Reviewer’s report

Title: Effect of integrating maternal health services and family planning services on postpartum family planning behavior in Ethiopia: Results from a longitudinal survey

Version: 0 Date: 30 Aug 2019

Reviewer: Ann Biddlecom

Reviewer's report:

This is a useful and appropriately-designed study of the association of postpartum family planning counseling and services and Ethiopian women's uptake of modern contraceptive methods in the postpartum period. What follows are several recommendations for revision.

1. The nature of the panel data reduces bias from selective retrospective recall on receiving PPFP services and contraceptive use. That said, panel data cannot sufficiently address selective receipt of PPFP, even with control variables. This point should be noted as a limitation.

2. The study uses reports by women on receipt of PPFP and contraceptive use. What would be informative, even if for background and context, is the degree to which PPFP is provided at health facilities that provide ANC and postnatal services. Moreover, the Ethiopian context of service delivery with health extension workers merits further information regarding their role in providing this service (lines 342-343). For example, about half of HEWs’ time is spent outside of health posts, and a quarter of their time is on family planning and maternal, newborn and child health activities (Mangham-Jefferies et al., 2014; https://human-resources-health.biomedcentral.com/articles/10.1186/1478-4491-12-61).

3. Three recommendations for the authors to consider that affect the conclusions they draw from their analysis and inspired by key points raised by Cleland, Shah and Benova (2015 - "A Fresh Look at the Level of Unmet Need for Family Planning in the Postpartum Period, Its Causes And Program Implications.")

a. Many women use the return of their period as a signal that they are susceptible to pregnancy and motivation to use a method. This study shows that by month 6, nearly 4 in 5 women report that their period has not returned (levels echoed in the 2015 DHS). The return of menses also has one of the largest positive associations with the hazard of using a modern method (more than ANC and PNC counseling) (Table 3). This characteristic is more than a control variable - it is a major factor in explaining contraceptive method uptake and potential gaps in the content or approach of PPFP.

b. Panel data on discontinuation should be included. Adoption of a method during the postpartum period may not have much impact on postponement of the next pregnancy if there are high rates
of discontinuation. See the high levels of discontinuation in the postpartum period by Kopp et al. (2017) in Malawi (prospective cohort) as an example.

c. The way that antenatal care operates (and other studies that show how PPFP counseling during ANC strengthens the intention to use) could be raised more explicitly as a "priming" mechanism (lines 78-80, 291), and counseling and services closer to the point of use as having more direct impact.


5. Coverage of ANC and postnatal care provide an upper bound of PPFP coverage (lines 108, 169, 203). Also, please draw attention to when in ANC PPFP is supposed to be covered since the number of visits is not noted in this study and the large group of women covered by ANC likely span a diverse group - from those receiving just one visit (when PPFP not likely to be covered?) to those receiving 4+.

6. To what degree can the authors label PPFP as "integrated" with ANC and postnatal care if half of women who receive this type of care do not report receiving PPFP? (lines 249, 272)

Minor points:

7. Note date/time text in text (line 311).

8. Reference #8 is incomplete.

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?
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