Reviewer’s report

Title: Facilitators and barriers to facility-based delivery in low- and middle-income countries: A qualitative evidence synthesis

Version: 1
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Reviewer: Christopher Carroll

Reviewer’s report:

I think this is an interesting review, which some well-conducted elements; however, there are some major issues with the reporting and justification of the processes undertaken.

Major compulsory revisions:

1. The rationale for the study is not explicit from the Background. It states that, to reduce materal and perinatal mortality rates, an intervention of known effect is "skilled attendance at facility-based deliveries (6-8). Skilled providers attend 99.5% of births in more developed countries, but only 61.9% in less developed countries and 35.3% in the least developed countries (6)". There are two issues here. First, are these providers all in "facilities" or are they in the community? This is unclear. Indeed, the "catch-all" nature of the term is only mentioned later, in the Limitations. The terms "health-facilities" and "facility-based delivery" need to be clearly defined at the very start.

Second, the authors present no evidence that there is a real issue with women attending facilities / accessing this intervention; it is implied, but not demonstrated. If this evidence was provided, then this would justify more clearly the case for the synthesis of evidence on people's views regarding the intervention.

2. Synthesis: If I have understood correctly, there was a single round of coding to identify the framework themes, and then a second round to populate that framework? Did all of the data fit into the framework produced by the initial open codes? There were no data that did not fit under existing themes/sub-themes? This seems surprising. thematic analysis tends to be more iterative than this. No citation is given for the process of thematic analysis used, other than the 1994 ATLAS software. More up-to-date methodological references are required, especially as thematic synthesis is the the common, published approach.

3. Assessing certainty of findings: CerQual is a new approach and its mechanics really need explaining more fully here: is CASP being used to assess how well studies are conducted? How is coherence assessed? I like Table 2 - the results of the synthesis and application of CerQual; I can see exactly how/why a finding has been weighted like it has.

4. An edited and abbreviated version of Appendix F, a summary of the included studies, is really needed in the text, at the start of the Results.
5. I am unclear how the authors progressed from the findings in Table 2, to what is presented in Figure 2. Please explain.

6. Limitations:
The whole social, economic and health system context can be very different in different LMICs, and this raises questions about grouping studies together from so many different countries. Can people in LMICs all be grouped together, treated as a homogenous population for a synthesis such as this? There is also no attempt to conduct any form of sensitivity analysis to gauge the impact of findings from different countries and contexts, or to group findings by types of intervention (e.g. physical facilities vs alternatives). Thirty-four is a large number of studies for a QES and some form of sub-grouping would have made sense.

Minor essential revisions:
1. The type of search undertaken needs justifying:
The search seems completely overblown; a mammoth task, and very unusual in the current methodological climate, which tends towards sampling (Suri 2011) and other purposive or focused approaches for qualitative evidence synthesis, rather than the traditional Cochrane quantitative review, highly-sensitive search strategy approach.

It is also unclear how such a search translated to the non-standard bibliographic resources, such as WHO and Google Scholar; this is not explained (nor is it reproducible).

Why were the references of included studies not searched? Or citation searching of included studies? Which are standard, and potentially more effective and far less resource-intensive and time-consuming means of identifying relevant papers.

Also, why wasn't a published filter used for qualitative research (e.g. Wilczynski 2007 for CINAHL)? Also, the filter that was employed includes repetition of the same term in different search strings, e.g. "focus group" in #24 and #26

2. Are ENTREQ rather than - or on addition to PRISMA - not more appropriate guidelines for reporting a QES?
http://www.biomedcentral.com/1471-2288/12/181

3. The Discussion does not appear to consider specifically the "weighting" of findings, as expressed in Table 2. It would help to have a discussion of which findings have high certainty, and which moderate or low, to inform the conclusions.

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:

I declare that I have no competing interests