Reviewer's report

Title: The influences of Taiwan's National Health Insurance on women's utilization of prenatal care: Investigation of differences between rural and non-rural areas

Version: 1 Date: 8 May 2007

Reviewer: Judith Lumley

Reviewer's report:

General

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1. This is potentially an important question relevant in many settings and countries.
2. Introduction A reasonably large summary of research from Taiwan is provided in the background, including information suggesting that some expensive prenatal services (e.g. amniocentesis and testing for rubella) had become commoner after the implementation of the NHI, and that female farmers and blue-collar workers used prenatal services more frequently than women in other occupations.
3. The Methods are described in too much detail, and the paper would be strengthened by a substantial revision and shortening of the pages from Page 7 to the beginning of the Results. The pages from 7 to 10 also need simplification, while those from pp 10 to 14 could have more focus on the original study question.
4. Tables 1 to 3 are brief and clear.
5. Table 4 has an important focus on the key study questions as it shows the changes over the four time periods in the key variables. In rural areas regular use of prenatal care showed a marked increase in 1993 to 95, not sustained after that time. In the non-rural areas all years had high levels of regular use. Both rural and non-rural areas reported increased continuity of care in the second triennium but this was not sustained in the later two time periods. In rural areas there was an increase in the use of large hospitals in the fourth and last time period but no similar shift in non-rural areas. Very convenient transport became 'less convenient' over the three later time periods in rural areas, but became more available –if anything- in non-rural areas.
6. The use of coefficient of variation and standard errors in Tables 5 to 8 makes them unlikely to be understood by many clinicians. The conclusions are clearly expressed.
7. Table 9 is probably useful to readers but Tables 10 and 11 could be omitted from this paper.

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

Discretionary Revisions (which the author can choose to ignore)

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

Declaration of competing interests:
I declare I have no competing interests.
Also:
Apologies for the delay