Reviewer’s report

Title: Perceptions of Isolation during Facility Births in Haiti - A Qualitative Study

Version: 0 Date: 29 Jun 2019

Reviewer: Michelle N Skaer Therrien

Reviewer's report:

I appreciate the opportunity to review this paper. The topic is important, and the authors' willingness to delve into the nuances of participants' seemingly contradictory feedback makes this paper worthwhile. Having observed deliveries in public hospitals in Haiti, I agree with the overall conclusions. I would like to see some topics in the discussion section expanded, while the results could be made more concise.

Background

1. Line 91: Demand side financing (DSF) is raised in the background; financial barriers are mentioned briefly again on line 552. However financial constraints are not particularly a focus included in the results, and no recommendations are made in the conclusion around financing. Raising DSF in the background if it will not be expanded upon later feels distracting - I would recommend cutting the topic of DSF in the background unless the authors prefer to greatly expand on this topic later, if it is relevant to the authors' findings. If the authors have any points to make about financial barriers, this is not clear enough from the current discussion section and conclusion.

2. Line 94: Maternity waiting homes do operate in Haiti such as the Center of Hope (Sant Lespwa) at the Haitian Health Foundation in Jeremie operating since 2001 and Mirebalais University Hospital which opened in 2017 as two examples. Should note that this strategy has been used in Haiti.

Data Collection

3. Line 179: Excellent that CK and ML discussed their own experiences within the group - great technique for facilitating.

Results

4. Very useful to have women's quotes of specific reasons/understanding of the advantages and their decision-making, their understanding of ultrasound use and the number of hours of labor before they would choose to go to the facility.

5. Lines 365-366 repeat what was already included at line 316-317 - would cut one of the quotes to avoid repetition.

6. The inclusion of quotes in the results goes on longer than needed to establish the themes extracted from the focus groups and the women's perspectives. Would suggest cutting and streamlining to allow more space for discussion.

Discussion
7. Another study of women's perceptions in Haiti similarly noted a perceived high complication rate - this supports the authors' finding that many participants believed they needed to deliver at facility due to their perceived high risk. https://www.ncbi.nlm.nih.gov/pubmed/18076885

8. Several of the quotes presented within the results discuss birthing position and lack of freedom of movement as an issue. Giving women the choice of birth position has also been recommended in the 2018 WHO intrapartum guidelines and the issue is raised frequently enough as a reason to not deliver in facility by the study participants that it seems worth noting in the discussion section. https://apps.who.int/iris/bitstream/handle/10665/272447/WHO-RHR-18.12-eng.pdf?ua=1

9. Line 546: authors' position has precedent as Brazil adopted this policy of permitting a companion chosen by the woman at the national level, which resulted in uptake at both public and private facilities (Birth in Brazil study). Should note that there is a precedent for incorporating into national policy.

10. While permitting birth companions is a recommended intervention (WHO 2018 Intrapartum Guidelines), the implication for how much physical space needs to be allowed for each woman within the delivery room is not mentioned within the discussion although authors note crowded facilities as an issue. In the case of Haiti, there are space constraints in delivery rooms; adding an equal number of companions may not be as straightforward as authors seem to suggest -- this constraint should be noted more clearly with this recommendation. Other aspects of respectful care concerning appropriate, adequate space and privacy curtains are factors to consider.

11. Within the conclusion, the two recommendations of a birth companion ("support person") chosen by the woman as well as a "patient coordinator" who would be a member of the staff are listed together, and if reading quickly it is difficult to distinguish that these are two distinct recommendations (lines 544-549 and lines 596-599). Would suggest delineating and expanding the explanation of these two distinct recommendations to ensure that the recommendations are clear to the reader.

12. Would also be useful to have more description of what training/skills/educational background would be needed for an effective patient coordinator as defined by the authors - are they medical or non-medical personnel? Has implications for how expensive it would be to create these positions, as well as how many candidates are available.

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