would be useful.

3. Birth spacing and family planning are not only post natal issues, however they are only mentioned in this cross-sectional study in the post natal section. There is no mention at all of the fact that un-planned pregnancy and closely spaced pregnancy is associated with higher rates of perinatal mortality and infant morbidity.

4. Again there is no real discussion about why there is such a low rate of post-natal follow-up (53%): and in this context the rate of post partum contraception advice (50% of 53%) is abysmal.

5. It is mentioned in the discussion that “quality of care indicators’ in this primary care setting should be contextualized, - however, there is no discussion about or recommendations as to how this could be done. I would have thought that glucose tolerance testing and ultrasound examinations for morphology testing might be amenable to this sort of thing. There is also no mention of cervical cancer screening as part of ANC.

6. The issue of Data Feedback to Local Services is mentioned, but no discussion of what form, or what feedback would be appropriate as a result of this review is made.

The Title and Abstract reflect the substance of the paper well., and sources are adequately acknowledged. The English usage is good and the writing fine/acceptable.

I think the paper should be accepted after the above discretionary revisions and the one compulsory revision.

These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential.
Please note that both the comments entered here and answers to the questions below constitute the report, bearing your name, that will be forwarded to the authors and published on the site if the article is accepted.

With regards ‘interest’, I recommend that the following category is appropriate, “An article whose findings are important to those with closely related research interests”

**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