Reviewer’s report

Title: Factors affecting the uptake of prenatal screening tests for congenital anomalies; a multicentre prospective cohort study

Version: 1 Date: 2 April 2014

Reviewer: Mirjam Fransen

Reviewer’s report:

Dear authors and editors,

I think this is relevant topic, but I do have some suggestions for major and minor revision of the paper:

>>> Major compulsory revision <<<

1. Introduction
- In the introduction it is explained that the FAS is performed around 12 weeks. Isn’t FAS performed around 20 weeks (so called SEO in Dutch)? Or are you talking about another type of test? This should be clarified in the introduction.
- As described in the introduction, socio-demographic determinants of CT uptake are well known, but little is known about determinants of second trimester FAS uptake. Why focus on both tests in this study? Please explain this in the introduction.
- Please elaborate on why it is important to identify determinants of uptake.

2. Methods
- Given the surprising findings on ethnic differences in uptake I think it is essential to provide more information about the non-Dutch group. For example: What exactly was their ethnic background? Or at least: Were they from non-Western ethnic background or Western ethnic background? Were they born in the Netherlands or in another country (first or second generation)? What is their educational attainment level? Other studies showed that women from Western ethnic background are more likely to participate in prenatal screening than women from non-Western background. It is therefore essential to make a distinction between these groups.
- Especially the finding that limited Dutch language proficiency is positively associated with uptake of CT is unexpected. I would suggest to carefully check the data and analyses again.
- It would be interesting to know how language proficiency contributes to ethnic differences in the model with ethnicity. Especially since language proficiency had an independent impact on the uptake in the non-Dutch group. So in other words: To what extent can ethnic differences be explained by language proficiency?

3. Results
- Again it would be interesting if more information is provided about the non-Dutch group. How did uptake differ between ethnic groups, especially non-Western vs Western ethnic background. And did this differ between higher and lower educated women?

4. Discussion
- The finding that non-Dutch women were more likely to have CT is indeed surprising. This is in contrast with other findings, please elaborate on possible reasons, including possible differences in study design that may explain this difference.
- More likely to have CT if they had limited proficiency in Dutch is indeed very unexpected. Please refer to studies with contrary findings and discuss these differences.
- Elaborate on implications for practice and further research. Knowing this, what should be the next step in research? What should we do with the finding (if indeed correct) that women from non-Dutch background with limited Dutch language proficiency are more likely to participate in CT? What should be further investigated?

5. General comments
The English writing could be improved, I would suggest to ask a native speaker to check the final manuscript.

>>>Suggestions for minor revision<<<

1. Methods
- Why call it operationalization? Why not measures?
- Strange sentence: Women’s ethnicity was based on the classification used by of 119 ethnicity (Dutch, non-Dutch) of Statistics Netherlands.

2. Results
- Table 1: Table structure is sometimes invisable
- Table 1: Please make clear that these are univariate analyses.
- Table 2: Something wrong with layout. I don’t think international public is familiar with ‘bible belt’ explain in text.
- Table 6: What are the reference categories for the OR in table 6?

3. Discussion
- It would be worthwhile to mention recent non-invasive diagnostic tests.

**Level of interest:** An article of importance in its field
**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests