Reviewer’s report

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

Version: 0 Date: 11 Aug 2019

Reviewer: Rosalind Haddrill

Reviewer's report:

Thank you for asking me to review this paper. I have a number of concerns relating to the paper, particularly in relation to the discussion and conclusions formed but also some relating to the general writing, the methods and the results presented.

Background

- Be careful about the use of emotive phrasing such as 'rampant' (p2, line 23), and 'even…' (line 28, 33)

- There are some inconsistencies with referencing, for example use of 'et al' in places, not in others. Also starting a sentence with a reference in parentheses is poor writing - e.g. line 59 should read "Ebonwu et al (2018) found that…"

- Line 36: I assume this should say 'reduce' the risk of adverse obstetric outcomes rather than 'prevent', as even regular ANC attendance cannot prevent poor outcomes?

- Line 43: what is MOU? You explain later but not here, the first time you use the abbreviation. Be careful about this. There are other examples of this throughout the work, e.g. PHC (line 56), ART (p3, line 57), PCR (page 10).

- You present some slightly conflicting evidence without any discussion, for example around low parity being associated with early attendance but first pregnancy with late attendance. Also mention about jealousy and bewitchment without any explanation at all, which was odd.

- You talk about 'the recommended 20 weeks gestation" (p3 line 41) - whose recommendation is this? You don't say.

- I think the aim of your study could have been more explicit at the end of this section, rather than the content of the paper.

Methods:

- You mention about the participants were all nurses, but from a Midwife Obstetric Unit - later you tell us some of the participants were midwives, which is confusing.

- Data collection: where is your topic guide/list of questions and how did you decide what to ask the participants?
- Data analysis: I think you need more information about your pre-assigned codes and pre-conceptual framework - why did you use this method and how did you derive the codes?

- Why does 'patient-reasons' have a hyphen?

Results:

- You seem to write in different tenses in this section, some in the present, some in the past, sometimes in the same sentence (e.g. page 11, lines 12-15).

- Page 6, line 54 - why 'indisputably'?

- You mention that staff recognised the patient provider relationship was important and that women believe that 'the nurses have got attitude' but 'were unable to determine how they could go about doing this' - did you ask them? This seems a huge point but is hardly mentioned at all. Should this be a theme in itself? Also 3.2.5 "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" - where are the quotations to support this statement? You don't present them.

- 3.2.3 you say that women had a poor understanding of ANC but "Women seem to also ignore the optimal time to start ANC" which suggests a deliberate rejection rather than a not knowing - be careful with your use of language.

- 3.2.6: you talk about professionals' 'dismay' and 'disbelief' but again these are not reflected in the quotations.

- 3.4.2: it wasn't clear what the PCR was and why this related to women attending or not attending for ANC.

Discussion:

- This section seems quite limited and you seem to provide very little explanation for why the staff feel the way they do and what specifically should be done about this to improve early attendance for ANC. This needs to be stronger to demonstrate your study has value.

- Page 12, line 19 and 31: I would be very careful about the use of such negative and disparaging words 'ignorance' and 'ignore', also lines 26-27: 'presumed knowledge and experience about pregnancy' seems to suggest that staff don't believe women do have this knowledge and experience, even if they have had several healthy babies before. This language seems to epitomise the negative views of women reflected, as you say, in forceful behaviour, shouting, etc. by healthcare professionals. Why professionals feel like this isn't really explored at all in your paper. Was there a difference between nurses, midwives and doctors in these views? You don't say.

- Again, you talk about how staff "are aware of these factors, they seem unable to effectively respond to them" and see them as inevitable, but you've not really presented any evidence about this - I think this needs to be clearer. What did you actually ask them about this? What did they say? You talk about a need for sensitivity, empathy and positive attitudes towards women but this isn't really evident in your
results, and you haven't really explored why this is the case. What are the 'quality improvement processes' you mention? You could have really developed the final sentence "There is a need for structured approaches..." too, as this is a very broad statement which requires more detailed exploration and some much clearer ideas about how things can improve.

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?
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.

No

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

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