Author’s response to reviews

Title: A qualitative study on barriers in the prevention of anaemia during pregnancy in Public Health Centres: perceptions of Indonesian nurse-midwives.

Authors:

Widyawati - Widyawati - (a.widyawati@radboudumc.nl)
Suze - Jans - (suzejans@dds.nl)
Sutarti - Utomo - (herata09@yahoo.com)
Jeroen van Dillen - (jeroen.vandillen1@radboudumc.nl)
Toine Lagro Janssen - (toine.lagro@radboudumc.nl)

Version: 5 Date: 12 January 2015

Author’s response to reviews: see over
Dear Editor,

First of all we would like to say thank you to the editor and reviewers for the positive respond and comments on our manuscript. With this letter we would like to re-submit our manuscript revision entitled, “A qualitative study on barriers in the prevention of anaemia during pregnancy in Public Health Centres: perceptions of Indonesian nurse-midwives,” for the next process of publication in BMC Pregnancy & Childbirth.

Regarding to the reviewers comments on our manuscript, here is the compulsory revisions:

1. First reviewer: Dinesh Agarwal
   • Discretionary revisions on analytic framework for organising qualitative data
     Answer: we substitute the table 1 Interview guide to be table 2 data analytic framework. Table 2 is attached.

2. Second reviewer: Andrea Solnes Miltenburg
   • General comments:
     o Background:
       § should be more concise regarding the focus of the research and why this is relevant
       Answer: we have revised the background to be more concise (row 40-62, 81-89, 109-115)
       § it needs to be clear if it is about prevention of anaemia or management of anaemia once it is detected
       Answer: our manuscript focused on the prevention of anaemia, so that the title of the manuscript will be: “A qualitative study on barriers in the prevention of anaemia during pregnancy in Public Health Centres: Perceptions of Indonesian nurse-midwives”
       § Add some important literature on quality of ANC
       Answer: we have added some literature on quality of ANC (ref. no. 16 & 17)
Add information on how many pregnant women received antenatal care

**Answer:** we have added the percentages of pregnant women who received antenatal care (row 81-89)

- Discussion:
  - it would be valuable to relate this to literature on perceptions of other stakeholders on this problem
  
  **Answer:** we relate other literature which studied about women perceptions on substandard antenatal care (row 311-313)

- rephrase the argument toward a validation of a planned implementation of an intervention (The Pillars)

  **Answer:** we have rephrased the paragraph (row 380-384)

- **Major compulsory revisions:**
  1. Throughout the results and discussion it seems as if the focus was more on the role of the midwife during antenatal care with regards to prevention of anaemia.

     **Answer:** Yes, the manuscript was focused on the role of the midwife during antenatal care with regards to prevention of anaemia

  2. Add the “technical procedure” to which is referred in the text.

     **Answer:** we have added some explanation on “technical procedure” (row 51-62)

  3. Add data (if available) on the number of women who have received iron tablets in pregnancy and those with severe anaemia how many received the food supplements.

     **Answer:** We have added data on the number of women who received iron tablets, but we have not had any data of women who received food supplements (row 84-87)

  4. Discussion:

     1. Rephrase the main findings in the form that “according to the perceptions of health workers there are three factors which hinder adequate implementation/management of anaemia...etc.

     **Answer:** We have rephrased the paragraph (row 301-305)

- **Minor compulsory revisions:**
i. Row 66-73: According to the 2004 DHS of Indonesia one time ANC visit and 4 time ANC visits had respectively a coverage of 94.9% and 81.0% which is quite high. It is important to mention this in light of the comments in this paragraph and to set the context.

**Answer:** we have revised (row 81-87)

ii. Row 85: Leave out the word “simple”

**Answer:** we have revised (row 109)

iii. Table 1: it does not need to be in the manuscript, the content of the table is already mentioned in the text.

**Answer:** we have deleted table 1

- **Discretionary revisions:**
  i. Point after the reference

  **Answer:** we have revised

  ii. Row 66, 67, and 74: re-arrange the paragraph

  **Answer:** we have changed the paragraph (row 81-87)

Thank you for giving us a chance to publish our manuscript in your journal. We appreciate your time and we are looking forward to your response

Best regards,

Widyawati, BSN., MPH.
PhD candidate
Department of Primary and Community Care, Gender & Women’s Health, Radboud University Medical Centre Nijmegen, The Netherlands

School of Nursing, Faculty of Medicine, Universitas Gadjah Mada, Yogyakarta – Indonesia.

Email: A.Widyawati@radbourumc.nl, widyawati_ugm@yahoo.com

Attached: Table 2 Data analytic framework
<table>
<thead>
<tr>
<th>Theme Emerges</th>
<th>Topics</th>
<th>Classifications</th>
<th>Categories</th>
<th>Sub categories</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>The lack of competences and clinical skills</td>
<td>Antenatal care standard implementation</td>
<td>Barriers</td>
<td>Too many procedures that have to be accomplished</td>
<td>Passed the procedure</td>
<td>Difficult to manage the time to accomplished all procedures</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Easy to feel irritable or impatient when having a long queing of patients that have to treated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Too many patients to be handled</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Unclear procedures guideline</td>
<td>Not sure to implement the procedure guideline</td>
<td>Hb test is not always be done to every women</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Afraid of making a mistake</td>
<td>Unclear when Hb test should be taken</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facilitators</td>
<td>Preoccupied with administrative work</td>
<td>Writing some reports</td>
<td>A lot of papers works: writing many reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Experience in anaemia prevention</td>
<td>Knowledge and skills competences</td>
<td>Unconfident</td>
<td>Feel uncapable to deliver health information</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influence of cultural beliefs on family participation in antenatal care</td>
<td>Cultural competences</td>
<td>Difficult to manage</td>
<td>Food taboo for pregnant women</td>
<td>Meat, fish, or eggs is forbidden to be eaten</td>
<td>Doubtful with what has been done in order to detect an early signs of anaemia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 2. Data Analytic Framework**
<table>
<thead>
<tr>
<th>Insufficient facilities, resources and support of staff</th>
<th>Resources and facilities</th>
<th>Availability</th>
<th>Lack of learning resources</th>
<th>Learning resources is not available in PHC</th>
<th>Unavailable of booklets or other media as health information resources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Staff shortages</td>
<td>Limited staff and facilities in PHC</td>
<td>Laboratory test can be delayed when the laboratory staff is out of duty</td>
<td>PHC has one laboratory staff</td>
</tr>
</tbody>
</table>