Reviewer’s report

Title: Factors associated with intended use of a Maternity Waiting Home in Southern Ethiopia: a community-based cross-sectional study

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Reviewer: Kayli Wild

Reviewer's report:

Overall this is a well-written paper, with good level of detail in the methods. It is definitely worth publishing with some revisions. I have some questions around the fundamental premise behind the conclusions, which take it as a given that effort and resources should be put into increasing MWH use - the research then informing how this can be done. Our job as researchers, and certainly in academic journal articles, is to think critically about the implications of research and whether the policies and strategies that are proposed are backed by the data and are appropriate for the context. An important finding of this research is that MWHs are more likely to be used by women who are more wealthy, educated and live closer to the health facility. I believe the paper would benefit greatly from a more critical analysis of whether MWHs are appropriate for the target group and what this means for maternal health strategies more broadly. This should lead into more dialogue, particularly within Ethiopia, on whether the effort going into MWHs wouldn't be better spent improving quality of care, better transport and decentralisation of birthing services i.e. focussing on the things that are known to save lives and reach the most vulnerable.

Background

What is the MMR in Ethiopia? What is the rate of skilled attendance at birth?

In referencing the large observational study [10] it may be worth pointing out that MMR and stillbirth for MWH users were compared to those who went directly to hospital. As the authors of that paper point out, it is likely women go directly to hospital because they have already developed a problem so we should be careful about overstating claims of impact on MMR in the absence of an RCT.

The authors mention this research as guiding implementation, but then also include the aim of scaling up throughout the wider region. My questions is why the aim would be to scale up a program that isn't being used, or is not reaching the most vulnerable and remote women. This should lead us to question what policies would be more appropriate, rather than scaling up something that requires intense awareness raising and trying to overcome substantial practical barriers to use?
Methods

The methods have a good level of detail. I am not a statistician so cannot comment in detail on logistic regression. I have just have two questions:

- Likelihood of staying at a MWH was measured using a four-point scale (very likely to very unlikely), but given only 7% of respondents had heard about a MWH, do the researchers feel confident respondents were able to comment meaningfully on intended use? What things were put into place to enhance understanding of the concept?

- Please clarify the section on social and economic barriers where variables 'were included separately in a model against the same outcome of interest'.

Results

A very interesting result, which is worthy of publishing, is that potential MWH users were more likely to be literate, have higher decision-making power, higher education, wealthier, live closer to hospitals and in urban areas. This is an important finding because it illustrates that MWHs are more likely to cater to women who are already better off (and arguable are better able to access care). It is ironic that MWHs are least likely to be used by the poorest, most remote and disadvantaged women they are aiming to target. It would be beneficial for the authors to point this out and draw out in the discussion the potential problems of this approach. Rather than simply advocating for MWHs in the absence of evidence, it would be useful to discuss what other strategies might be promising to better meet the needs of vulnerable women.

Discussion

Regarding the most important barriers as being away from home and having to rely on others to take care of children, I can't help thinking that we need to take seriously the very real concerns of women being away from home for extended periods and leaving their children in a context where family violence is very high. In fact Ethiopia has one of the highest rates of violence against women ever recorded, with WHO data showing 71% of women having experienced physical and/or sexual violence in their lifetime and 54% in the past 12 months.

I agree with the point that 'if communities do not support the MWH concept, MWHs will continue to be underutilized', but what other strategies do communities suggest? What this research says to me is that it would be more productive not to start with a pre-determined idea of MWHs but to co-create solutions with communities.
Very good point that 'increasing MWH uptake cannot be done without addressing women's education and empowerment'. This is true for maternal health in general (and therefore would this make MWHs redundant?).

Regarding including MWH promotion in ANC, given the limited time in ANC consultations and the long list of other information and priorities for midwives/women, there should be more reflection on whether this is crucial time well-spent.

The last point about health centres not being able to provide EmOC and no ambulances available, in health systems where resources are very limited, would this indicate that investments in transport and EmOC may be wiser than more MWHs? As this idea proliferates, the real risk in Ethiopia is that MWHs divert attention and resources from actual life-saving support for women who need it most.

Conclusions

Rather than recommending that community programs need to put a lot of effort into creating awareness and support for MWHs, it would be great if programs could listen to the concerns and needs of the community and focus on what would work in overcoming barriers to lifesaving care. This research has gone some way in gaining community perceptions, and would be considerably strengthened by questioning the underlying assumption that MWHs are the answer and providing a deep critique which reflects their own data and highlights a way forward for thinking about more appropriate strategies for the most marginalised women.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No
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