Reviewer's report

Title: Homebirth and barriers to referring women with obstetric complications to hospitals: a mixed methods research in Zahedan, Southeast of Iran

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Reviewer: Nicole Berry

Reviewer's report:

The article looks at the reasons that women and their care providers report for not going to the hospital during complicated home births in Zahedan city, Iran. It basically focused on three different themes that emerged as the major explanatory categories to help us to understand the delay in going to the hospital: economic issues, socio-cultural issues and reputations of midwives.

The data collected in the paper makes an important contribution to global conversations on Safer Motherhood. First, there have not been many papers orienting us to the experiences of Iranian women. Second, there are many facets of this particular context that researchers in this area would find interesting, particularly the number of different midwife roles, the purported integration of the health system toward supporting multiple midwife roles, and the general accessibility and functionality of the health system. The methods and analysis of the data also appear to be sound.

Major Compulsory Revisions:

1. Working more thoroughly on the overall conceptualization could strengthen this article most. The first step in this would be to tie the results more thoroughly to other literature. For example, articles looking at the high rates of C-sections in Brazil point out that women want the C-sections, while other authors have emphasized that many places women don’t want C-sections. Also, the doctors versus midwives section should be framed by literature that calls for integration of services and articles on the professionalization of midwives. It would be nice to present the findings here in terms of how they figure into these conversations. It would also help distinguish what is novel in terms of the contribution (potentially the “disgrace?”) versus what has been previously reported.

2. Once this is done, the authors would be in a better place to more strongly emphasize and indicate the original contribution of this article. I would encourage the authors to reframe the piece to highlight these original contributions. This might mean making it less of a summary and concentrating more heavily on some areas than others. It certainly means revamping the discussion, which is very piecemeal. Rather than seeing each category separated in the discussion, I would like to see it center around a more synthetic take on this research.

3. The article was frame in terms of the three delays, with the authors pointing out factors that could contribute to a delay in transport to the hospital. Nevertheless, the results were not interpreted vis à vis these categories after the
initial mention of the model. The themes that emerged were not subsequently pegged to when they were causing delay. Much of the article seemed to be about delay in transport, but then then the discussion of midwives seemed to cross all three boundaries. I don’t think that squeezing the article into these categories would be very useful, but I do think that some sort of reflection on how the findings fit in with the delay model is necessary. Do the three divisions proposed by Thaddeus and Maine make sense? Are they useful for explaining what is going on in this particular location?

4. Each of the themes in the results needs to be amplified a bit. The economic section ends with the difficult of obtaining the ID. Is this economic? It made me think that this section might refer more to “health systems issues” i.e. that there has been a transition in insurance, that you have to get a card etc. and that all of these health systems issues decrease the accessibility of care. Second, I needed to hear more about “disgrace” see the note below. Finally, though I very much liked the last theme, I was uncertain about whether this was just professional midwives who were reluctant or all TBAs and midwives. Do the doctors distinguish between them? Were things related to reputation different for different types of midwives/TBAs?

5. Given that many of the statements described in the first two themes recapitulate other findings in this area I would appreciate seeing citations of those who have found the same and (cf…..) to signal those whose findings are directly different.

6. I like the setting description but would like a comment on why this setting was chosen and/or appropriate for this study.

7. Could the authors please expand on what exactly the “disgrace” is that the TBA could bring? Would she talk poorly about them later? Could she shame them? Expand what this might mean and how it might affect the family. Perhaps we need some more information about the status of the TBA in the community to understand why her approbation is so important.

8. Finally, the article would benefit from thorough editing by a native English language speaker.

Minor Essential Revisions:

1. Page 1: I would put the citation after the number of deaths, not the 99%, as it is the number and decrease that has recently changed. There is little debated about the 99% disparity.

2. Page 1 Second sentence: don’t use a quote for a fact that is not really debatable. A synthesis in the authors’ own words would be better.

3. Therefore, the focus for addressing maternal mortality has consequently shifted from predicting complications during pregnancy to preparing for efficient emergency interventions” [7].

There is an end quote but no earlier pair of quotation marks. Again this is not the type of material that should be quoted, but rather summarized.
4. Methods:

In quantitative phase, we gathered, managed and interoperated existing data of health sector using the standards of WHO for availability and utilization of EOC services [12,13].

The reader would like to know what this means now. Need to indicate you will more thoroughly discuss it later.

5. In terms of selection of interviewees, the authors say, “These interviewees were recruited in such a way that their real experiences and lives can help us to answer the research questions” Need to indicate that selection and recruitment will be more thoroughly discussed below.

6. The authors say: some educated midwives It would be better to phrase this as some biomedically educated

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Not suitable for publication unless extensively edited

**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