Reviewer’s report

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

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Reviewer: Rosalind Haddrill

Reviewer's report:

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?

You are confusing affect and effect, but perhaps influence is clearer, e.g. "To positively influence this decision making"

What is the difference between a campaign and an awareness programme? Aren't they the same thing?

1.0 Background
Line 48: ANC provides screening, preventative care and information, but also support to pregnant women? You don't mention this.
Line 77: there's a little confusion here between nulliparity and 'low' parity? What do you mean by low?
Line 78: African context - South African? Is this a national or regional phenomenon?
Line 101: "Aimed" - past tense?

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.
I would be wary of using a very negative phrase like 'regarded as lies' - 'disbelief and dismissal of expressed reasons' is enough.
You mention frustration in figure 1 but not about staff being abusive/forceful towards the women.
Line 243-244: this seems to be more discussion/interpretation rather than presentation of findings.
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.
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.
Line 360: You do mention language barriers here and provide a quote - should this be in the previous section?

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.

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.

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.

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If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
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