Reviewer's report

Title: Socio-demographic determinants and access to prenatal care in Italy

Version: 4 Date: 11 October 2013

Reviewer: Katrien Beeckman

Reviewer's report:

This is a very interesting study on a beautiful dataset, the comparison over the years is very interesting. The manuscript improved although I still have a few comments.

Major compulsory revisions

Introduction

1. The authors state: ‘As in the study by Beeckman et al. (2011), here we investigate the relationship between various determinants and the utilisation of healthcare services. This framework is useful because it incorporates the distinction between various individual determinants, e.g. the predisposition of the patient, the ability to secure service use, and eventually disease level. In particular, demographic, social and attitudinal…’

I would prefer following sentence to be add:

‘As in the study by Beeckman et al. (2011), here we investigate the relationship between various determinants and the utilisation of healthcare services. The framework of Andersen and Newman on health behavior used in this work is useful because it incorporates the distinction between various individual determinants, e.g. the predisposition of the patient, the ability to secure service use, and eventually disease level. In particular, demographic, social and attitudinal…’

2. The authors write: ‘To describe the influence of which determinants are related to late and/or inadequate PNC together with individual-level maternal characteristics, this paper examines the…’

My previous feedback included a comment on the link with the definition of inadequate care used in this paper that was not made clear from the start, we do not know that in this study less than 4 visits is defined as inadequate.

Suggestion:

In particular, the IHS offers 4 visits during pregnancy without any charge and the program of these visits is the same for all women. During the first visit, that ideally has to be done before the 12-th gestational week, women receive information about services offered and courses promoted by the IHS system, and about screening tests. The other visits give the possibility to discuss screening tests or other results, receiving less than 4 visits
is defined as inadequate care.

Minor essential revisions

Discussion

3. As a matter of fact a high number of women is already receiving ‘adequate care’ according to the definition used in this study. Shouldn’t there be a critical reflection on this fact, shouldn’t the measurement of ‘adequate’ care be more comprehensive or not…? Eg including content of care received, quality of received care, health promotion, participation in screening programs etc.

Discretionary Revisions

4. It would be more logic to first describe results for initiation and then for number of visits as initiation is the first step in the care path.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests