Reviewer’s report

Title: Perceptions and experiences of community members on caring for preterm newborns in rural Mangochi, Malawi: a qualitatative study

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Reviewer: Hannah Blencowe

Reviewer’s report:

Generally this is an important area of study – as the authors state – preterm birth rates are high in low income settings, including Malawi. Preterm birth is associated with high rates of mortality, and preterm birth is now the second highest cause of under five deaths globally – and contributes to an increasing proportion of all under fives deaths, even in countries such as Malawi (where infection related deaths in older children are reducing). This has contributed to high levels of political interest and investment in improving outcomes for preterm babies. This has resulted in recommendations for extra care for small and preterm babies eg (http://www.reproductive-health-journal.com/supplements/10/S1 ) and (http://www.thelancet.com/series/everynewborn ).

The authors have undertaken a qualitative study to investigate perceptions of preterm birth in this setting, nested within an RCT of a nutritional intervention for pregnant women. The research question and what this adds to previous studies is clearly defined. In the main the methods are clearly explained and the results informative and interesting.

Major compulsory revisions

1. These two sentences appear to infer causation from the data. The study cannot prove causation and therefore it would be more prudent to use alternative language (such as: reported poor care practices were ‘associated with’…. Or where the correct care is known – but not practiced ‘reported barriers to providing care’) Abstract p2 line 31-32 and conclusion p18 line 348-349.

2. Discussion – the authors discuss limitations to the study, however only two are sited. It would be interesting to understand the authors impressions on other possible limitations eg how representative the population are, how the RCT (and multiple other studies in this geographical area) may have impacted on the responses etc…

3. Please could the authors clarify the number, selection and composition of the focus groups –I found the current text p6 lines 98-103 hard to follow. Where they single-sex groups? How many were planned for each sex group? How many where undertaken and the number of participants in each (this could be included in the supplementary table). Why did the authors choose parents with babies <1 year old (I presume from the description that these were any baby – not just preterm babies??) Please could the authors explain the rationale as to why they
would they be expected to know about preterm babies practices?

Minor essential revisions
1. Some sentences in the text require rephrasing to ensure that the intended meaning of the review is communicated to the author. These include:
   Abstract p2 line 15-16.
   Abstract p2 line 21-22 and 22-23
   Abstract p2 line 26-27 – please add word ‘reported’
2. Background p3 line 55 – suggest rephrase as postnatal care is a contact point with a health provider– and in itself not sufficient to ensure ENC (a care package that can be given at home or facility – by health professionals or carers) which should start at birth.
3. P6 line 104 - ? Interviews were carried out in one of the local languages based on the interviewees preference.
4. P12 line 210, 212 and multiple further places in the paper. The authors have used ‘until it reached 9 months’ – translated from the Chichewa, chiyao. However, it would be clearer to the reader when not giving direct quotes to state whether this refers to 9 months corrected gestational age (i.e. due date) or 9 months after birth (presumably the former)
5. P17 line 339-341
6. Reference 10 – is on stillbirths and is not a primary data source on timing of neonatal deaths.

Discretionary revisions
1. Whilst the methods are clearly explained and the results informative and interesting, the paper would be further improved for the readership –if these findings could be more clearly linked to research from other settings. One study in Bangladesh is cited –however (p16 line 319) I do not concur that from these two studies the statement ‘the universality of these findings across cultures’ can be made. Including further details on the relevance of these findings for the general.
2. Whilst in the main clearly written, in places the manuscript would benefit from running a careful spell check – including the supplementary tables
3. Abstract – please could the authors add the (n) for each group of mothers, TBA, healers in the method section p2 line 19.
4. Methods – is the study protocol published for the RCT? This would be important to reference if it is.
5. Conclusion – line 351-353. It is not clear how the authors understand the perceived causes to be related to the stated subject of the paper ‘care practices’. It may be helpful for the reader to state upfront at the start of the conclusion: ‘Participants had some knowledge of causes of and risk of death associated with preterm birth however….' And then report the conclusions regarding the care practices.
Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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