Reviewer’s report

Title: Written narratives from immigrants following a prenatal diagnosis: qualitative exploratory study

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Reviewer: Jenny Hewison

Reviewer’s report:

This paper reports a small piece of qualitative research, competently conducted in a number of respects. There are however several problems with the work and the way it has been reported.

First, most of the findings are not at all novel. I accept there can be value in seeing if findings from minority populations are the same as those in the established literature, but it would have been remarkable indeed if the participants in this study had not experienced 'unexpected emotional shock', sadness, sorrow, sleep difficulties and similar reactions.

Second, the likely effect of the methods used on the composition of the sample and some of the views expressed is insufficiently discussed. The advantages of the chosen method are listed in some detail, but self-selection of more educated people, who are comfortable in describing their emotional experiences using the written word has almost certainly taken place, and the potential effect of this on the results needs to be acknowledged. A less educated sample might, for example, have had greater problems (or fewer, if their expectations were lower), and these kinds of biases need to be openly acknowledged.

The authors make some interesting points about translated medical information, both in terms of informing choice about the future of the pregnancy and what to expect from undergoing a termination. Presumably standardised information could be prepared for the latter in multiple languages, but probably not for the former because of the variation in diagnoses, but these more novel aspects of the work get lost in the rest of the findings.

On the subject of good information, I was disappointed to see that the Korenromp group's findings about the psychological aftermath of termination of pregnancy were selectively reported: the majority of women had no regrets about having a termination despite experiencing heartache and distress, but only the latter is mentioned here.

Finally, I would have appreciated a few more details of the antenatal care provided in Sweden, particularly in relation to the timing of the scan. In the UK, for example, most women have both a first and second trimester scan, which have different implications for subsequent management.

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

No
Does the work include the necessary controls?
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No

Are the conclusions drawn adequately supported by the data shown?
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No

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