Author’s response to reviews

Title: Reasons for late presentation for antenatal care, healthcare providers’ perspective

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BHSR-D-19-01323R1
"Reasons for late presentation for antenatal care, healthcare providers’ perspective"

Technical Comments:
1. Rename "Conclusions and Recommendations" to "Conclusions"
   • Done – line 34

2. Add a "Declaration" Heading
   • Done – line 434

3. Please reorder the declarations so that they are in the following format:
   Ethics approval and consent to participate
   Consent for publication
   Availability of data and material
   Competing interests
   Funding
   Authors' contributions
   Acknowledgements
   • Done – lines 435-463

4. Please include a statement in the Authors' contributions section to the effect that all authors have read and approved the manuscript, and ensure that this is the case.
   • Done – lines 456-460
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"Reasons for late presentation for antenatal care, healthcare providers’ perspective"
Rosalind Haddrill, PhD (Reviewer 2)  
Reviewer Recommendation Term: Accept after minor essential revisions

Comments to Author:
Abstract - Conclusions: "a lot of decision making that is involved during pregnancy" is very wordy - perhaps "the complex decisions women make during pregnancy" would be more succinct?  
• We thank the reviewer for this comment. We have corrected accordingly – lines 34-35.
You are confusing affect and effect, but perhaps influence is clearer, e.g "To positively influence this decision making"

• We thank the reviewer for this comment. We have corrected accordingly – line 36.
What is the difference between a campaign and an awareness programme? Aren't they the same thing?
• We thank the reviewer for this comment, we have changed to awareness programmes and removed campaigns – line 37.

1.0 Background  
Line 48: ANC provides screening, preventative care and information, but also support to pregnant women? You don't mention this.  
• Thank you for pointing out this, we have added support to pregnant women – lines 47-48.

Line 77: there's a little confusion here between nulliparity and 'low' parity? What do you mean by low?  
• Thank you for pointing out this, we have corrected accordingly – line 66 and line 77.
Line 78: African context - South African? Is this a national or regional phenomenon?  
• Thank you for pointing out this. In this case it’s a national phenomenon – corrected to South African – line 78.

Line 101: "Aimed" - past tense?  
• Thank you for pointing out this, we have corrected accordingly – line 101.

3.0 Results - Line 166: In Figure 1 you mention 'language barriers' being an important part of healthcare providers' experience with late presentation for ANC, but you don't elaborate on this or provide any quotation to reflect this, e.g. between 3.3.1 and 3.3.2.

• We removed language barrier from Figure 1 because language barrier is not as a result of late presentation but it’s a general barrier that affect even the early presenters.
I would be wary of using a very negative phrase like 'regarded as lies' - 'disbelief and dismissal of expressed reasons' is enough.

• Thank you, this has been corrected – Figure 1.
You mention frustration in figure 1 but not about staff being abusive/forceful towards the women.

• We have corrected accordingly – Figure 1.
Line 243-244: this seems to be more discussion/interpretation rather than presentation of findings.

• We have corrected this by removing the sentence “Healthcare workers seem unable to address factors that increase long queues at PHCs and despair that the practice of turning patients away is likely to continue.” that should fall under discussion. – line 243.
3.4.2: lines 326-331 - you've used the same quote here as before (247-251). You need to divide the quote in two or find a different quote to illustrate your point.
• We thank the reviewer for this comment, we divided the quote into two – lines 245-247 and 321-323.
3.4.3, line 347: in figure 1 you mention compassion but in the text talk about empathy - it would be clearer if the diagram and text matched in terms of language used.

• Thank you for pointing out this, we have changed compassion to empathy on Figure 1.
Line 360: You do mention language barriers here and provide a quote - should this be in the previous section?

• We removed language barriers from section 3.3 as explained previously (Figure 1), this section talks about healthcare providers’ efforts to overcome language barriers.

4.0 Discussion - Line 391-401: Again, you have used the words 'presumed knowledge and experience' when talking about multigravid women. "It is clear to healthcare providers that women act out of lack of knowledge" fails to acknowledge that there are many reasons why women with previous pregnancy experience don't attend for care, which have nothing to do with apparent low/lack of knowledge and ignorance. Perhaps this is a cultural difference, but to a European reader this paragraph seems quite seems condescending and paternalistic, and also seems to justify verbally abusive behaviour by staff - this seems a result of a poor opinion of the women rather than any practical difficulties in the clinic. This needs a much more nuanced view, as mentioned previously, for example exploring African women's perceptions of pregnancy and antenatal care, which may differ so much from western views of care. Especially given that you also acknowledge later (line 409) that providers' attitudes and sensitivity are so influential, and have mentioned cultural and other considerations in section 3.2.

• We thank the reviewer for pointing this out. We have corrected accordingly – line 383-391.

4.1 Limitations: Whilst what you say about seeking women's views is true, and would complement your findings, I don't think you can argue that not having their views is a limitation - you didn't set out to do this. Rather, your sample may not reflect the views of nurses and midwives more broadly in South Africa, but rather local opinions. I think you should acknowledge that qualitative research never sets out to ensure generalisability, but rather to seek rich, detailed and often original views on a particular subject.

• We have corrected accordingly – line 412-415.

5.0 Conclusion: see first comments above about same phrase "a lot of decision making..." and use of 'effect' when you mean 'affect' or 'influence'. It's not completely clear what a "more determinant specific information campaign" might look like. Again, there's a focus on women's lack of knowledge and how to address this. The last two sentences seem a little repetitive.

• We thank the reviewer for this comment, we have corrected accordingly – line 417-423 and the repeated sentence has been deleted.