Thank you for inviting me to review this interesting paper. It reports the findings of a study that aimed to evaluate changes in uptake of maternity care in a region of Malawi after the involvement of community health workers. The topic is of relevance and likely to be of interest to the journal readership. The paper is very well written with methods clearly explained. However, I feel that it is rather simplistic, not in relation to the methods, but rather in its description of the complex health care issues within Malawi and the introduction of what appears to be quite a complex healthcare intervention. Most of my comments focus on the introduction.

Abstract is clearly written and used appropriate headings.

Introduction
The introduction should set the context of maternity care in Malawi and the author's rationale for choosing this approach and specific intervention over the many other possible options (Line 3 (line 88) omits the date). I feel this paper is rather 'thin' in explaining the rationale for this particular intervention. Low utilisation of maternity care is stated as a reason for failing to reach the MDGs and that women have challenges in accessing maternal health services is highlighted. I think the paper would benefit for more explanation of the high rates of maternal mortality in Malawi and of women's lack of attendance for maternity care. What are the barriers? Is the key issue, distance, fear of travelling alone, fear of receiving disrespectful care, of being abused in the maternity waiting homes, difficulty in leaving other children. This information will be really important in helping the reader understand why this intervention was chosen.

I was unsure why the decision was made to implement this study (with this intervention and outcomes) given the negative findings of a previous RCT and the authors statement - With minimal evidence surrounding the impact of CHWs on improving perinatal outcomes in Malawi, it is crucial that more research regarding the impact of CHWs on the entirety of the perinatal care continuum, including the timing and frequency of ANC visits, intrapartum care, and PNC be conducted. More explanation of the rationale for this particular study, in this context is required, specifically why choose CHWs as the intervention, what were the CHWs actually doing, and
why was the outcome - attendance at maternity care chosen rather that improved perinatal outcome, given the authors statement about the type of research that is required. The entire study hinges on the premise that getting women to a maternity care facility will improve perinatal outcomes - given that perinatal outcomes are not assessed I feel a more nuanced argument and explanation is required in the introduction.

Intervention
It is interesting that the CHWs were allocated to households regardless of whether the households had patients registered for care and that these were workers previously focussed on HIV and tuberculosis, I was interested in whether women would have been concerned about stigma associated with receiving visits from the CHWs. I appreciate that this data was not collected but I think a little more description of the role of the CHWs and their relationships with their community would be useful. I note the sentence that says they were identified by the community based on pre-defined criteria. I think it would be very interesting to know more about this. - It would also be interesting to know if the CHW were actually providing care, I wondered if that was why postnatal visits were actually reduced? Regarding accompaniment, was the purpose of this transport, being a known escort or policing? This currently reads like the latter - ie women are identified and physically escorted to a health facility. This is reiterated in the discussion.

Data collection and methods are clearly explained.

Findings are clearly presented. The findings demonstrate that in sites where CHW were introduced more women accessed antenatal and intrapartum care and this is described as clinically significant. However, in the absence of any information about clinical outcomes I feel that the authors could be a little more tentative in making claims for the success of the intervention. The greatest effect was seen within the first few months of the intervention being introduced, did the uptake tail off significantly over time. While I agree that it is likely to be a good thing that women attend for antenatal and intrapartum care there are other issues involved in particular maternal and neonatal outcomes and the costs of the intervention. I appreciate that this study did not collect these outcomes however, given the claims for significant and important study outcomes I feel this should be acknowledged.

The discussion is well written and acknowledges some of the issues of context that I feel could have been described in the introduction.
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.

Yes

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.

I recommend additional statistical review

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