Reviewer’s report

Title: Improving the uptake of preconception care and periconceptional folate supplementation: what do women think?

Version: 1 Date: 30 August 2010

Reviewer: michele curtis

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1. Discretionary revisions

It seems to me the thrust of the paper deals with the question of how women perceive the concept of preconception care but also tries to simultaneously address a discrete component of that concept (folate supplementation). Yet the authors acknowledge that many women are unaware of the need to obtain preconception care and are surprised to hear of the broad scope of issues it encompasses. The value of learning what women think of periconceptional folate supplementation is somewhat lessened if the women don’t fully appreciate pre and peri-conception care. I think it might be better if the two topics are more clearly separated in the paper.

The study is quite small with only 17 women and it was done three years ago. This leaves open the possibility that large policy changes or marketing campaigns may have occurred around the issue(s) of preconception care in those intervening years that may not be reflected in the results this analysis found.

In the Backgrounds section, paragraph two it is noted that doctors do not routinely address preconception care in practice or implement existing guidelines. It is equally true that patients do not routinely ask or inquire and for medicine to truly change there must be a demand from both sides of the examining table.

In the Results section, Barriers paragraph it notes that five major thematic areas were identified with regards to preconception care and folate use. I think it might be better to say 4 barriers to preconception care were found and one barrier to folate was consistently identified.

In the Results section, Conception is a normal event paragraph, I would urge you to consider expanding on the idea of women resisting the medicalization of conception. The March of Dimes in the US did some social marketing studies and found a real conflict among US women around the idea of truly planning pregnancies. For some women it simply took the process of medicalization of normal human events too far. Yet, most women fell quite obligated to see the doctor as soon as they find out they are pregnant. This dissonance of resisting the medicalization of becoming/controlling the occurrence of pregnancy while supporting it once pregnancy occurs may comprise a barrier that, if not more fully
understood, will continue to impede the success of efforts to promote pregnancy planning and preconception care.

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I currently serve as on the speaker's bureau for Teva Women's Health and for Sanofi-Pasteur.