Reviewer’s report

Title: What makes or mars the facility-based childbirth experience: Thematic analysis of women’s childbirth experiences in western Kenya

Version: 0 Date: 28 Nov 2017

Reviewer: Blair Berger

Reviewer's report:

Reviewer Comments:

I extend my thanks to the authors and the editors at Reproductive Health for the opportunity to review this manuscript. The paper reads well overall, and covers an important topic in the literature. Please see below for specific comments, arranged by section of the paper.

Abstract

Background

1. Recommend changing "through their eyes" to "from their perspective.

2. "Positive and negative facility-based childbirth" reads a little clunky here. Can rephrase to something like "explore women's experiences to identify positive and negative aspects of care…"

Results

1. Recommend replacing "good" and "bad" with "positive" and "negative"

Plain English Summary

1. See comments in Abstract about changing "through their eyes" and "good/bad" to "positive/negative"

2. Omit term "simple" in "Our analysis shows that simple things…"; I have a similar comment when this comes up in your Discussion section
3. When describing negative experiences, recommend only listing examples of behaviors or experiences that are not just the negative corollaries of the positive list in the subsequent sentence. There are a few that just state the reverse, and currently reads a bit redundant.

4. The last line of the summary uses the abbreviation "SSA," which so far has not been specified. Please add this abbreviation in parentheses in the first line after the first time you use the phrase "Sub-Saharan Africa."

Background

1. p.4, Line 2: It would be useful to quickly quantify "high" mortality here; you do so in the Abstract, but not in the Background

2. p.4, Line 14: Omit "related constructs" from the list, reads as vague; the list reads well without it and does not need to be an exhaustive list.

3. p.4, Line 14-15: "Poor PCMC affects…" I think the body of evidence on the impact of poor PCMC and mistreatment on both care-seeking and health outcomes is growing and certainly shows associations in current quantitative literature, as well as influence in qualitative work, but the phrasing of this sentence is stronger/causal than the current evidence suggests currently, particularly since only one citation following this sentence. You can qualify this line simply with "can affect health outcomes and deter…", or remove the sentence, as in many ways it restates the subsequent sentence, which is much more specific.

4. p.4, line 18: Citation needed after first sentence

5. p.4, line 20: A very minor comment, but change ";" after "health facility" to "," to keep the list punctuation uniform. This occurs a handful of other times throughout the paper, as well as some other punctuation issues. Paper could use another proofread in general.

6. p.5, line 28: See comment again about "from their perspectives" vs. "through their eyes"

Methods

Data Collection

1. p.6, line 44: Why is 9 weeks postpartum chosen as an inclusion criterion? A very brief rationale would be useful here.

2. p.6, line 48: Was the informed consent written or oral?
3. p. 6, line 50: "Two trained female research assistants..." Any other brief reflexive comments you can provide on who conducted the focus groups? Were the RA's Kenyan? Other? Were the RA's health providers like nurses or midwives that were trained for the study? Or were they strictly research staff? If they were the latter, that might impact the responses elicited on the groups in this particular topic area.

4. p.6, line 54: Any other information on where the groups were conducted and how those spaces were chosen? This could be particularly salient for FGDs held in the facilities, as well as in both types of settings for women that must travel long distances— which you delve into at length in your Results.

4. p.6, line 54: How many FGDs were conducted in the facilities? Were they the same facilities as where some of the women delivered? Acknowledgement of how reporting on PCMC in those two very different settings (facilities vs communities) might skew responses is warranted.

5. p.6, line 56: Any other information you can provide on ethical clearance? A bit vague here as written. "Ethical review units" is a little clunky; state that ethics review boards approved, and provide names of those institutions/boards

6. p.6, line 56: Who performed the translation of the transcripts? Study staff? External?

Data Analysis

1. p. 6, line 65: Provide citation for WHO QoC framework

2. p. 6, line 68: Managed and analyzed data using Atlas.ti, presumably?

Results

Responsiveness

1. p.7, line 81-82: Confusing as written. The supporting quote helps clarify what some of these "other system failures" might be, but a brief expansion of this sentence a little in your text to include some examples would be helpful instead of leaving this vague phrase to have the reader guess until the end of the quote for an example.

2. p. 7, line 92-93: "Watchmen were…responsive." Line is a little laborious to read as written. Text could be rearranged to tighten the sentence up and get same idea across, e.g., something like: "The extent to which watchmen were responsive was pivotal in women's stories about both positive and negative care experiences."
3. p.7, line 94: What are you referring to when you write "entire system"?

4. p.9: These are really illustrative quotes of an alarming scenario of being turned away from care- is there any other data you can provide in your text other than the brief list in lines 121-122 about why women might be turned away? You spend a lot of room on this, yet a more comprehensive view of the dynamics behind this are missing, leaving the reader with the sense that it is either an infrastructure issue or "no apparent reason"—this feels reductive.

Supportive Care

1. p. 10, line 149-151: "They were appreciative…etc." The beginning of this sentence on line 149 reads a little too editorial ("what one ought to expect"), and could be rephrased to convey that women appreciated when more technical aspects of QoC were met, if that is what you are trying to convey. "They" is referring to women's expectations?

2. p.11, line 193: How common was denial of a support person in these facilities? Any other details on labor companions that came out of these FGDs? I was surprised to see this section so brief.

3. p.193, line 193: Start a new paragraph at "Being discharged…" as you change topics to early discharge.

Health facility environment and supplies

1. p.12, line 222: Confusing phrasing here. Does this refer to when women were asked what they would change if they could to provide better PCMC? Rephrase.

2. p.13, line 235: I know "marred" is a big buzz word in this paper, including the title, but at times throughout, its use feels a little editorial—like in this sentence—and sometimes detracts from the reporting of your data. I offer that as a reader reaction rather than a specific recommendation about whether or not to use.

3. p.13, line 243: Go back and forth at times referring to them as "women" and "participants"—consistently using one term throughout

Dignified Care

1. p.14, line 259: Either start the sentence with "However, "or take "however" out completely, derails the sentence cadence as written. This occurs at other times in the Results/Discussion sections.

3. p.15, line 280: Very minor, but add "group" between "focus" and "discussion."

4. p.15, line 291: Rephrase this line, or remove altogether and move right into the second supporting quote. Currently reads as too editorial ("remained imprinted on the minds.").

5. p.15, lines 299-300: Recommend combining these two sentences and tightening up the language. The meaning of "implications for their forthrightness" is confusing—but the second sentence clarifies it immediately.

Communication

1. p.17, line 337: Add "to" between "due" and "unclear"

2. p.18, line 352: Consider omitting the start of the sentence and just begin with "Poor communication started in the antenatal period."

3. p.18, line 353: "Gap" is a little confusing here. One gap in provider communication? If so, just adding those few words helps clarify.

4. p.18, line 355: "Give" is unclear in "give sanitary items." Give to whom? Is it that women are reporting frustration with having to bring their own materials to facility instead of having them provided?

5. p.18, lines 354-357: A long phrase that takes some work to read through clearly. Consider rephrasing to tighten up.

6. p.18, line 371: Why might we consider these "little acts?" I give the same note in your Plain English Summary about the use of "simple." They are "little" and "simple" in the sense that they should be easy to do, but they are critical parts of provider communication in providing care. Consider removing "what one might consider little acts" from this line.

7. p.19, line 381: Remove "and the like."

Person-centered care often involves multiple factors

1. p. 19, line 401: Confusing start to the paragraph, and a bit clunky. Consider rephrasing.

2. p. 20, line 406-407: "In other text… wealth." Consider removing this line, not needed.
Discussion

1. p. 20, line 420: "means responsive..."? Means? Or "includes."

2. p.20, line 427: "in SSA has however focused on mistreatment." Omit "however."

3. p. 20, line 427-428: "We also find… Yet our analysis." Consider combining these two sentences.

4. p.21, lines 440-442: "Women often described… different facility." This sentence reads as vague and unclear, when you are trying to describe inconsistencies in care- a way to rephrase to tighten up? The subsequent sentences are clarifying. Change "feeling bad" to "feeling negatively".

5. p.21, lines 443-445: "That some providers…existing infrastructure." Recommend adding the counter (providing negative care) in this sentence as well to underscore that you're talking about inconsistency—some providers lead to positive, some to negative, which suggests that PCMC does not just hinge on infrastructure constraints.

6. p. 22, line 473-474: Consider removing "basic things providers may sometimes forget to do." See note below.

7. p.22 lines 473-479: I have made this note before, but you state a few times in this paper that these things are simple to do— that may be, but think there needs to be a discussion or a call for more research on providers' perspectives about why these things might not be occurring. I am not convinced it's just that they forget to speak to their patients this way, and previous research in this area has shown that dynamics underlying provider communication, and indeed verbal mistreatment, may be a result of negligence, but are often deeper as well. Providers may not realize this is an important part of care that women value, or they are not taught during clinical training that person-centeredness is an essential part of QoC for both patient experience and better outcomes, or complex patient-provider power and gender dynamics are at play. A nuanced discussion on this is quite limited in this paper. However, I do appreciate that you may be repeating this message to convey that possible solutions to this issue can and should be simple and quick fixes in nature.

8. p. 22, line 478: Omit "to rest on."

9. p.22, line 479: Again, acknowledgement about why these infrastructure/environment limitations exist, particularly in a low-resource country context is needed. As in my previous comment, this leaves the reader with a reductive view of this complex issue.

10. p.23, line 483: Add "abuse" after "verbal and physical".

11. p.23, line 483-484: Consider rephrasing this first sentence. Something akin to "the forms most influencing negative PCMC experiences"?
12. p.23, line 485: "Individual attitudes are likely key factors." Previous literature shows there are many factors that contribute to these behaviors, attitudes being one. What makes you say key? I do not disagree this an important factor, but substantiating with a bit more explanation will help the assertion. Or, just state that previous research has shown poor provider attitudes is an important driver---and provide citations.

13. p. 23, line 489-491: "Giving women…treat women well." A bit more specificity in your recommendations would be useful here. Who is would be giving women this opportunity? Would these be facility-level audit systems? Reporting and recourse available at facilities? What might be some potential issues with how well these systems are utilized, given what previous work has shown about women's low propensity to report mistreatment while they are still in facility's care or are recently discharged?

14. General comment: A more in-depth discussion about what was working well is warranted—and capitalize on this positive experience data when making your recommendations. One of the strengths of your study is you are not just assessing mistreatment; you have an opportunity to look in-depth at specific factors that contribute to positive birth experiences. This does not get enough specific credence in your Discussion, or specific reference in your recommendations.

Limitations

1. p. 23, line 496: Include the qualitative nature of the study is what limits the transferability

2. p. 23, line 504: Similar comment as my previous about considering replacing "good/bad" with "positive/negative."

3. p.24, line 509: "although… bleeding and pain." This is a bit confusing as written. Consider rephrasing, shortening, and adding this in parentheses as a direct counter-aside to your comment about PCMC vs. technical QoC.

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