Reviewer’s report

Title: Perceptions, careseeking, and experiences pertaining to non-cephalic births in rural Sarlahi District, Nepal: a qualitative study

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Reviewer: Nicola Hawley

Reviewer’s report:

This qualitative study described the experience of non-cephalic birth among rural women in Nepal, along with their health-seeking behaviors and beliefs about why the presentation of the infant was not standard. The study is well designed, has an adequate sample, and it was clear that the authors took great care to ensure that the data was collected with the utmost cultural sensitivity. While the findings were interesting, I struggled to understand why the authors did not spend more time understanding whether or not women received adequate prenatal care during pregnancy. It seems that, with only three women in the sample receiving an ultrasound prior to prenatal care, it would be unlikely that women would recognize the non-cephalic presentation of their infant and proactively seek care. The authors seem surprised that more women were not aware and I was somewhat confused by this. The authors recommendations may be different, if prenatal care in general is lacking.

I had several specific comments on the manuscript as detailed below:

Introduction:

In the introduction the authors state "It may be valuable to identify and refer in the antepartum period women at particularly high risk of complications. For instance, fetuses in non-cephalic presentation". This relies on women have access to some kind of prenatal care - what is the prenatal care situation in this area of Nepal? What kind of access did these women have to prenatal care services? This is important contextual information for this study.

"One barrier [to minimizing time between identification of a complication and care] is the woman and/or the household decision maker not identifying a risky health condition in a timely manner". I am still not sure, after reading this paper, whether the woman/household decision maker would be able to recognize a non-cephalic presentation in the prenatal period.

At the conclusion of the introduction the authors state that they "seek to identify the barriers to care-seeking among pregnant women giving non-cephalic birth". This does not match the description of the study aim in the abstract (which is broader) or the presentation of the results, which spend a lot of time focusing on the experience of birth.

Methods:
Additional information about the societal structure would be helpful - is this a matriarchal society? What makes someone the main decision maker in a household? How did the authors determine who was the main decision maker in a household? What were these decision makers responsible for specifically (i.e. were they financial decision makers, could they veto treatment, etc.)

The authors refer to "more extensive quality assurance activities" conducted for the earlier interviews - what were the approaches to quality assurance used?

How was saturation determined?

Why was the inclusion criteria set so that women had to have two or more children rather than just the one non-cephalic birth?

Who developed the coding scheme for the analysis? Who coded the interviews (how many coders?)? Was there a consensus process in place?

Was any feedback requested from the community on the findings?

Results:

General comments: The results section is very long, and does not seem to be focused on the specific aims of the study. Some of the results text could be shortened/focused and made more relevant to the research question. In addition, the results section in general relies too heavily on individual stories, rather than group consensus - it is hard to understand which experiences were common to the group. The results section is also very much lacking illustrative quotes from participants, which would strengthen this section.

What was the result of the qualitative coding? How many themes and sub-themes were identified?

In the first results paragraph the authors state that the subsequent interviews consisted of "six women, six mothers..." What is the distinction between women and mothers used here?

The results describe women never being able to identify the injections that they were given during labor, yet the authors discuss (in the results and discussion) the inappropriate use of uterotonic injections - is there enough evidence to suggest this is, in fact, what the women were receiving?

The last part of the results section, about family reactions to neonatal death seems somewhat irrelevant to the main research question.

Discussion:
Is there a need for additional prenatal care, or are these women already receiving adequate care? There seems to be an expectation that the non-cephalic presentation should have been detected during pregnancy, but is that the responsibility of the women themselves or prenatal care providers?

Are there options other than ultrasound for detection of non-cephalic presentation that might be more appropriate recommendations for this setting/more immediately actionable recommendations?

Only one participant in the study reported mistreatment at a facility, therefore emphasis on this in the discussion should be minimized.

See my comment about the uterotonic injections above.

**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.

Yes

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

No

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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Please indicate the quality of language in the manuscript:

Acceptable

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