

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	"We just look at the well-being of the baby and not the money required": A qualitative study exploring experiences of quality of maternity care amongst women in Nairobi's informal settlements in Kenya.
<b>AUTHORS</b>	Oluoch-Aridi, Jackline; Wafula, Francis; Kokwaro, Gilbert; Adam, Mary

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Margaret McConnell Harvard T.H. Chan School of Public Health
<b>REVIEW RETURNED</b>	10-Feb-2020

<b>GENERAL COMMENTS</b>	<p>This manuscript is a nice contribution to the literature understanding how women chose delivery locations. The writing is extremely clear and the quotations provide rich contextual detail. My main suggestion for improving the manuscript is to provide additional clarity in terms of how the recruitment occurred. How was the sample size chosen? Was the idea to recruit an equal number of women from private and public facilities? The language often (but not always) refers to private and public facilities as being relatively homogenous. It would be helpful to provide whenever possible more detail on the type of facility being chosen (i.e. the facility volume and level given the evidence provided by Kruk et al about the important role of the volume of deliveries in influencing the quality of clinical care and the facility location given the challenges with transportation). It would also be helpful to discuss some of the related literature on the accuracy of women's information about the quality of facilities.</p> <p>Siam ZA, McConnell M, Cohen JL. Patients' Accuracy of Perceptions and Facility Choice in Kenya. BMJ Open. Kruk et al Quality of basic maternal care functions in health facilities of five African countries: an analysis of national health system surveys Lancet Global Health</p>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer 1

This manuscript is a nice contribution to the literature understanding how women chose delivery locations. The writing is extremely clear and the quotations provide rich contextual detail.

1. My main suggestion for improving the manuscript is to provide additional clarity in terms of how the recruitment occurred.

a. Response: Thank you very much for your suggestions on how to improve the manuscript. We have revised the methods section to illustrate how the recruitment of the respondents occurred as follows. Women were recruited from, public, and private facilities in order to represent the range of facility choices in the Dandora informal settlement region. It is important to note that each type of facility catered to the local women, thus reflecting the range of both cost and quality available to women in Dandora. In Kenya, mission (faith based) facilities are considered private facilities according to government licensing criteria. Therefore, the private facilities we utilized included both mission and for-profit facilities. At each facility recruitment was done with the assistance of the health care workers in charge of the maternity. The women were identified during their child welfare clinics, these typically occur on a specific day of the week We targeted women who had just delivered and were coming for postnatal care visit which was typically 4 to 6 weeks postpartum.

2. How was the sample size chosen? Was the idea to recruit an equal number of women from private and public facilities?

a. Response: We targeted at least 20 women from each type of health facilities public or private-which includes (both mission and other non-public facilities) totaling to 40 interviews. Previous studies assessing similar topic have used a similar sample size (Afulani et al. 2017); (Naanyu et al. 2020)

b. Response: The idea was to recruit a comparable number of respondents at each of the health facilities.

3. The language often (but not always) refers to private and public facilities as being relatively homogenous.

a. Response: We have revised the manuscript to clarify the language to explicitly separate private and public health facilities to provide clarity.

b. See methods section we added in an explanation as follows "... In Kenya, mission (faith based) facilities are considered private facilities according to government licensing criteria. Therefore, the private facilities we utilized included both mission and for-profit facilities..."

4. It would be helpful to provide whenever possible more detail on the type of facility being chosen (i.e. the facility volume and level given the evidence provided by Kruk et al about the important role of the volume of deliveries in influencing the quality of clinical care and the facility location given the challenges with transportation).

a. Response: We appreciate the authors pointing us to this finding of Kruk et al (2016) we have attempted to provide more detail on the type of health facility being chosen as seen in the addition to the discussion session where we explain why private health facilities were identified by participants as providing high quality care.( See the addition of the paragraph below at the end of the first paragraph of the discussion)

"...The private health facilities that were recruited had low volume of deliveries and it is possible that the quality of care received was a function of staff having to server fewer women and pay more attention to them. A finding that was described with many women describing the attentiveness and responsiveness that they received during delivery at the private health facilities..."

We have also added a table Appendix 1 the shows the estimated volumes that the health facilities in the study handled, the operations timings and whether the health facilities had cesarean section capacity.

b. On facility location there were no significant challenges with accessing facilities because they were present within the informal settlements

5. It would also be helpful to discuss some of the related literature on the accuracy of women's information about the quality of facilities.

a. Response: This comment is well received. We have added a paragraph to the discussion section related literature that breaks down the accuracy of women's information related to their assessment of the quality of care that they received at the different respective health facilities as seen in the paragraph below which is the last paragraph in the discussion section;

“...Evidence shows that women are unable to accurately assess technical aspects of quality care. (38) Perceptions of quality care such as dignified and respectful treatment may or may not lead to improved outcomes if there is a lack of technical quality care. Studies assessing the quality of services across five African countries suggests that primary health facilities with low patient volumes often exhibit low quality of services because of their inability to deal with obstetric emergencies. (39) This is congruent with our findings. Women reported that private health facilities with good processes of care were often unable to provide emergency obstetric care and referral services. Choosing a private health facility would result in an emergent transfer to the public health facilities in the event of an obstetric emergency during delivery, something women wanted to avoid...”

#### VERSION 2 – REVIEW

<b>REVIEWER</b>	Maggie McConnell Harvard T.H. Chan School of Public Health
<b>REVIEW RETURNED</b>	01-Jul-2020
<b>GENERAL COMMENTS</b>	Thank you for the detailed and thorough response to reviews. The manuscript is more clear now in terms of recruitment and study design.