Reviewer's report

**Title:** Utilization of PMTCT services and associated factors among pregnant women attending antenatal clinics in Addis Ababa, Ethiopia

**Version:** 2  **Date:** 3 June 2014

**Reviewer:** Sarah Gimbel

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major compulsory revisions: There was limited background literature review to justify this study which attempted to identify factors inhibiting uptake of VCT in health facilities (both health centers and hospitals) in Addis Ababa. A comprehensive review would have demonstrated a very large body of work in this area. In fact a pub med review found multiple articles on barriers to PMTCT uptake in Ethiopia in 2014 alone. Below are 2.

Determinant and outcome of early diagnosis of HIV infection among HIV-exposed infants in southwest Ethiopia.

Identifying factors associated with the uptake of prevention of mother to child HIV transmission programme in Tigray region, Ethiopia: a multilevel modeling approach.
Lerebo W, Callens S, Jackson D, Zarowsky C, Temmerman M.

The research question that the authors are pursuing although not novel does contribute to the body of knowledge because it builds on the research that has already been done both in Ethiopia and regionally. These must be cited in the paper.

Other issues that need to be dealt with.
1-justify why addis was chosen as the study site city
2-in the background compare cascade flow data to similar countries (neighboring/similar epidemics)--not just in the final conclusions--it seems late to be mentioning this. You obviously had expectations, based on literature review what you would find related to barriers to access--state these a priori and then return to those that are consistent with previous research findings and add those issues that you have identified which are unique or differ from the norm.
3-in the background it would be stronger to link the low ANC coverage to the low pMTCT coverage--tease out those two related issues a bit more for the reader
4-you mention in the background that ~16% of births occur with skilled attendants and that the reason is ease of access. One I would cite that and also hone in on
existing literature that demonstrates what other causes are leading to this low coverage. Certainly this is multifactorial.

5-HCT or VCT?? Pick one acronym please

6-the methods section needs grammatical revision, also elements/terms are unclear -- for example ANC coverage cannot be estimated at 100%, 32 health facilities (out of how many?).

7- the sample size and sampling procedures needs justification--why 50% estimated?

8-also what was the time frame for data collection?

9-where the items used in the questionnaire from existing, validated scales? especially for patient satisfaction which is notoriously hard to measure well.

10-the sample of interviewees was noted as being purposively selected--what was the purpose? to get a varied sample? to just select managers? other? it isn't clear.

11-under data analysis it was unclear where the supervisors were from--the MOH? the university? an NGO?

12-why was the data analyzed in English instead of Amharic?

13-no info on how interviewees questionnaires were safeguarded/kept secure/confidential?

14--the findings need to synthesized under clear, succinct headings. It would be easier for the reader to grasp the findings of the paper. These headings should link to one another and make a comprehensive argument. Perhaps a figure could be used to better illustrate the findings (drivers of poor uptake of PMTCT)

Minor revisions: Please improve the writing. In many places the writing could be shortened and clarified. Also, a good English grammar check is needed

Level of interest: An article whose findings are important to those with closely related research interests

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 I have no competing interests