

## Reviewer's report

**Title:** Concepts on Quality of Antenatal Care in Developing Countries: Results of an Evaluation in Argentina, Cuba, Saudi Arabia and Thailand.

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**Reviewer:** Dr Caroline Homer

**Level of interest:** A paper whose findings are important to those with closely related research interests

**Advice on publication:** Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

This is a useful study to accompany the report of the randomised controlled trial to test the benefits of a new antenatal care protocol. The aim of the study was to describe women's opinions about the quality of care services. Focus group discussions and in-depth interviews were carried out with 158 women in four different countries.

It is disappointing that the emphasis on 'visits to the doctor' is strong in the paper, particularly in the early sections. In many developing countries, midwives or nurse midwives are the primary professional caregivers during pregnancy. There is an absence of any discussion in the early parts of the paper about normal midwifery or nurse-midwifery care for these women with the dominant paradigm being medical care. The involvement of midwives is discussed later in the paper (especially from Thai women) however comments like "women of course do not disregard doctors' care" leaves the reader wondering about the partiality of the study in regards to be most appropriate care giver.

The composition of the focus groups made a particular effort to include diversity; of age, parity and social condition. This is generally not how focus groups are constituted as the aim is to obtain group

consensus. This decision needs to be justified in the discussion about limitations. The inclusion of women from both arms of the trial is also interesting. It could be suggested that this diversity would impact on the experiences of the women. Why were both arms of the trial invited to participate? If the study wanted to examine women's experiences with the current model, including only control group women is valid. Equally if the study wanted to examine experiences of a new model of care, the experimental group is valid. Combining the groups requires justification.

In-depth interviews were carried out in some of the participating countries. Which countries were selected for interviews and how was the selection made? As this paper only reports focus group data the inclusion of reference to the interviews is debatable.

The authors seem almost surprised that there is between country variation in terms of quality of care and access to information. This is really an expected finding given the nature of the countries included in the study.

Some of the points in the Discussion around the use of technology are concerning. For example: "Technology is a powerful resource not only because of its ability to help the diagnostic capacity of health care services and practitioners but because of its presence in the unit creates among patients the sense that they are treated according to the highest standards of quality". This is a naive comment given the huge problems with the overuse and indiscriminate use of technology in developed and developing countries. It also implies that 'more' technology is better than 'none' - a notion that is clearly erroneous and highly problematic in the context of many resource-poor countries. Technology should be evaluated very carefully to determine whether it is going to potentially be more harmful than useful in different settings. There are examples, both in the literature and anecdotally, where technology has not helped, rather it has increased morbidity without impacting on mortality. The notion that hospitals are viewed better because of their technology is also flawed, particularly if it is poorly used or applied.

The lack of literature around quality of antenatal care is also noteworthy. There are two articles about the quality of care in family planning services, three articles about quality of care and one synthesis from Effective care in pregnancy and childbirth (1989). There is a vast amount of literature on this topic and inclusion of this is important. There are almost as many (3) articles on ultrasound in pregnancy in the reference list which is an interesting balance.

Limitations of the study need to be addressed. These include the composition of focus groups, the comparison across countries and the different resources bases.

### **Competing interests:**

None declared.