Author's response to reviews

Title: Factors affecting the use of prenatal care by non-western women in industrialized western countries: a systematic review

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Author's response to reviews: see over
Dear Dr Hora Soltani,

Please find attached a revised version of our manuscript “Factors affecting the use of prenatal care by non-western women in industrialized western countries: a systematic review” which we would like to resubmit for publication under the section Research Papers in BMC Pregnancy & Childbirth.

We want to thank you and the peer reviewers for the constructive comments which enabled us to amend our manuscript. Below, we give detailed response to each comment received from you and the peer reviewers. We hope that the revisions in our manuscript and the accompanying responses are sufficient to make our manuscript suitable for publication in your journal.

We are looking forward to receiving your decision on our revised manuscript.

Sincerely,

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Response to reviewers

We want to thank the reviewers for their constructive comments which enabled us to amend our manuscript. Please find below our detailed response to each comment received.

I. Response to the comments of the first reviewer

1.1 Nice to the use of mixed-methods approach in a systematic review very useful, although methodologically the qualitative methods findings are very much presented in a quantitative manner.
Response: To avoid a quantitative presentation of our findings, we have decided to place less emphasis on the numbers of studies describing each factor. For factors described in both qualitative and quantitative studies, we do not describe anymore in how many of these study types (qualitative, quantitative) these factors were reported (Results section, Barriers to prenatal care, page 11-13). (Also see our answer on comment 2.3)

1.2 The Methods section is very thorough. I would not publish full search terms as part of the paper, but either put them as separate webpage for future researchers to use or simple say a the full list of search terms is available from the first author (or last author).
Response: Because search strategies are increasingly being published as part of review articles (in this journal, but also in other journals), we have decided to keep the search strategy as an additional file to this article. This also increases the credibility of our study and provides readers with the opportunity to replicate our search (e.g. for updates).

1.3 The authors refer to the earlier work of Gagnon et al. as well as Heaman et al. I wonder if there is perhaps there is value in the Discussion to also refer to the sys review of access to prenatal care in developing countries by Simkhada et al. The latter may shed some light of cultural factors which especially affect first generation migrant women in western societies, i.e. attitudes and expectation women (and their families) may have brought with them from their country of birth. Especially if women have migrated as part of extended families and, for example, the older generation of mother-in-laws is living with the pregnant migrant woman in, say, the Netherlands, Australia or Sweden. The mother-in-laws may (a) influence the pregnant woman’s notion of antenatal care as well as (b) promote or obstruct her maternity care seeking in the host country.
Response: During our literature search, we came across the review conducted by Simkhada et al. Because of its focus on non-western countries, we could not include the individual studies of this review in our study. However, this review may indeed shed some light on factors affecting prenatal care utilization by first generation non-western women. Therefore, we now also discuss our results in the light of Simkhada’s findings (Discussion, 8th paragraph, page 18-19).

1.4 The term ‘antenatal care’ is not mentioned until page 15 of the paper. I would like to see a short sentence early on stating something like: prenatal care is usually called ‘antenatal care’ in countries where proper English is spoken, in whilst in American English ‘ante-partum care’ is also common.
Response: In the Introduction we now explain that prenatal care and antenatal care are identical in meaning. Because ante-partum care was not used in the selected articles of our review, we decided not to describe this term in the Introduction (Background, last paragraph, page 6).

II. Response to the comments of the second reviewer
2.1 This is a literature review of predominantly qualitative studies. It gives overview and is synthesized against a conceptual framework that makes the conclusions a valuable contribution to the field. It is a paper of importance in its field and the overview of in-depth perspectives of migrant women on antenatal care and can contribute to development of preventive strategies. However, the structure of the paper could be considerably improved and make the message more analytic and clearer.

Response: In our responses on the comments below, we explain how we have tried to improve the structure and message of the paper.

b) Further, the authors should be careful when conclusions are made across qualitative studies because they are context specific, and make sure that the conclusions are at the right inference level.

Response: Because we were aware that qualitative studies are indeed very context specific, we wrote in the Discussion that some factors were highly specific to country, culture or religion. We gave the example of Muslim women who were found to refuse combined sessions with males, and explained that other women might have fewer gender issues (Discussion, 7th paragraph, page 18). Furthermore, we reported women’s ethnic origin or religion for factors which we thought were context specific (e.g. adherence to religious or cultural practices)(Results, Barriers to prenatal care, 4th paragraph, page 12).

2.2 The manuscript could be improved considerably by change of structure:
Put the listing and describing parts of the results in tables. Include the overview of the study characteristics as a table and omit a lot of the text in the section under the headline: Characteristics of the included studies. Then the table needs some revision, I suggest to leave out information on age and parity, but include information on the quality score/assessment.

Response: According to the suggestion of the reviewer, we have shortened the overview of the study characteristics by omitting the sample size and generation. These characteristics, were already described in additional file 2. We now also give a shorter description of the countries in which these studies were conducted (Results, Characteristics of the included studies, 2nd paragraph, page 10), and the study population (by only describing the non-western ethnic groups for which factors were found. (Results, Characteristics of the included studies, 4th paragraph, page 10-11). Furthermore, we have added the quality assessment scores to additional file 2. However, we decided not to leave out information on parity and age, because these are in general important characteristics of women in prenatal care. Moreover, young age and multiparity are reported as barriers in this review, which makes it interesting to describe the study populations of the included studies in terms of these two variables.

b) The conceptual framework needs to be better explained as it plays a central role for the analysis /synthesis and is not discussed in sufficient details in the discussion.

Response: In the Methods section (Synthesis), we have given a more comprehensive description of our conceptual framework (Methods, Synthesis, 1st paragraph, page 8). In the discussion we now describe the comparison between different study designs and different ethnic groups in the light of our conceptual framework (Discussions, 3rd paragraph on page 16-17 & 5th paragraph on page 17-18). (Also see our answer on comment 2.4b). Furthermore, we shortly reflect on our conceptual model in the Conclusions (Conclusions, 1st paragraph, page 20-21).

c) To me it is surprising and a limitation that cultural characteristics, position in host country, and social network are considered individual factors and not social factors.

Response: The conceptual framework of Foets et al., makes a distinction between individual factors and factors at healthcare level. The individual factors (factors relating to the client or health care user), are further divided into factors such as ‘social network’ and ‘position in the host country’ which are indeed social factors. However, in the model of Foets et al. these factors are called individual, because they are set against societal factors relating to the health care system.
Therefore, they are not placed under one overarching umbrella ‘social factors’. Instead they are placed as separate individual factors in the model, which does not imply that they do not reflect one’s social status.

2.3 In the results section when findings from the articles included are discussed I think restructuring would add to the overview: present only the sum of the important themes and drop to list the studies as under the title Barriers.... Paragraph five: migration-related characteristics impeding prenatal care utilization were described in one quantitative study, seven qualitative studies and....

Response: According to the reviewer’s suggestion, we have restructured the Results section for factors reported in both qualitative and quantitative studies, by omitting the numbers of studies per type (qualitative, quantitative or mixed methods) of study. (Results, Barriers to prenatal care, page 11-13). (Also see our answer on comment 1.1)

2.4 Try to rewrite the results so that the content is more integrated and analytic, now it is rather long and descriptive. All factors and the references are in table 1, therefore I suggest shortening down the result section and allowing for a longer discussion of the findings and comparability.

Response: To shorten the result section we have taken up on the suggestion in comment 2.3 and also rewritten the Results section.

We have tried to present our data in a more analytic way. This can be read in our response on the next comment.

b) Any contrasts between different countries of origin (as has been documented in terms of infant health and mortality – should be followed up in the discussion)? Between descendants and migrants? Quantitative and qualitative studies?

Response: According to your suggestion we have rewritten the Discussion, with more emphasis on comparing women from different ethnic origins. We categorized the women according to the risk groups for adverse pregnancy outcomes described in the introduction (Discussion, 5th paragraph, page 17-18). We have also placed more emphasis on the different study designs by comparing the results from the qualitative and quantitative studies (Discussion, 3rd paragraph, page 16-17).

In table 1 we now show which factors are derived from only quantitative or only qualitative studies). Furthermore, we now discuss our results in the light of Simkhada’s findings, (see our answer on comment 1.3).

Regrettably, we could not compare women from different generations. Only one study included descendants, however in combination with first generation women. This study did not present separate results according to generation.

2.5 In the objectives (last paragraph of the introduction): Details on how medical care and prenatal classes are defined as two different outcomes are needed.

Response: In the last paragraph of the Introduction we have added definitions for prenatal care and prenatal classes (Background, last paragraph, page 6).

b) Further, I suggest including: development of a model for understanding facilitating and impeding factors for migrant women’s use of prenatal care as part of the objectives of the study as this is a central part of the conclusions.

Response: Using the model of Foets, we give an overview of the impeding and facilitating factors of non-western women’s prenatal care utilization. However, we did not develop this model ourselves. We only made the model of Foets more applicable for prenatal care utilization by expanding the category ‘Demographic and genetic characteristics’ with ‘Pregnancy characteristics’. Furthermore, we have gained more insight into the mechanism of the factor ‘multiparity’, but not for other factors such as unplanned pregnancy. Therefore, we believe we cannot state we have developed a model for understanding the factors affecting non-western women’s prenatal care utilization.
2.6 The mixed methods appraisal tool: used to evaluate the quality of the studies, but the quality of the studies not considered in the overall conclusions?
Response: In the Methodological reflections of the Discussion we wrote that the included studies showed a large variation in methodological quality, but that we decided not to exclude studies with a low quality score. This was done to prevent loss of any relevant factor in this review. Instead we compared the results of the high and low methodological quality studies against each other, and did not find any contradictory results. To reemphasize this, we have added the variation of methodological quality in the Conclusion (Conclusions, 1st sentence, page 20).

2.7 Central to the conceptual framework is the distinguishing between individual and health system factors, however they are not used in Table 1, where the framework is applied. Further, barriers and facilitators not clearly defined according to the conceptual framework
Response: According to the reviewer’s suggestion and in accordance with the model of Foets et al., we classified the factors in Table 1 in two categories:
- Individual factors: Demographic, genetic, and pregnancy characteristics; Migration characteristics; Cultural characteristics; Position in host Country and Social network
- Health system factors: Accessibility of care; Expertise; Personal treatment and communication

2.8 The table text in Table 1 is not descriptive.
Response: During the preparation of this article we decided to compile a table to give a concise and clear overview of our Results section. Therefore, we chose to name the various factors without giving a more extensive description. We assume that readers will find the extended description of these factors in the Results section.

2.9 In general the terminology is a little confusing as there are many factors/characteristics/categories and they are not always used in a clear way for example first line in paragraph one under the title barriers to prenatal care utilization
Response: To avoid confusion, we have replaced the term ‘characteristics’ with ‘factors’, and used the term ‘factors’ for all experiences, needs, expectations, circumstances, characteristics and health beliefs affecting prenatal care utilization in this manuscript. Furthermore, we stopped describing the barriers and facilitators as ‘categories’. The term ‘categories’ is now only used for the different groups of explaining factors, as described in the model of Foets.

2.10 Ethnic minority was found to be one of the determinants at page 18, should be rewritten: to be a migrant/non-western origin.
Response: In the Discussion we talk about the review conducted by Feijen-de Jong et al., which reported ethnic minority as one of the determinants of inadequate prenatal care utilization in high income countries. With the term ethnic minority Feijen-de Jong and her colleagues mean: non-western immigrant groups, non-migrant minority groups such as American-Indians and an unspecified group of others described in two included studies. Because ‘ethnic minority’ means more than just immigrant and/or non-western women (not only in the review by Feijen-de Jong et al., but also in general), we have decided not to replace ethnic minority with migrant/non-western origin.

2.13 Insensitive behavior (reference 26 Reitmanova et al) is repeated p 12 and p15.
Response: Insensitive behaviour was only described in a qualitative study (p 12). We accidentally also described insensitive behaviour as a factor described in qualitative as well as quantitative studies, so we removed the description of insensitive behaviour on page 15.
2.14 Quality of written English: Not suitable for publication unless extensively edited
Response: Before submission of this article, the English was reviewed by a native English speaker. To further improve the quality of our English, a native English speaker reviewed the English before resubmission.

III. General/Final comment:
We have carried out both reviewers’ recommendations on textual changes.