Reviewer's report

Title: Assessment of quality of Antenatal care services in Nigeria: Evidence from a population-based Survey

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Reviewer: Nomita Chandhiok

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Assessment of quality of Antenatal care services in Nigeria between 2007 and 2012: Evidence from a population based survey

Comments

The paper addresses quality of antenatal care services in a resource constrained country- Nigeria. Besides increase in coverage of ANC services, improvements in quality of care will have the greatest impact on women accessing these services. This paper is therefore important. Moreover, it provides country wide estimates by analysing data obtained from a population based survey.

Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

However, the paper requires extensive modification and editing before it can be accepted for publication. My comments are as follows:

1. English is perhaps not the native language of the authors. The sentences are complex, framed wrongly and with grammatical errors. Sentences should be broken down into simple sentences that clearly convey the meaning. Words have been used wrongly. The English needs to be improved. It is suggested that they take the help of someone who is proficient in the English language or have the paper edited professionally

2. Abstract: since the supply side deficiencies were not analysed in this paper, it would not be appropriate to conclude that “ensure that vaccines, consumables and logistics are provided”

3. Introduction:
   a. 1st sentence 2nd para- “use of ANC is very key to reduction of the ever high maternal mortality ratio in Nigeria”. MMR is impacted by many causes including obstetric, social, cultural and economic and therefore stating that utilization of ANC would lead to reduction in MMR is a sweeping statement.
   b. The introduction is long with repetitive sentences
   c. For the understanding of the reader, some background information pertaining to ANC services in Nigeria should be provided e.g whether free/paid. Since when has the ‘focussed ANC package’ been introduced in the program. Is it implemented all over the country. Did health providers receive any training when
it was introduced? A reference may be provided about ‘10 Nationally recommended components of ANC’- training guidelines or manuals
d. The need for the study and why it was done does not come out in the introduction. What would the study results contribute to and how would the study results be used
e. There is nothing like a Tetanus injection. It is a Tetanus Toxoid injection

4. Methods:
a. By skilled worker do you mean a skilled birth attendant? Besides ‘doctors, nurse/midwife, ANM’ who are the other health workers authorised to provide ANC
b. How did you analyse skill of the institution in providing ANC through a survey instrument
c. The paper considers good quality ANC when there is receipt of all the 10 components of ANC. However, in program conditions this is desirable but may not be universally achievable. The analysis could be split into ‘desirable’ QoC which includes all 10 components and ‘minimum acceptable’ QoC which could include 7-8 critical components.

5. Results:
a. Only women who had received 1 ANC were included in the study. Of the total sample, 1% did not receive any of the 10 ANC components. The data of this subset should be carefully analysed to understand what they were offered during this ANC visit
b. A very high proportion of women received Iron supplementation (90.8%). Was there a minimum cut off of number of Iron tablets given to woman. E.g in many countries 100 tablets of Iron supplementation during pregnancy is considered the quality of care.

Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.