Reviewer’s report

Title: A QUALITATIVE STUDY OF DEVELOPING BELIEFS ABOUT HEALTH, ILLNESS AND HEALTHCARE IN MIGRANT AFRICAN WOMEN WITH GESTATIONAL DIABETES LIVING IN SWEDEN

Version: 0 Date: 16 Nov 2017

Reviewer: Teresa Janevic

Reviewer’s report:

The manuscript "Gestational Diabetes: Prospective interview study of developing beliefs about health, illness and healthcare in migrant African women living in Sweden" is an important contribution to the growing body of literature on gestational diabetes among migrants. In many receiving countries, migrants have an increased risk of gestational diabetes, and there is a need to tailor antenatal and postnatal interventions to be implemented in migrant populations. Understanding the beliefs of migrant women with gestational diabetes is very informative and useful. Several minor changes may strengthen the manuscript, as outlined below.

1) Contribution of the Paper. Lines 24-34. The time period of the study is short, and any changes in beliefs are more likely to be due to illness and interaction with health care providers, as opposed to due to acculturation, as this statement suggests. It may be more related to the research question to say "during and after pregnancy" or similar, so as to not set up a research question the current study cannot answer.

2) Contribution of the Paper. Line 38-43. Please specify "among migrant women" in the first bullet point so that this section can stand alone, for those who only read the highlights.

3) Theoretical Framework. Lines 33-50. My understanding based on the text is that these investigations were conducted solely in South Africa. African culture is diverse, and it is not clear the extent to which this research may be relevant to the origin countries of the women in the current study. It doesn't seem to me that this paragraph contributes to the theoretical framework, at least in current form. I recommend removing it, or tying the literature cited more explicitly to the theoretical framework proposed.

4) Aim. Line 45-50. The authors state 'over time' and this is a bit misleading, as the time period is short.

5) Results. Line 48-58. If possible, it would be helpful to know if the women were obese or not, as this has implications for treatment and outcomes of GDM, and it would provide greater context for some of their later comments.

6) Data analysis. Line 24. Please state which software was used for qualitative analysis.
7) Beliefs about illness. Line 33. Please use an abbreviation other than 1,2,3 that is more description, so the reader does not have to go to the footnote. I found this distracting. For example: Antenatal, 3 months, 12 months.

8) Discussion Line 13. Here it states 14 months, whereas sometimes 12 months is used.

9) Discussion Line 13. For optimal impact, the first paragraph of the discussion should review the most important findings of the study. The comparison to previous literature and uniqueness can be stressed in the second paragraph.

**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.

Not relevant to this manuscript

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable

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