**Reviewer’s report**

**Title:** Obstetric care navigation: a new approach to promote respectful maternity care and overcome barriers to safe motherhood

**Version:** 0  **Date:** 11 Oct 2017

**Reviewer:** Kelsey Holt

**Reviewer's report:**
Thank you for the opportunity to review this commentary. The piece is well-written and presents important information about a promising new approach to supporting referral-making among traditional midwives and increasing receipt of high quality hospital-based obstetric emergency care in rural Guatemala.

**Framing**

1. There is a strong, growing voice in maternal health making clear the fact that promotion of facility-based birth without ensuring good quality of care is futile or even harmful in some cases where the facility-based care is very bad. This conversation overlaps with but is broader than the movement towards addressing D&A. The authors' work is framed as helping to facilitate facility births, which is fine, but it's also geared at improving quality, which is worth engaging with more explicitly. It may seem obvious, but it seems important to frame the work clearly within the realm of the move towards a focus on quality in maternal healthcare (with addressing D&A being a part of quality improvement).

2. The piece is framed in the title and introduction primarily as an intervention to reduce D&A, however in reality the program is a lot more than that (addresses financial and transport barriers too, for example, and has a hypothesized impact on provider burnout/job satisfaction); further, primary goal of the program is (I think) to increase referrals and receipt of hospital-based care for obstetric emergencies. The piece (including perhaps even the title?) could use minor reframing to make this broader focus on improvement of multiple aspects of patient/provider experience, and the primary goal of facilitating referrals for emergency obstetric care, clear from the beginning.

3. While the potential contribution of obstetric care navigation to reduction in maternal mortality is certainly of utmost importance, I urge the authors to also frame the importance of their work in terms of human rights as respectful care is important in and of itself.
Introduction

4. Lines 72-73: in my opinion, the authors can use stronger language than "emerging evidence" to make the point that there is an impact of dissatisfaction with care on care seeking behavior (they are bolstered by a review of many studies, which to me is more than emerging evidence)

Program description

* Justification of the decision to incentivize care navigators by tying payment to number of referrals is justified as readers may have concerns with the potential (unintended) negative impacts of pay for performance

* The claim that the approach "empowers communities to generate their own solutions to disrespectful obstetric care" is unclear - in what way were community members involved in designing the care navigation program? If this is going to remain in the abstract and body of the commentary, clarification of this statement and how the community was involved in designing the program is needed.

Figures

5. Figure 1 - perhaps improving intention to return to hospital for future births is another intended outcome of the project?

6. Figure 2 is unclear and needs work- the title conveys that it is displaying provider and patient perspectives, but it was difficult for me to discern how the figure does this. What does "provider rationalization" mean? This figure needs to be redesigned to make the point more clearly, perhaps in table format? The arrows and columns as it is are confusing.

7. The types of abuse in Figure 2 should ideally match published typologies of D&A in maternity care and this should be explicitly stated (in text or figure footnote); if none of existing typologies suit the needs for this Figure, it should alternatively be made clear how the types of abuse were identified for this purpose

Thanks again for the opportunity to review this exciting submission!

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Quality of written English
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