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: 31 August 2005

Reviewer: Christine McCourt

Reviewer's report:

General
Overall, I felt this article has value and is worthy of publication. The authors give a clear rationale for the work, which has the potential for valuable public health impact. It is interesting, covers an important issue and appears to have been well conducted. An appropriate methodology was used and described briefly but clearly. The findings and discussion should be of wide interest. However, the article could be strengthened and a few pointers towards this are given below, as discretionary revisions:

Intro:
Perhaps the authors should describe this as a study of women’s perceptions/views of interactions rather than of the interactions per se, as it was reliant on interviews, without observation, and gives the woman’s view rather women’s and professionals’ perceptions. There is a good discussion towards the end of the limitations of the study, however.

Background:
There is no reference in background to the roles of TBAs/traditional midwives. Although this study is set in a semi-urban context, including only women who have used formal health services, it would be useful to sketch in the situation in Ghana as such roles and level of experience and skill do vary across different countries. No health professional present is not necessarily no care, depending on the situation. This will set the study more realistically in its context.

Findings and discussion:
References from other ‘developing’ countries are available on similar issues, which would provide useful points of comparison – e.g. Egypt, India. Such work has not been drawn on particularly here. I think it would be useful to do so, particularly to show that such issues are widespread in formal health services, especially in post-colonial contexts.

There is also work from both ‘developed’ and ‘developing’ countries looking at issues of professional behaviour, abuse, and the organisation of health care etc., which discuss possible theoretical approaches to help understand and explain such patterns. This literature has not been drawn on at all. As a result the work lacks theoretical contextualisation and there is no discussion of what the underlying issues may be, that need to be understood in order to change practice.

I wasn’t entirely convinced by the point made on women not recommending services of abusive staff – one quote showed this is not necessarily the case – they might recommend facilities despite this because of fears of unsafe birth – feeling they have to put up with such treatment for sake of this. Again, there is theoretical and substantive work which could help make sense of this. People may accept and tolerate abusive behaviour for a range of reasons, including institutional factors. Lack of access to good information may also mean that women feel they have little choice if they want a ‘safe’ birth.
Issues of information and women’s knowledge which were brought out in the findings were not picked up strongly in the discussion – I would like to hear more about how women in Ghana get information about childbirth? or about formal health facilities? Do the authors have any recommendations for ways to tackle such issues, within the constraints of the context?

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

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

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What next?: Accept after discretionary revisions

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

Quality of written English: Acceptable

Statistical review: No

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