Reviewer's report

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

Version: 1
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Reviewer: Ashraful (Neeloy) Alam

Reviewer's report:

The authors have worked on an important public health issue in a country where preterm births are unacceptably high. The topic is highly relevant to a country like Malawi and societies with similar neonatal health problems. I enjoyed reading the manuscript. The findings have potential programmatic implications. However, the authors can consider my comments below to improve the manuscript including an improvement in methodological rigor of the paper.

Major Compulsory Revisions:

1. Sampling (starting from line 79). Very inadequate, incomplete and somewhat confusing description of sampling procedure. I suggest the author revise this section to clearly describe the sampling strategy. For example, they mentioned about both purposive and random sampling (lines 80-81). This confusion should be removed by explicitly mentioning about the sampling strategy applied to each group of participants for each method. ii) the involvement of local leaders in selecting the participants needs to be elaborated. The section ends as "We asked for grandmothers ..... the same households." Readers need to know what happened after that. iii) who are the local leaders the authors consulted to select the study participants?

2. Purposive sampling is widely used and very appropriate to vast majority of qualitative research. But in reporting of a qualitative research, researchers must provide elaborate description of the purpose, the process of the selection, and justify how the selection process has met the purpose. Revision of this section following the points I mentioned above might be useful for clarifying these issue in this manuscript.

3. Line 122-126. This text is essentially a part of the description of methods this should move to the Methods section.

4. Lines 279-282. The first 4 lines of the Discussion section is problematic. The study endeavours to explore perceptions, not assess knowledge of the community. So assessing knowledge in the discussion section is methodologically inappropriate to this study.

5. Line 234. Did I miss Table 4?

6. Lines 349-350. “.... insufficient support from male counterparts…” This conclusion is not supported by the findings the authors presented in Result section. Authors may consider either deleting this part from the conclusion or presenting data to support this inference. I suggest the later.
7. Conclusion in general. The conclusion the authors made is merely a very brief summary of the findings. The author might consider specifying some implications of the findings that could benefit others working in the relevant field.

Minor Essential Revisions:
1. Lines 114-120. My query to the authors is why they took the risk of potential loss of essence of data by translating the transcripts? My understanding is that some of the authors including the lead author speak the language of the participants.
2. Line 130. “maternal factor, maternal illness...”. These two categories overlap. How do the author distinguish them?
3. Line 134. “One male FGD participant noted ....... many agreed to.” What does the existing literature suggest about trend of early child bearing in Malawi? I would suggest the authors might like to address this finding in the discussion since an increase trend in early child rearing has potentials for an increased in pre-term birth and consequently neonatal care and survival.
4. Line 141-42. “......giving birth many times ......was dangerous.” Did the FGD participants define the danger? If they did not relate too many births to pre-term delivery, this finding seems not to be relevant to this section.
5. Line 148. Did the respondents use the term ‘anemia’? The term used by the respondents (ethno-terminology) is worth mentioning.
6. Line 162-62. “.......or was sexually active.” An explanation is needed to define what type of sexual activities the respondents referred to.
7. Lines 163-67. Did the respondents explain the mode of this contamination? A mention of this would fulfil readers’ quest.
8. Lines 177-182. “having a previous abortion” seems to be a maternal factors as the authors have categorised earlier. This factor should move to the appropriate category of perceived cause of preterm birth.
9. Line 198. The subheading “Self reported care practices.....” It implies that the practices being reported here are self-reported as the authors used interview and discussion methods for data collection. I would omit the words “self reported” from this subheading.
10. Lines 199-208. On this section overall. The authors reported the care practices in a generalised manner. My opinion is that the practices should be illustrated according to the types of respondent – i.e. mothers might report different care practices from those reported by the TBAs. Dividing the practices according to the types of the respondents would give the readers a clearer understanding of the experiences of the community regarding care of preterm newborn babies as the title of the paper suggests.
10. Lines 349. “… Lack of knowledge on recommended care …” Recommended by whom? Most probably the authors refer to biomedically recommended care practices. This should be indicated.

Discretionary Revisions
1. Please take care of typos, including the use of punctuations, by a thorough proofreading of the entire document including the tables.

**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.