Reviewer’s report

Title: What makes pregnant workers sick: why, when, where and how? An exploratory study in the ready-made garment industry in Bangladesh

Version: 0 Date: 01 Aug 2017

Reviewer: Charlotte Warren

Reviewer’s report:

Thank you for this opportunity to review this paper on garment workers experiences during pregnancy in Bangladesh. Overall an important issue. please find my comments below:

Abstract:

The conclusion is weak - it does not follow on from the results. Please rephrase. It appears that laws are there around maternity benefit but the factories are only looking for profit and don't care - so how are they held accountable? It is not just the government and NGOs who need to help make gender sensitive polices... it is a societal thing too. Perhaps these women's husbands should also support them in the household duties!

Plain summary

The current estimate of women dying during pregnancy /childbirth is nearer 350,000 not half million, please check - see you introduction.

I would add in how many women die in Bangladesh every year through pregnancy related complications.

. I like the way you use a quote in the introduction - however if it was shorter might make it have more impact.

line 95 - please use more up to date maternal mortality ratio numbers 2008 is almost 10 years ago. would be good to have the Bangladesh MMR and also the proportion of women who died from hypertensive disorders of pregnancy (20%) PPH (31%) [Bangladesh Maternal mortality and Health Care Survey]

Lines 115 sentence "this paper focuses on ..." should be swapped with the next sentence "The aim of this paper.." implying broad perspective of MH in the garment industry - followed by specific MH condition - hypertensive disorders of pregnancy.
I am intrigued as to whether any other complications were mentioned by pregnant women? Did these women ever attend for routine ANC? it is not clear. interesting that the factories have a clinic???

Please use 'hypertensive disorders in pregnancy' throughout rather than 'pregnancy induced hypertension' which is less commonly used these days. Also you do not know whether the pregnancy 'induced' it or whether the pregnancy exacerbated previously mild hypertension.

The two case histories are a powerful way to get a story across.

Discussion captures the different responses and challenges these women face. - but I would like to know a bit more about the available health care - perhaps this should be discussed earlier.

The final paragraph -334 -337 is weak especially the last sentence - please revise.

Research implications and conclusion

This is also a bit weak and too long. Some of it could be in the discussion. I agree there something needs to be done - but a blanket list of everyone who might be involved and a catchall list of what needs to be done is not useful. I would expect the conclusion to summarize the key emerging point.

Make recommendations - suggestions - yes more research to tease out the issues. You interviewed very few pregnant women.

One of the recommendations I would make is for the factory clinic to provide ANC, and to update the doctors working there to provide ANC- obviously haven't got a clue how to manage the HPD. it is not clear if the women received any treatment for the high BP and there is no reason to restrict any food (salt or beef).... that might be doable. - i am not expecting you to write this in detail but could be an option too.

please put the limitations as a paragraph toward the end of the discussion and a bit more detail.

The references are very old.... there must be some more recent papers on this issue - please check. Although not maternity there has been quite a bit of work done in garment factories on access to FP - in Bangladesh and Cambodia.

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