Reviewer’s report

Title: Midwives’ perspectives on (dis)respectful intrapartum care during facility-based delivery in sub-Saharan Africa: a qualitative systematic review and meta-synthesis

Version: 0 Date: 15 Apr 2019

Reviewer: Nicole Warren

Reviewer's report:

Thank you for the opportunity to review this paper. In summary, if you can make a stronger case for why you focus on midwives and this geographic region, I think it would be stronger contribution to the RMC literature.

Specific comments:

Page 2, Line 1. Reference to 'negative impact'. If the authors want to assert that negative health outcomes are the result of D&A, they would need to cite that claim. In truth - even though many of us believe it - there is little empirical evidence to link D&A to poor outcomes. I would recommend using the language here that they use elsewhere in the paper and simply refer to the negative experiences women report.

Page 2, Results section. Micro, meso- and then "final" themes are discussed. Within the paper micro, meso, and macro are discussed. Be consistent. I fully expected to read about macro level considerations in the abstract.

Page 2, Conclusion. There is no doubt that midwives, as a profession, suffer D&A. But I found the emphasis on this in the conclusion misplaced. It sounded defensive. You can make that point. The more interesting points, in my view, were the contrasts between your women's perspective's review (which you describe) and the comparison of your framework vis a vis other frameworks (which I would have liked to see).

Page 2, Conclusion. The last sentence is redundant and devoid of any substance. You could say that about nearly anything.

Page 3, first paragraph. The gap you identify in the formal abstract is not articulated here. That seemed like a loss to the plain English summary.

Page 4, end of first paragraph: May I suggest ending the sentence after the “significant global public health issue. In sub-Saharan Africa, this is reflected by low rates of facility-based deliveries despite high antenatal care attendance.”
Page 4 and beyond - there is a great deal of passive voice and anthropomorphizing throughout this paper. It may be the editor's choice but I found it distracting. For example, instead of (line 29/30): "A review of this literature demonstrated that the emphasis..." you could write "In a review of X, Bohren and colleagues (date) demonstrated that the emphasis on...".

Page 4 line 55/56. Delete "sharply" - it is redundant

Page 5 lines 10-15. Just very awkward and ineffective sentence. I would also argue that Tuncalp's framework (https://www.ncbi.nlm.nih.gov/pubmed/25929823) is what really put women's experience on the same level at the "technical quality of care" - that was a turning point.

Page 5 - Midwives are first mentioned on line 22/23. This feels late. I feel strongly that this paper would be significantly strengthened by taking time in the background for building a case about why midwives perspectives matter. Why NOT lump them in with nurses and doctors? Why the focus on midwives? You allude to this in your abstract but that idea is never repeated or elaborated upon in the narrative. That feels like a critical part of the paper - we have to believe midwives perspectives matter or else the paper doesn't matter. Convince us that what is happening with/to midwives is significant for women's health in general.

Page 5 lines 39/40 "nascent shift in focus has recognized the need to broaden our gaze and to look at the more upstream factors...": 1. More upstream is redundant. 2. The focus didn't recognize anything - the anthropomorphisms again and 3. Overall feels like aimless academic speak. Just write clearly - simply. And it will be eloquent. I pick this sentence out because its particularly painful but this style permeates the background. Just go back through and aim for clarity and parsimony and it would be a better read.

Page 5 Line 51/52. You use 3rd person to refer to 'our team' and then use 1st person in the next sentence. Stick to 1st or 3rd person.

Page 5 line 57/58 - refers to "this element of care" I had no idea what "this" was.

Page 5/6 you are describing how the paper came to be. Similar to the need to convince the reader that midwives' perspectives matter, you need to explain why you focus on sub-Saharan Africa. D&A as you know is universal by all reports - so why focus here? Without a clear rationale (burden of maternal morbidity and mortality? Midwives strong presence?) for why you focus here, it feels like yet another paper pointing out how 'backward' Africa is. This, in an of itself, feels neocolonial.

Page 6 Methods. There are several approaches to systematic qualitative reviews. The PRISMA guidelines set quality criteria but they do not provide methodologic guidance per se. In fact, they are a checklist geared toward systematic reviews of quantitative studies. Why not address quality consideration unique to qualitative reviews? Example: https://www.ncbi.nlm.nih.gov/pubmed/26099483.
Results - I thought this section flowed well albeit long. The writing was much clearer than the background. You might consider setting it up so that inductive codes (ie those not already offered by existing framework) were clearer. A visual to show how the framework did or did not fit with these finding might have been helpful.

Discussion- I think it would have been useful for you to compare how your framework aligned, built on, or otherwise added insights as compared to other frameworks - for example, Bohren et al. (2015) and Freedman & Kruk (2014). To compare/contrast your model to these others would be an important contribution because there is currently so much interest in how to describe D&A. Plus, if your focus on midwives and sub-Saharan Africa, you could point to what is/is not relevant in these other models as compared to yours.

Loved the use of Friere.

Thank you for your consideration.

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An article whose findings are important to those with closely related research interests

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