Reviewer’s report

Title: Delays, interruptions, and losses from prevention of mother-to-child transmission of HIV services during antenatal care in Johannesburg, South Africa: A cohort analysis

Version: 3
Date: 2 November 2014
Reviewer: Ashraf Grimwood

Reviewer’s report:

Generally always good to have insights into the real outcomes of service provision.
I did though come away thinking that maybe what is reflected is not the complete disastrous reality as painted but maybe more nuanced where the resilience of positive pregnant women not truly reflected through this methodology. we know the systems are failing our pregnant women but we are getting much better MTCT outcomes- so what is working and how? This paper does not review this.

Major questions: Why were these 2 clinics chosen? Why this community? Why this period? How come the MTCT rates not mentioned for these sites? Having insight into why these particular sites and the demographics of this community could assist in understanding the outcomes recorded. This is about the lack of adherence of 2 service sites to guidelines and protocols. There are innate reasons for these as well as reasons beyond the control of the clinic staff. why could women not be tracked for the full duration of their pregnancy and evaluate their outcomes or follow up women who failed to return and evaluate their reasons for not doing so? How many women ended up at the CHC for their antenatal care as they have an integrated ANC service? This is not explained. is it known why patients requested to be transferred? Many might have self transferred without owing the clinic an explanation- understanding this dynamic would go a long way in understanding why the adherence to appointments is so poor. why were patients <18 excluded or those who new their status?

Minor essential revisions:

1) Lines 38-39 it is not clear what is standard practice. did mothers have to return to the clinic for 'group pre-test counselling'?
2) Counselling is used quite loosely in this paper and wondered if 'information and education' are not more accurate descriptions of what actually occurs
3) line 42- is this meant to be contraindicated vs counter-indicated?
4) It is not explained what the possible reasons could be for POC HB not being recorded, could these have been recorded in the patient held ANC files?
5) Line 50- not sure what 'at the week one visit' means
6) what impact on the analysis did the 54 women have who did not attend the designated ANC days? These were not seen by study staff?
7) What was the rationale for those 5 under 18 yrs of age and the 19 who had a lab ELISA being excluded? Could they have not been included in some of the analysis?

8) some reasons could have been given as to why no gestational age could be calculated- this could be due to know menses prior to pregnancy due to the effects of Depo Provera? lines 98-102

9) in the discussion the effectiveness of ART- patients could have booked elsewhere line 147, and line 148, we know that SA has impressive policies but when it comes to their implementation, support and review we are seriously lacking. the problems are systemic and do go beyond these clinics. Why was 'cause' of effect on looked at- line 159?

Level of interest: An article of limited interest

Quality of written English: Acceptable

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

Declaration of competing interests:

I am also funded by USAID- not sure if this constitutes non-financial competing interest