Author's response to reviews

Title: Barriers and facilitators related to use of prenatal care by inner-city women: Perceptions of health care providers

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Author's response to reviews:

November 24, 2014
Dr. Heather Whitford
Section Editor
BMC Pregnancy and Childbirth

Dear Dr. Whitford:

On behalf of our research team, I am re-submitting our revised manuscript entitled, “Barriers and facilitators related to use of prenatal care by inner-city women: Perceptions of health care providers,” for consideration for publication in BMC Pregnancy and Childbirth journal. We would like to thank the reviewers for their comments and suggestions, and have indicated our point-by-point response below.

Editorial Comments: This is a well written and interesting paper on a subject of importance. The paper is very long and would benefit from being more succinct. Please reduce the number and length of the quotes. The reviewer's comments should be attended to, but discretion can be used. It would be appropriate to emphasize that the focus is from the perspective of providers rather than changing this aspect completely.

Our response: We have edited the paper to make it more succinct, and have reduced the number and length of the quotes throughout the paper. I have uploaded a copy of the manuscript with track changes (in addition to the final clean copy) so that you can easily see where the deletions were made.

In addition, we have emphasized that the focus is from the perspective of
providers in the first sentence of the Strengths and Limitations section (lines 653-654): “A major strength of this study is its focus on exploration of barriers and facilitators of PNC from the perspective of a diverse group of health care providers.”

Reviewer: Allan A. Johnson

Response: The minor essential revisions suggested by Dr. Johnson have all been incorporated.

Reviewer: Thankam Sunil

Comment: There are some overlapping of comments discussed in facilitators and suggestions for improvements in the results section. For example, on page #18, under multidisciplinary approach to PNC, discussed the importance of team approach in providing PNC, this is again repeated again in page #24-25 under suggestions to improve PNC.

Our response: We acknowledge that there is some overlap between the sections on facilitators and suggestions, as indicated by the following sentence in the section on Suggestions to Improve Prenatal Care: “Not surprisingly, many of the suggestions mirror the facilitators discussed above.” Because separate questions were asked of participants about facilitators and suggestions, we need to present the themes arising from the data in response to both of those questions. However, we have edited the sections to remove some overlapping of the content.

Comment: It is a bit confusing to see that barriers of pregnant women from the perspective of health care providers. I really do not see a relevance of these discussions, given the limited time these providers spent with individual patient. Further, as stated in the abstract, the purpose of the project is elicit provider level perspective on improving PNC in inner-city Winnipeg.

Our response: The purpose of the study, as clearly stated in the abstract, “was to elicit the experiential knowledge of PNC providers in inner-city Winnipeg, Canada regarding their perceptions of the barriers and facilitators to PNC for the clients they serve and their suggestions on how PNC services might be improved to reduce disparities in utilization.” We believe our presentation of results has been consistent with this purpose statement. However, based on your concern about presenting barriers from the perspective of health care providers, we have modified the presentation of the results on barriers to more clearly indicate that we are presenting the providers’ beliefs or thoughts about those barriers (throughout lines 261-297), for example: “Health care providers also commented that they believed PNC was not a priority for some women,” “A family physician expressed thoughts about why some multiparous women did not seek PNC,” “…was an additional factor that potentially contributed to inadequate use of PNC services,” and “Often these personal pressures were thought to be exacerbated…” In addition, many of the providers we interviewed had extensive experience providing prenatal care to inner-city women and were well aware of
the barriers women faced in accessing care. Although some comments were made about the short length of PNC visits for some women, not all of the providers who participated in the study were guilty of this “cattle in a stampede” approach to care, and in fact, many of our participants spent considerable time with their prenatal clients (e.g., midwives whose visits may take up to an hour; obstetricians who spend more than 5 minutes with their patients). We also cited other literature in which providers gave their perspective on barriers to care, so this type of approach has been used in other studies.

Comment: Another concern is the lack of linkage of study results to socio-ecological model of determinants of health services utilization. While authors have suggested that their study has followed this framework, no discussion of study results and connections to this framework in mentioned in the discussion.

Our response: We have made several revisions to strengthen the linkage of study results to the socio-ecological model in the Discussion section. In the third sentence of the Discussion section in our original submission, we had briefly related the results to Sword’s framework, but we clarified the sentence as follows (lines 556-558): “The broad scope of our findings reflects Sword’s [34] socio-ecological model for understanding the many types of factors that may influence whether or not low-income women use PNC services.” We added another statement about the model at the end of the following sentence under Barriers (lines 564-568): “Barriers identified in both studies included personal barriers (e.g., family problems, intimate partner violence, lack of awareness of where to go for PNC, denial of the need for PNC, transportation problems, child care problems) and health care provider or system issues (e.g., negative staff attitudes, inconvenient clinic hours, long wait for appointment), reflecting the two interacting systems in Sword’s [34] model.” We added the phrase “health services level” to the following sentence (lines 610-611): “The themes related to quality of care included information sharing, women-centeredness, respectful attitude, approachable interaction style and taking time [38], all of which were identified as health services level facilitators of PNC in our current study.” Lastly, we added the following sentence to the start of the Conclusion section (lines 664-665): “The broad scope of our findings reflects a socio-ecological approach to understanding the many determinants that influence whether or not inner-city women use PNC services.”

Comment: It would be more interesting to the reader, if the authors can provide an overall picture of utilization of PNC in Winnipeg relative to the national average.

Our response: Unfortunately, there are no data on utilization of PNC available at the national level in Canada, and therefore the number and timing of PNC visits are not included as an indicator in the Canadian Perinatal Health Reports published by the Public Health Agency of Canada. To the best of our knowledge, only Manitoba and British Columbia have published data on use of PNC in their respective provinces. However, the Canadian Maternity Experiences Survey (using a national sample of N=6,421 women) reported some findings on use of
PNC, and we have edited the following sentence in the Background section to put more emphasis on how Manitoba compared to the other provinces (lines 98-100): “The same survey determined that Manitoba had the highest proportion of women who reported not getting PNC as early as they wanted (18.6%) and a high proportion of women who initiated PNC after the first trimester (7.8%), compared to other provinces [25].”

We hope these revisions have addressed the concerns raised by the reviewers and the editor. Thank you for your consideration of this manuscript. We look forward to hearing from you.

Sincerely,

Maureen Heaman, RN, PhD