Reviewer’s report

Title: It does matter where you come from: mothers' experiences of childbirth in midwife obstetric units, Tshwane, South Africa

Version: 0 Date: 02 Oct 2017

Reviewer: Loveday Penn-Kekana

Reviewer's report:

I found this article an interesting and important read. I really liked the approach of thinking about the how socio economic background of women shapes how they report levels of respectful care.

I am interested to hear in the future about the intervention that is being carried out - and how these interventions have worked in improving services - and particularly services for the vulnerable groups identified.

I do have suggestions that I think would improve the article.

General points

1. I am not sure what the authors mean by "a CANOVA". I have never heard analysis of variance referred to in this way. I wondered if they the authors meant to write ANOVA or ANCOVA? I am not a quantative researcher - and maybe this is a term I don't know - but if I don't know I think you should assume that a lot of the audience of Reproductive Health won't know and it should be explained.

2. It is a challenge for all of us working in this field that a range of overlapping terms are used. In this article phrases such as "cultural empathy", "respectful professional care", "respectful and dignified care", the role of midwives to "integrate women's health and wellbeing with clinical knowledge, skill and empathy", "compassionate maternity care", "quality of maternity care", "respectful birthing care", "humane care", "holistic care", "cognitive care". At other times the language of patient satisfaction is used. It is a bit confusing at times to work out which concept or range of behaviors are being referred to at different times in the article. I think I would try to keep to the categories suggested in the WHO quality of care framework - acknowledging that the concepts are somewhat overlapping. I would then provide a definition of respectful / or disrespectful care - acknowledging the challenges with these definitions. So using either Bohren or Freedman. I would then maybe acknowledge that different language is often used in the nursing/midwifery literature - and also reference patient satisfaction literature. I would then stick to the respectful care definition/language. Or maybe do it another way - maybe you want to use the patient satisfaction literature and a
concept from that literature. But I do think the article will be strengthened by sticking to one conceptual model or approach. The authors need to be clear if this study/this article about patient satisfaction or assessment women's experience of respectful care.

3. There are also a range of terms used to describe the time period which you are focusing on. So childbirth, confinement, birthing care etc. I would suggest picking one term and use it consistently. Health workers are also referred to by a range of terms.

4. Generally I felt that paragraphs were often too long and tried to make too many points in one paragraph.

Background

In the 2nd paragraph of the background the authors seem to suggest that expectations and needs are the same. I am not sure I agree with that argument. What about cases where women have low expectations - are their needs met then? I do think its good to acknowledge patient choice but I think i would try and be a bit clearer in this section.

At the beginning of page 6 there is suddenly a sentence on migrants - and then seems to go back to issues around where patients seek care. There seem to be too many points being made in one paragraph. I would suggest that authors identify a few key arguments/points for the background, and give each argument a separate paragraph.

I know the context - and know importance of getting women to deliver in MOU's in this particular context. But I would suggest that in an article for an international audience this is not such an important concern. The term MOU's isn't used everywhere. The health system context and the services provided at different health care levels varies. In many contexts women skip PHC it is because there are no staff and no drugs. I think that I would make a more generic comment about women delivering in facilities and which facilities they chose to deliver is influenced by women and their families experience. And that it is a waste of resources of low risk women deliver in settings designed for high risk women. The issue of MOU's etc is maybe dealt with better in the research context section - and not here.

In the second paragraph on Page 6 the authors suggest that there is insufficient work on women's expectations of care in MOU's. This may well be true. But I do think that you should acknowledge Jewkes work on MOU's in Cape Town in this section. It is included in your references.
Research Settings

In the research setting section you state that the district is one of the least deprived in the country. I wondered if it was worth noting that as South Africa is a very unequal country and I wondered if there was information about levels of inequality in the district. It might also be worth mentioning the distances between MOU's and hospitals and the availability of ambulances.

It might be worth defining what is meant by an advanced midwife in the South African context. (P7, line 40)

I am not sure what the argument you are trying to make in the bottom paragraph on Page 7. I think in this section where you are providing a background to the research setting I would just describe the the MomConnect results - which are interesting. I would end the paragraph with the word "distress" at the end of line 55. This section is not the place to bring in new literature. That should be in the background section.

Methods

In the methods section I wondered if it would be useful to comment on whether language issues were a challenge in the fieldwork. Especially considering the results. I would also like to have know a bit more about who the research assistants were and where interviews were carried out. Do you think there was a risk that women thought that the researchers were health providers and would feedback what was said to health providers in the facility. What was done to reassure women on this issue? Where women interviewed out of hearing/sight of health workers? Were they interviewed out of others earshot or in a waiting room? Would also be good to have the refusal rate reported.

Analysis Section

12. I am not a quantitative researcher so would not feel confident to comment on the analysis section related to the quantitative results. It would be good to hear what analysis was done on the open ended questions.

Results

A very minor point is that I am not sure I would classify Afrikaans as a western language. I would just English and Afrikaans together.
I wondered why you did not collect data on women's race. Jewke's work on MOU's in Cape Town found that race was a key dynamic in terms of explaining disrespect and abuse.

I wanted to have clarity on what is meant by health workers greeting women by their name on arrival at the clinic. This seems to imply that health workers should know the name of women due to continuity of care? Is this once the health worker has looked at her record?

I think it would be good to always comment on the fact that the results are women's reports of what happened. So for example on page 14 line 7 it is state that "the following groups of mothers appear to have had..." - I think it might be more correct to state that the following groups of women reporting that ...

On page thirteen you summarize the key results from Table 3 and 4 in bullet points. I would suggest writing it out in paragraphs.

In terms of birth companions were women asked if the wanted their partners with? And then a family member with? Or was it one question? I was surprised how many women said that it was against their culture to have a family member with them. And is different from results from other studies in South Africa and the region.

The open ended section of the results is very short and only contains negative comments. Did no women give positive responses in this section? What percentage of the women gave any open ended questions? Where the comments that were picked typical of most responses?

In the last paragraph of the open ended questions you mention that some women used the opportunity to describe their observations of the health system and complain about the physical conditions in the MOU's, the dirty toilets, linen, lack of privacy etc. This is written in a way to suggest that these issues are something different from respectful care/or issues that would affect patient satisfaction. Whereas in almost all the models of respectful care - and all the literature on patient satisfaction - these issues are central issues. It is not respectful care if women give birth on filthy sheets, have to use filthy toilets and have no privacy.

Discussion

In the discussion I would suggest that the authors pick a few key issues - and then deal with each idea in one paragraph.

I think it would be interesting to compare the quant and open ended results. And a bit on methodological challenges of measuring these kinds of issues.

I thought it would be interesting to be a bit reflective on what could explain different results a bit more. To reflect on why actually the majority of women reported they were satisfied. There were problems - but actually their were positives too.
The authors should be careful to not bring in new information. For example I am not sure where the information on pain relief is in the results section but it is mentioned in the discussion.

Limitations

They limitations of the study were generally well reported. I wondered if you had any concerns around language?

Conclusion

It is clear that the authors know a huge amount more about the district and the challenges in the facilities than has been presenting in the results section. New information keeps creeping in and as a reader you are not sure where it comes from.

I would stick to something very simple conclusion based on your key findings which are that "it does matter where you come from". It is necessary to think more about why this happens and that any interventions aimed at improving respectful care should take this into consideration.

Could the authors clarify what is meant by "cognitive care"?

Level of interest

Please indicate how interesting you found the manuscript:

An article of importance in its field

Quality of written English

Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

Declaration of competing interests

Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?
4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

I declare that I have no competing interests.

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal.