Reviewer's report

Title: Barriers to the implementation of preconception care guidelines as perceived by general practitioners: A qualitative study

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Reviewer: Onil Bhattacharyya

Reviewer's report:

Short Summary: 22 GP's (Rural, High and Low SES) were recruited into 3 focus groups and asked about enablers and barriers to Preconception care(PCC) using questions based on a theoretical domain framework. The barriers were 1) time constraints 2) women not presenting before pregnancy 3) lack of availability of GPs who provide PCC 4) lack of resources to help GPs cover all the PCC guidelines (patient handouts, checklists) 5) extra costs associated with PCC 6) GPs believing that even if they give folic acid, NTD's will still happen so not motivated to provide PCC.

Research questions are well defined, data seem to robustly represent the conclusions. The description of the methods and analytic approach, particularly independent coding with comparison of results, was appropriate. Member-checking would have enhanced the rigour of the study, but since it is based on thematic analysis using a pre-existing framework, this probably would not have added much. The discussion and conclusions accurately represent the data and are appropriately circumspect. The work appropriately references the large body of literature on the theoretical domains framework and other relevant articles. The writing is clear and the title and abstract convey the study and results appropriately.

I noted that the focus groups were done in 2007, which is not necessarily a limitation given that the phenomena described is not likely to have changed in the interval, but it does make me feel better about study results that have been sitting around for a while. While the results are unsurprising, the use of the theoretical domains framework is interesting, as this could be the basis for a general approach to barrier analysis and implementation intervention design. However, there was no discussion of whether any of the data did not fit in to existing categories. One of the strengths of qualitative methods is the ability to seek out disconfirming examples to strengthen or weaken theoretical constructs. No effort like this was mentioned.

No mandatory revisions.

Discretionary comments:

In the Results section under the subheading Motivation and goals they talk about other competing preventative care interests getting in the way of doing PCC. The preventative care examples they give that get in the way include chlamydia
screening, pap smears and discussing alcohol and smoking are actually part of preconception care as well.

The time constraint example could have been further explored to see if this is really just a prioritization issue, that GPs don’t think this is an important issue (either because it’s so rare or because that folic acid doesn’t really work).

Lastly, the fact that women don’t present for preconception care, and those that are at the highest risk are the least likely to come makes the idea that GPs can make a difference in this problem improbable. Approaches like practice facilitation by nurses focused on preventive care and proactive outreach to high-risk groups (along with a bit of opportunistic counseling) and mass media seem much more promising. It would be interesting to note if GPs themselves noted that these approaches might be more effective than the counseling they are not keen to provide.

The potential for this to be a more general approach to barrier analysis could have been explored in the intro or discussion, and describe what other clinical areas have been studied in this way.

**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:**

None