Reviewer's report

**Title**: Low coverage and poor quality of postnatal care in rural Hebei, China: a mixed method research

**Version**: 1  **Date**: 6 October 2013

**Reviewer**: Li Liu

**Reviewer's report**:

The manuscript, entitled “Low coverage and poor quality of postnatal care in rural Hebei, China: a mixed method research” estimated the coverage of postnatal care in rural China. More importantly, it also examined barriers to receiving postpartum home visit from the supply side and to seeking postnatal care from the demand side. The authors applied a mixed method approach, providing perspectives from mothers and health care providers using quantitative and qualitative evidence. The study is certainly unique in this aspect.

However, the current version of the manuscript can probably benefit from additional streamlining and more careful interpretation of the study results. Specifically, the paper may benefit from a very clear definition of postnatal care up front. Right now, the study implicitly included three different types of postnatal care. They are 1) timely postpartum home visit (within 1 week after delivery), 2) any postpartum home visit, and 3) postnatal care in a health facility within 42 days after delivery. It’s unclear to what degree each type is cost-effective (or do we have sufficient evidence to draw conclusions?) and what their inter-relationship is. That is whether home visit and in facility visit are both needed, or either would be sufficient, or perhaps one is preferred over the other. The quantitative survey clearly collected information on all three types, yet the qualitative study only focused on type 2). Suggest considering only focusing on type 2) in both the quantitative and qualitative results to streamline.

In the discussion, the authors seem to suggest that “sitting month” could be a barrier to receiving postnatal home visit. However, this is not supported by the study results. In Figure 1 where all survey mothers were asked about whether willing to receive postnatal home visit, 91% responded positively, suggesting a strong demand for the service and no perception of “sitting month” as the barrier to receiving postnatal home visit. Therefore, for postnatal home visits, the barriers seem to concentrate on the supply side. Re “sitting month”, it doesn’t appear that the authors have explicitly included it as a reason for not seeking/receiving postnatal care. The association seems to be derived from previous literature. If so, please be explicit in the discussion.

For postnatal care in a health facility within 42 days after delivery, since only quantitative data are available, Figure 3 seems to suggest that knowledge, attitude and practice of mothers seeking postnatal care in a health facility need to be improved substantially. In other words, in the lack of supply side information,
the barriers to postnatal care in a health facility lie in the demand side. Considering the innovation of the study and the significance of the topic area, with major revision, the manuscript is likely to be publishable at BMC Pregnancy and Childbirth. Please find below additional specific comments/suggestions.

Major comments/suggestions:

Title

• Suggest reflect the study content on barriers to postnatal care in the title as well

Introduction

• 3rd para, in 1989, the target coverage of postneonatal care was set to be 70% and 50% in urban and rural areas, respectively. What’s the target year to achieve these goals? Is there a specific target for postpartum home visit? Any existing national/local effort to provide postnatal care since 1989? What about in 2009 when the nine basic public health services were launched?

Method

• “We used mixed methods and combined quantitative and qualitative methods.” This is redundant as mixed methods refer to methods combining quantitative and qualitative methods.

• Maybe helpful to repeat at the beginning of the 1st para under study area that the study was conducted in Zhao County, in Hebei Province, China.

• 2nd para under quantitative study, “the name list of all eligible children under two years in each village was obtained”. How was the name list generated? Any possibility that the name list may be missing certain types of children that could potentially introduce bias to the study results? This concern came up again when the imbalanced sex ratio of children was mentioned (see the next point).

Results

• Sex ratio was reported to be 134:100. Are there particular reasons for such a high sex ratio? Can this be interpreted as the lack of representativeness due to sampling design or the gender ratio in Zhao County is in general high, which may have implications for postnatal care of boys vs. girls?

• Unsure whether Figure 1, with majority (91%) being in one category, is worth presenting as a separate graph. Perhaps reporting the results in the text would be sufficient?

• In table 2 and elsewhere in results, shouldn’t “Postnatal care after 42 days” in fact be “postnatal care within 42 days after delivery”? This goes back to the comment on the definition of postnatal care used in the study. Also within 42 days after delivery, seems in addition to home visit and health facility visit, there is also telephone visit. Do we know enough about the effectiveness and cost-effectiveness of telephone visit? Or perhaps the study should use a definition of any postnatal care visit?

• For readers who are not familiar with the setup of the primary health care system in rural China, it’s perhaps worth explaining the function and staffing of
village doctors, maternal and/or child health workers in the introduction or method section early on.

Discussion

• 3rd para, unclear what “an effective community-based intervention package to improve neonatal survival” is.

• Now that the functions of family planning and MOH are combined administratively at the national level, are there any known or expected implications on postnatal care in terms of work load allocation between family planning staff, village doctors and MCH workers?

Minor edits:

• Please provide page number so it’s easier to refer to a particular part of the manuscript.

• Additional academic editing could be beneficial.

Background

• 1st para, it should read “compared to the reduction in the mortality rate of children aged two one months to five years

• 3rd para, should the sentence in fact read “In addition, some evidence suggests that HOME (?) postnatal care rates were even lower”?

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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