Reviewer’s report

Title: Views and preferences of medical professionals and pregnant women about a novel primary prevention intervention for hypertensive disorders of pregnancy: a qualitative study

Version: 0 Date: 14 Dec 2018

Reviewer: Tanya Robbins

Reviewer's report:

I found this manuscript interesting and relevant to current obstetric practice with important and generalisable themes including person-centred care and joint decision-making highlighted. Overall the study is well presented and thought through, drawing some interesting conclusions regarding current antenatal education in the thematic analysis. The issue of a lack of education around HDP in a high income setting and user preference for more knowledge is highlighted. The idea of midwives as information 'gatekeepers' to women in an attempt to minimise anxiety provides interesting material for discussion. Further evidence to support the use of shared and informed decision making is useful in this area.

Minor amendments suggested below

1. I would suggest the authors consider revising the statement made in the Plain English summary 'offering all women the polypill (as) a way to prevent HDP (a public health approach) should be considered'. In my opinion there is currently no robust evidence base for the implementation of aspirin and calcium prophylaxis in low risk populations. In high risk populations the evidence base is still being established in terms of optimal dosing and regimens. Current international guidelines recommend the use of low dose aspirin and calcium in high risk populations and in populations with low dietary calcium intake, which I assume isn't relevant to the Dutch population. It may be useful if the authors framed this study within the current clinical practice undertaken in the Netherlands with regards to the use of aspirin and calcium prophylaxis and describe briefly the current national guidelines in the background.

2. There is also no reference to the importance of establishing the cost effectiveness of this approach. Although cost effectiveness has been evaluated in a high risk population this does not necessarily translate into a whole population approach. I would also recommend the authors justify more clearly their reasoning for sampling low risk women and the providers caring for them exclusively.
3. Consider rewording the following sentence in the background as difficult to read. "However, given the persistent burden of these disorders, primary prevention - i.e before the onset of disease - of HDP from occurring is key.'

4. Consider rephrasing ' However, as risk prediction and stratification performance remain limited and cannot be readily included in antenatal care, a public health approach with an unselected population of pregnant women could further reduce the burden of HDP. The authors could elaborate as risk stratification based on maternal history is currently undertaken in some settings as part of routine antenatal care e.g in the UK as per NICE guidance and is arguably easier to implement that the suggested 'public health approach'.

5. Can the authors clarify the justification for the participant selection (Study participants). The implementation strategy being explored in this study would include the general pregnant population (aiming to capture high risk women) however these women have not been sampled nor have the clinicians managing them.

6. Consider revision of the sentence in Data Collection section 'Subsequently, an information video with general information of HDP was shown to ensure all participants had equal understanding of the conditions.' Purely showing a video would not unsure equal understanding of all participants.

7. Consider being more specific in Results sections with regards to balance of respondents expressing certain views. Is it possible to give the numbers of respondents within each group. e.g regarding risk reduction vs over medicalisation

Level of interest
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Quality of written English
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