Reviewer’s report

Title: The power of peers: an effectiveness evaluation of a cluster-controlled trial of group antenatal care in rural Nepal

Version: 0 Date: 27 Jun 2019

Reviewer: Nathalie Roos

Reviewer's report:

Thank you for giving me the opportunity to review the manuscript entitled "The power of peers: an effectiveness evaluation of a cluster-controlled trial of group antenatal care in rural Nepal". The manuscript is clear and well written. I have however a few comments and questions that may further improve the quality of the manuscript.

Comments

Why was the outcome "institutional birth selected"? It is not an outcome that is directly related to ANC as such, other than birth preparedness being discussed.

In the introduction content of ANC is being mentioned as critical to decreasing maternal mortality. However, there is nothing in the project design that mentions that content of ANC care is being evaluated. I would suggest to remove it in the introduction.

Why was not timely completion of ANC included? This would be a quality component of accessing ANC timely to be able complete the 4 recommended visits.

Although one of the primary outcome variables were 4 completed ANC visits, the manuscript does not mention the number of group ANC visits that were offered, nor does the manuscript mentioned the number of visits recommended in the national ANC program. Please add this to increase understanding of the national context the project was implemented in but also the design if the intervention.

What the decentralized labs and ultrasound examination part of the national program or only specific to the project? This is not clear in the manuscript. It may explain the increased in attendance in both groups, ad not only the community health worker (CHW) intervention. Please clarify this.

Is the CHW program implemented nationwide or was it just in the project? This is important to clarify. It is not clear for now in the manuscript. If there was a general increase in both groups due to CHW implication, then this would be major if translated to a national level implemented program. Please clarify this in the manuscript.
The objective of group ANC was not clearly stated. Since you are measuring facility based births and completion of 4 ANC visits as primary outcomes, this was the original hypotheses that these two variables would increase in the intervention group. Please explain this in the methods.

Was there any possibility of assessing the content of care in both the intervention and control groups? If the content of care is poor, it may be difficult for women to motivate themselves to come (given the financial and geographical barriers relayed to transport). This may explain that there was no difference in terms of the primary outcomes.

For those who did not present for all 4 ANC visits, was there any follow-up to understand the reasons and barriers for showing up? This could provide more insights into how group ANC could be improved.

There is no clear definition for stillbirths. The WHO uses from 28 weeks of gestation but given the constraints in pregnancy dating in low resource settings this may be a challenge. The project used however ultrasound for pregnancy dating and the accurate information pregnancy length may have been more prevalent.

Why is stillbirth rate higher in the control group after the study period (dramatically higher)? This is not even mentioned in the results or discussion section although it was a secondary outcome.

Other comments:

Number of daily number of women dying every day differ in the abstract and background (830 vs. 800).

Line 373: where home visits and CHW home visits in reality the same thing? That is, home visits were done by CHS in both the control group and the intervention group?

Line 496: USG is mentioned for the first time Please spell out abbreviation.

728: "Enrolment" is not correctly spelt. AS for now there are two l's.

Line 525: The birth planning toll mentioned is not explained earlier in the next.

Line 571-572: It is not clear what it means with "qualitative data only collected in the intervention site". It was assumed that qualitative data is collected in the intervention and control groups. Is there another type of qualitative assessment apart from the assessment understanding danger signs etc.?

Line 617: You mention no impact in "health outcomes". You are however not really measuring health outcomes. You are measuring completion of services or service packages. Would it make more sense to re-phrase accordingly?
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