Reviewer's report

Title: Please Understand When I Cry Out In Pain: Women’s Experiences of Maternity Services During Labour and Delivery in Ghana

Version: 1 Date: 28 July 2005

Reviewer: Ana Langer

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General

The article addresses a key but neglected issue: women’s views on obstetric (i.e. delivery) care in a developing country, Ghana. This dimension of quality of care has not been explored with the same kind of depth as others (such as the technical aspects) in spite of the important influence it has on utilization of services and compliance. That makes the article extremely relevant. The paper could be substantially improved though. Main problems and recommendations to address them are listed below.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. Background

• The introductory discussion does not include a clear reference to the importance of skilled attendance for the reduction of maternal complications. Such a reference is essential, especially considering that the study focuses on the quality of institutional care.
• In the last sentence of the second paragraph, the authors highlight an apparent contradiction in international agencies’ discourse: if maternal deaths are preventable, how come maternal mortality has not decreased in most places? It is important to clarify that there is no contradiction: most maternal deaths could be prevented if all women had access to current knowledge and technologies that, when correctly used, would allow to successfully manage most serious obstetric complications or to prevent them, as in the case of abortion and post-partum infection. In practice, though, women don’t have access to these resources or services and providers are not prepared to use them. In other words, maternal mortality is “avoidable” or “preventable” only in theory.
• In the 4th paragraph, authors say that the interpersonal dimension of quality of care has only recently been acknowledged. However, the article they cite was published 15 years ago. Therefore, I would change the word “recently” for a more appropriate one.
• In the second sentence of that same paragraph, the authors say that “patient satisfaction….has been recently seen to be an effective way of improving services”. I don’t think satisfaction per se is a way to improve services, but a dimension of quality of care that strongly influences acceptability, utilization and compliance and, therefore, affects health outcomes.

2. Methodology

The methodology used by the authors (i.e. qualitative) is appropriate to explore the sensitive issues the study focused on, particularly in a setting where women are extremely vulnerable and socially disadvantaged. There are some problems in this section however, that I included in the following list:

• Researchers first conducted focus groups, but soon decided individual interviews would work
better, both in terms of the amount and the quality of the information collected from women. While
this may have been a right decision, authors should reflect on the implications of this change in
methodology findings on their findings, and describe how results were analyzed. Did they merge the
data? What are the potential problems associated with that? If they did not, do findings described in
the following section come only from the interviews? If information was collected and analyzed
separately, they should specify the source of information more clearly.
• “Sample size” in qualitative studies is not based on any statistical calculation, but on clearly
defined criteria. In the case of this study it would be useful to know the based on which researchers
established the number of encounters (either focus groups or individual interviews) and the selection
of the participants. Why 21 interviews? Did they recruit women that somehow “represented” the
population that attended those health facilities, in terms of age, parity, schooling, and marital status?
Not having this kind of rationale undermines the validity of the findings and substantially limits their
interpretation. Please provide more detail.
• The authors recruited women who had delivered within the past five years. This is an extended
period of time! I wonder why the authors decided to do that, considering that they could have
recruited women who had delivered within a shorter period. As the authors state, women usually
remember reproductive events well, but this assertion usually applies to very tangible outcomes such
as number of deliveries, live births or abortions. But women do not remember well subjective
feelings such as satisfaction with care received. Furthermore, views and perspectives change over
time, and are modified by more recent events (for instance, women may have been unhappy with
their delivery experience, but if the baby survives a difficult delivery, their perception will change and
most probably, when asked, they will not complain about the personal care they received.) I suggest
authors provide the rationale for their decision about recruitment, and expand on the strengths and
weaknesses of the approach they chose.
• The authors don’t mention the location where the interviews were conducted. This is important
because previous studies have shown that women usually do not feel comfortable enough to
express their views in a straightforward way when they are interviewed in the health facility, where
they receive clinical care. For instance, more than 90% of women would say they were satisfied with
the care received, when asked about it in a hospital. This effect is similar to what epidemiologists
call “courtesy bias.” I suggest authors describe where the interviews were conducted, and analyze
the strengths and weaknesses derived from those circumstances.
• The authors state that the analysis was “intuitive.” Could they please clarify? Did they use a
technique (such as grounded theory), which would justify such an approach? What were the
hypotheses they had before starting the study. Please, clarify and expand on this.

3. Presentation of results

• Researchers mention the age difference between participants in focus group discussions (FGD)
participants and individual interviewees, but do not provide any explanation about the reasons that
explain this difference, and do not get into the possible implications of this in terms of perceptions.
Furthermore, there must have been other differences between participants in FGD and interviews.
Authors should describe and discuss this point.
• Authors should standardize the presentation of their findings and add information on some of the
topics. For instance, they provide quite detailed information about perceptions’ about place of
delivery, illustrated with quotes. But they only have one summary sentence for “expectations”, which
is a key issue in this kind of study.
• In some cases, authors may consider changing some of the quotes. For instance, two of the three
quotes used to illustrate the second part of the “Place of delivery” section refer to physical distance.
It would be more interesting if authors would add or substitute one of those quotes with another on a
different issue that also influences the utilization of health facilities, such as perception of quality,
cost, etc.
• The section on “staff attitude” is illustrated by quotes that show relatively minor problems of
attitude. Authors must have much stronger quotes they could use that would better illustrate the
unacceptable situations some of these women faced. Please consider substituting some of these
quotes with others that address different considerations (in fact, some of those provided to illustrate the “satisfaction” section would better illustrate this one.)

- The section on “Recommendations of women” does not include real recommendations but comments on staff attitudes. Authors should consider including actual recommendations: this would be a key input for discussions with providers and, potentially, to induce positive changes as a result of this study.

4. Discussion

- This section is not clearly structured and a bit repetitive (e.g. the last paragraph on page 13 about findings).
- The section is not well written and there is no analytical framework to help the reader clearly understand the implications of the findings. Table 1 just provides different lists of issues, with no further explanation. Authors may want to elaborate more on it and/or describe the S.A.F.E. study framework either in the background or the discussion sections.
- It would be interesting to learn more about the dissemination activities the researchers undertook to convey their findings to the primary target group of this study, i.e. health service providers.
- One important problem of this study, which I have highlighted above, is the fact that researchers asked women on subjective issues (i.e. views, perception, satisfaction, etc) around an event that happened long time before the interview. In the discussion they justify that decision by saying that “women’s recollection of obstetric events is thought to be accurate, even over long periods of time and experiences are recalled in great detail.” Please see my comments on this above.
- The importance of exploring providers’ views is briefly mentioned in the last paragraph of this section. When the aim of a study is to change providers’ attitudes and, consequently, improve quality of care, considering that side of the equation is essential. The authors may want to review an article that presents the findings of a study that is referred to in their paper (16), which includes some discussion about this (Nigenda G, Langer A, Kuchaisit C, Romero M, Rojas G, Al-Osimy M, Villar J, Garcia J, Al-Mazrou Y, Ba'aqeeel H, Carroli G, Farnot U, Lumbiganon P, Belizan J, Bergsjo P, Bakketeig L and Lindmark G. Womens’ opinions on antenatal care in developing countries: results of a study in Cuba, Thailand, Saudi Arabia and Argentina. BMC Public Health 2003, 3-17 (20 May 2003))

5. Conclusion

- From my perspective, this section should summarize the key conclusions of this study, and avoid repeating what was already said in other sections and the corresponding references.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable
Statistical review: No

Declaration of competing interests:
'I declare that I have no competing interests'