Reviewer's report

Title: Predictors of the timing of initiation of antenatal care in an ethnically diverse urban cohort in the UK

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Reviewer: Kathryn Panaretto

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Predictors paper
This manuscript addresses an important issue for perinatal outcome and also women’s satisfaction with birthing services by the surrogate measure of antenatal attendance. This is commendable

However the manuscript could be improved with some revision.

1. Is the question posed by the authors well defined?
This is a key issue that should be reconsidered. It appears the term antenatal care (ANC) is being confused or alternated with booking into a birthing service - ? a hospital birthing service.

WHO, Health Services Coverage Statistics: Antenatal care coverage (percentage) 2006 Offers definitions of antenatal care and birth attendants, which may not be the same as in the NICE guidelines. However some consideration needs to be given to care that may be provided prior to the “booking in” visit or the 1st engagement with the maternity service. This care has reportedly been provided by a number of sources in these 2 articles and possibly considered ANC, which frames the question, data and arguments and discussion is a different light.

It could be argued that for simple uncomplicated pregnancies early care can be provided by primary health care staff outside of the maternity service and thus this ANC has started well before the presentation at the maternity service/hospital (at a hospital seems to be the implication), thus negating the categorisation of late presentation for ANC in some of these women. Some of these women have presented late for booking in but not late for ANC. Arguably the most important ANC activity could be well supported tobacco cessation support - often a long term endeavour that can be initiated and continued by GPs and nurses in primary health care clinics beyong the current pregnancy.

2. Are the methods appropriate and well described?
The methods would benefit greatly from more detail about the setting and models of care, especially for an international audience.
a. Newham – a bit more info about Newham may be useful – were these women representative of women in Newham.
b. Newham PHC – how many GP practices are there? how many hospitals?
c. It is my understanding that in the UK there are a number of models of care including shared care with GPs, midwife led services, home births etc. What were these women booking into or for and where

3. Are the data sound?
The data presented are appropriate, however it maybe that some more data reflecting the poor perinatal outcomes of these women would assist the reader to understand better why this is an issue. In addition the tables and analysis while accurate do not really paint a picture of these woman and their pregnancy characteristics – what about other variables that may impact on late presentation or completion of adequate ANC. Did these women receive adequate ANC? Despite the late start (which is arguable)? Education levels, Tobacco use, alcohol, other drugs, domestic violence, anaemia, UTIs, STIs etc could be considered.

Should the modelling be broadened

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes. The background could be shorter and to the point – some discussion of ultimate outcome may help justify why the study is being done not just to check up on guideline compliance. Why is ANC important? Why is culturally sensitive/safe care important?

Use of the terms “White” would not be acceptable in Australia. In addition in places black is not capitalised while white is.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
The discussion needs review in light of issues raised above. If good ANC is being delivered in GP or PHC practices does it matter that these women are “booking in” after 12 weeks? Perhaps between 12-18 weeks is OK. International health system differences may be important – who can order a dating scan in the UK? Does it have to be ordered by a maternity service? who can order initial bloods and STI screens.

The discussion has a slightly hospital centric perspective that may be justified by the model of care. Would a more maternal perspective with a little more flexibility or tailoring of services without compromising quality of care, be possible? How important is an early diagnosis of Trisomy 21 to Somali women in terms of possible interventions?

6. Are limitations of the work clearly stated?
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
8. Do the title and abstract accurately convey what has been found?
The title perhaps could be reviewed in light of above concerns
9. Is the writing acceptable?
Yes

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests