Reviewer’s report

Title: Patient and Caregiver Perspectives of Health Provision Practices for First Nations and Metis Women with Gestational Diabetes Mellitus Accessing Care in Winnipeg, Manitoba

Version: 2 Date: 22 May 2014

Reviewer: Roanne Thomas

Reviewer’s report:

This is an interesting and timely topic. Overall, the manuscript is well-written and the approach to data collection was thorough.

Major Revisions:

1. With research with marginalized populations, a critical approach is expected. Some attention to the critical literature appears in the section on “health care experiences.” However, it should appear sooner. The focus of the first page/introduction does provide a nice focus and some context. But, a short paragraph outlining the social context (e.g., colonization, history of residential schools) of the research should be upfront. Otherwise, it appears that the current context has evolved accidentally or in a very benign way.

2. Attention to the sociohistorical context of Indigenous health earlier in the manuscript could also provide for a better understanding of the issue of trust mentioned in the “health care experiences.” It is completely understandable that Indigenous peoples may not trust biomedicine, but this is not explicit enough. Without a “critical edge”, the lack of trust almost implies that Indigenous women are to blame and I am certain this is not the author’s intent, given her approach and topic.

3. I was surprised to see that there is no discussion of methodology in the manuscript, only a discussion of methods (or tools) of data collection. Smith’s work is cited, but an explanation of her work and its relationship to the present study is needed. A key question to address is: How is research (and this study in particular) decolonizing? I would also like to see the author expand upon the processes and questions used in the initial open-ended interviews and focus groups.

4. It is not clear to me how the first round of interviews and focus groups informed the second round which used EM. The explanation of EM is sound, but a few details and examples as to how the EM evolved from the initial research phase would be helpful.

5. Establishing trust section – there is a great deal of text here (third paragraph) that would be better positioned in the discussion section, unless supporting quotations are provided. The remainder of the manuscript frames quotations well.

6. New literature is introduced in the discussion section, but this section should link back to the introduction and literature review (i.e., references already cited).
Introducing these references earlier in the manuscript may address some of the concerns about the lack of a critical literature review mentioned above.

7. Finally, cultural safety is mentioned in the last sentence, but I don’t believe it was introduced earlier. This is a concept that needs to be unpacked at the start, along with “culturally appropriate care.” The conclusion of the manuscript could also be strengthened (last few sentences could be more directly linked to implications for health care). I am also left wondering about policy. There are many policy implications associated with this research. Could the author provide some suggestions for policy change, based on the data shared? The author might also restate the unique contribution of this valuable research.

Minor Revisions

1. A minor point – I expected to see a description of the sample and sampling techniques appear sooner in the manuscript, but the positioning of that section may be reflective of the journal’s stylistic requirements. If not, I would suggest moving this section so that the section on the interpretation of the data appears later.

2. The following statements should either be expanded upon or removed, as it detracts from the flow of the manuscript: “These interviews also contained a fixed response interview to assess cultural consensus. These results are reported elsewhere [38]” I would suggest the latter, but perhaps the author could cite her work earlier in the paper to demonstrate what has been done.

3. Some proofreading is required – there is the odd awkward or vague sentence throughout. For instance: “It was left up to the discretion of the individual or organization contacted whether one person chose to be interviewed or a group of advisors to form a focus group.” Periods appear both within and outside of quotations.

4. “Close to 44%...” – the number should be specified. It would also be helpful to explicitly state that “advisors” refers to participants who x, y, z, while “participants” refers to...Or, change participants to interviewees.

5. Change “ethical approval” to “ethics.”

6. Health service divisions section – I would like to see some text framing the presentation of the thematic category before launching into a quotation (first paragraph). It needs to be contextualized a bit. Similarly, there are other places in which some transitional phrases would provide guideposts for the reader.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

Declaration of competing interests:

I declare that I have no competing interests.