

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

TITLE (PROVISIONAL)	Beyond the numbers- understanding women's experiences of accessing care for abnormal uterine bleeding (AUB): a qualitative study.
AUTHORS	Henry, Claire; Jefferies, Regina; Ekeroma, Alec; Filoche, Sara

VERSION 1 – REVIEW

REVIEWER	Julie Hennegan Burnet Institute, Australia & Johns Hopkins Bloomberg School of Public Health, US
REVIEW RETURNED	19-Aug-2020

GENERAL COMMENTS	<p>This manuscript reports on the qualitative investigation of women's experiences of seeking care for abnormal uterine bleeding. It is an important topic for expanded research attention, particularly from a woman-centered approach as employed by the authors.</p> <p>The overarching research objective "gaining a deeper understanding of women's experiences with accessing care for AUB" is clearly justified, and the methods are appropriate.</p> <p>I believe a careful revision of the manuscript would strengthen this piece. At the moment, more clarity is needed in describing (and delineating between) the identified themes, and their link to a clear research question.</p> <p>There is also some key methods/results information missing (as per COREQ) that needs to be added.</p> <p>*Research question*</p> <p>As a reader, I struggled gaining clarity around the research question. The title of the paper indicates an exploration of women's "journey" to clinical care, but the analysis and results seem to focus on barriers and negative experiences linked to care (e.e.g, line 146-147 "women faced barriers at each step") - this is echoed in the discussion where the 'main findings' are summarised as the study aiming to "explore the barriers and facilitators to seeking care for AUB in NZ" (line 313)</p> <p>If an exploration of women's "journey" I would expect more time-related information. We don't have any information on the time since the onset of symptoms in the sample (and the variability), and there isn't a clear link between perhaps originally experiencing symptoms, seeking treatment - including a sense of the different journeys women may take in seeking care and following up (it suggests times over many years) to reach the point of referral to a specialist (and recruitment to this study). The journey or time dimension seems lost in the analysis.</p> <p>In the introduction, authors note the evidence around time to presentation (or diagnosis) - the median (and range) of time to</p>
-------------------------	--

	<p>diagnosis, or inclusion of this information in the Table 1 information about participants would be useful in embedding this study in this context.</p> <p>If the aim of the study is to explore more around barriers and experiences of care (as is more indicated in the results and discussion) then I suggest revising the title and some of the language to better clarify this trajectory in the paper. (Or discuss that there was an original aim to map women's journeys, but this didn't come out in the interviews and an iterative approach to analysis focused on barriers across the care-seeking journey).</p> <p>*Themes* I would have found it helpful to have a table earlier on in the paper highlighting the final thematic structure. To more transparently report on the analytic process, the authors could also include some information around preliminary themes, or some of the inductive codes from the line-by-line coding that were combined to form the final themes. This would give the reader greater insight into the analytic journey and greater ability to appraise the rigor described in the analysis section.</p> <p>Line 148 states there are four themes, but Table 2 and the results describes 5 themes (+ subthemes).</p> <p>Throughout the description of themes it often wasn't clear when a theme or finding was described by multiple participants (and saturation achieved) or if it was the experience of a single participant. For example under 'diminished symptoms' we have along section around a particular participant who felt her symptoms were dismissed and attributed to her weight (an important intersection), but it wasn't really clear how this theme was experienced across participants. (same issue for later themes, especially 'commitments' and 'taboo' where there was less description and it wasn't clear if that is because this is very consistent across participants).</p> <p>I wonder if the theme title 'diminished symptoms' really captures the intention here? I understand the title when I read more into the description, but not every reader may engage closely with the paper. It wasn't clear from the title alone if women's symptoms were varying over time (diminishing) or who was diminishing the symptoms. 'Dismissive' seems to appear more in participant quotes than in authors descriptions.</p> <p>I was also confused about how often 'communication' was highlighted as an issue within this theme. This read to me like it may be its own theme related to the relationship with care providers. Or is it more that communication deficits resulted in participants feeling their AUB symptoms were minimized by health care providers? All of lines 196-203 focus on communication, and I'm not convinced this is really describing "diminished symptoms" Revision to more clearly develop this theme would strengthen the paper.</p> <p>No divergent cases for any of the themes are noted - this is included as item no. 32 in the COREQ checklist included by the authors -but I don't see evidence of this in the paper.</p> <p>Authors note that many women preferred a female doctor and that</p>
--	---

negative experiences included reference to a male doctor - but the quote in Table 2 describes the opposite (seeking a female doctor, anticipating more understanding but not receiving it, and then being more satisfied with a subsequent doctor who was male). This doesn't detract from if overall female doctors were experienced as more compassionate/understanding/easier to talk to - but noting divergent cases gives the reader more clarity and confidence in the rigor of the analysis and captures more of the complex experiences described by women.

In some parts of the results it isn't clear where if the authors are emotively stating their own stance or if the results have come from women. For example, line 142-143 notes that all women described traumatic impacts on their quality of life - but this isn't included in the reporting of themes or results. Was there insufficient interview data related to the impacts of AUB on women's lives (I understand this wasn't the focus of the research question but more clear grounding in the data would be appropriate for such a strong statement. Again line 219-220 "a number of women described seeking care from multiple doctors, in a helpless attempt to resolve their chronic and debilitating condition" - the quote doesn't relate to a "hopeless attempt" or a "chronic and debilitating condition".

Low expectations of the care available seems to capture both expectations of care, and a lack of health literacy or information about if there are helpful/available treatment options. More clarity here would be useful. Similarly, I wasn't sure how long wait times led to low expectations for helpful care. Absolutely the long wait times reported are likely to be stressful and unacceptable from a health-care provision perspective - but I don't really see the link between a long wait time and low expectations of care. I see more of a link between a long wait time, and feeling dismissed or that AUB is not a 'legitimate' health concern as described in the next theme.

I also question if "low expectations of themselves" serves as the authors intend. This was a particularly rich theme and I felt the authors did a great job of capturing the complexity in the description. But I wouldn't read this as women having low expectations of themselves, more that they internalised the message (highlighted in the previous theme that GPs/care providers dismissed their symptoms) that AUB was not an 'important' health concern and perhaps broader socio-cultural norms which minimise women's pain/menstrual related symptoms.

The theme "health literacy" seems to overlap with a lack of knowledge around treatment options for AUB and taboos around not discussing AUB/menstrual bleeding (and so not gaining sufficient information or normative information from others about what is normal/abnormal when it comes to uterine bleeding).

The description of "commitments" also seemed closely linked to "low expectations of themselves" or women not prioritising their own pain/symptoms.

****Discussion****

I was surprised by the focus in the 'main findings' on the theory of learned helplessness (NOTE: this should be helplessness NOT hopelessness). I believe there is quite a lot of research around this topic, but it seems to come out of no where as the focus of the discussion and I'm not convinced that this was sufficiently explored

	<p>in the results to make such a strong statement here that this is what women were experiencing. I think this could be something that was suggested by the results for further exploration in the applicableness/usefulness of this theory and psychological research to care seeking/experience of AUB but I am not convinced that this is a summary of the 'main findings' of the paper or sufficiently supported by the results.</p> <p>Authors link the findings to past research on AUB, I think it would be appropriate to look a little more broadly to care seeking for other reproductive health challenges like Endometriosis where many similar challenges and health care experiences have been noted. (e.g., Young, K., Fisher, J., & Kirkman, M. (2015). Women's experiences of endometriosis: a systematic review and synthesis of qualitative research. <i>Journal of Family Planning and Reproductive Health Care</i>, 41(3), 225-234., Young, K., Fisher, J., & Kirkman, M. (2016). Endometriosis and fertility: women's accounts of healthcare. <i>Human Reproduction</i>, 31(3), 554-562.)</p> <p>*Saturation (and some other missing COREQ items)* No reflection on author positionality or whether saturation was achieved has been reported. the COREQ checklist states this was reported on page 4 but I cannot see any discussion of saturation. There is also no description of the coding tree (item 24 in COREQ). 15 is not a particularly large sample size for a qualitative study, the 50% response rate adds more concern to this. Further to this, please provide information on the duration of the interview - this is also checked as included in COREQ but I can't see it in the methods or results. The average (and range) duration of interviews should be included.</p> <p>*Interview attendance* Limitations of the study should address participant non-response. I was confused as to whether 5/30 women didn't attend their specialist appointment at all, or just declined to be interviewed. 16% not showing up to their appointment seems to warrant further investigation (and some explanation for readers?). Also addressing that participants left because the interviewer wasn't available (still in an interview) should be noted as a limitation.</p>
--	---

REVIEWER	Caroline Law De Montfort University, UK
REVIEW RETURNED	21-Sep-2020

GENERAL COMMENTS	<p>Thank you for the opportunity to review this paper. The use of qualitative research and the discussion of women's narratives around this issue, and how this can improve care and information, seems vitally important and you have some very interesting and powerful data. However, I think the paper would benefit from some further development, specifically more care taken and more precision on the organization/structure, writing and arguments being presented. This overarching suggestion will, I hope, be made clearer by my more specific points below...</p> <p>It is unclear what the aim of the study was. The abstract suggests the objective was to better understand experiences of accessing care. The discussion states it was to explore barriers and facilitators for seeking care. These – understanding experiences of care and understanding barriers and facilitators to care - are two different</p>
-------------------------	---

things. There is no reason they cannot both be aims of the study but this needs to be clear and consistent, and needs to match what is reported and discussed (at present there is little or no mention of the facilitators). The aims/objectives need to be clear and to be carried through into the rest of the paper – and need to match the title which is more in line with the barriers/facilitators objective. The methods section mentions a research question and doesn't state this, nor does it give the aim or objective.

While I appreciate it can be hard to do with qualitative work, and I would not advocate specifying numbers in a strict and consistent way, I think the findings would benefit from more clarity about the frequency of responses. Which findings applied to all or the vast majority of the sample? Which findings only applied to a small proportion but are still of interest? At present it is hard to decipher how common responses were across the sample, to get a sense of proportions.

In many places what you mean, your argument, is implied or skirted around – both in individual sentences and to a degree in the paper as a whole. I think the paper would benefit from a clear, concise overview of what your study found and what arguments you are making (this is in there to a degree but I think would benefit from some further development) - and for this to be used as the basis for some restructuring and rewriting.

I think the paper would benefit greatly from looking, in the discussion, at how the findings speak to other literature on abnormal bleeding experiences, such as diagnostic delays in endometriosis at the patient level and the practitioner level (so distinguishing between these 2 levels explicitly) and ideas of menstrual etiquette (taboo, secrecy, not talking about it). In particular:

- Ballard, Lowton and Wright - What's the delay? A qualitative study of women's experiences of reaching a diagnosis of endometriosis – 2006
- Cox et al - Focus group study of endometriosis: struggle, loss and the medical merry-go-round - 2003
- Denny - 'You are one of the unlucky ones': delay in the diagnosis of endometriosis – 2004
- Denny and Mann - Endometriosis and the primary care consultation - 2008
- Manderson and Markovic - Circuit breaking: pathway of treatment seeking for women with endometriosis in Australia - 2008
- Markovic et al - Endurance and contest: women's narratives of endometriosis 2008)
- Seear - The etiquette of endometriosis: stigmatisation, menstrual concealment and the diagnostic delay – 2009

The 4 themes set out in lines 149-150 do not fully map onto the following 4 subheadings in the text and in table 2. Again this speaks to being careful and consistent throughout the paper and in its structuring.

There are many places where the phrasing is unclear and could be improved, or there are typos, for example:

- Line 27 do you mean median (rather than medium) as is given in line 133?
- Line 37 I would remove the number of women invited to participate – what is needed for the abstract is just how many did participate, this information can be given in the methods (which it is)

- Line 44 'a taboo subject' not 'taboo subject'
 - The abstract talks about the impact on relationships, work and education – but these are not mentioned in the paper
 - Lines 43-5 – this isn't clear or fully described – just adding 'was difficult' or something similar to the end of the sentence would improve this
 - Line 64 – 'can be' – do you mean 'is' or 'is defined as'?
 - 69 – 'recent reframing' – you have given no indication of when and how things have been reframed – are the numbers in the previous sentence the new or old numbers?
 - Line 66-7 odd to have US stats – do you have NZ or international stats?
 - Line 111 - Whanau needs explaining
 - Line 248 either use 'worthy of' or 'warranting' – using both is unnecessary
 - Line 266-7 this is unclear – how does the fact it is normalised speak to the severity of it? As is the case in other places, your meaning needs to be more clearly explained and justified
 - Line 271-2 – the sentence about stress – can you be clearer about the point you are trying to make? Is it that women attributed their symptoms to stress, rather than sought to have it medically investigated? Several sentences like this need better explanation or expansion/unpacking
 - Line 287-8 this is not a complete sentence
 - Line 291-2 – this doesn't follow logically from the text before. Missing appointments might indicate tolerance and ability to carry on day to day life, but it doesn't in itself show anything about the level of pain and bleeding. More careful phrasing is needed.
 - Line 297 – reference to 'sick days' isn't clear
- Some of these issues apply in other places in the paper which I have not specified here - ultimately some careful checking throughout and rewriting in places would help to ensure clarity.

Methods

- The PPI section does not, to me, read as PPI activity whereby patients/public inform the design or conduct of a study. I would suggest using a different subheading
- Line 131 I'm confused by describing needing an interpreter as being 'missed' – can you explain more clearly? Was it not possible to use interpreters and why not (this is not necessarily a problem it just needs explaining), if so are there any implications of this to be discussed in strengths and limitations?
- How long did interviews last?

Results

- Can you give some indication of how long women had been seeking investigations or diagnosis, or the variance in this? Were some just seeking it now and if so how many; did others have years or seeking help and if so how many; what was the story about how long women had been trying to get an answer?
- Can you define health literacy?
- Personally I think switching between the text and the table with additional quotes makes reading the paper very disjointed. But I fully appreciate that word limits make it difficult and you are keen to include as much data as possible. Is there any way of making this less disruptive? Such as making sure any quotes that illustrate the main points being made are in the text and the table is only used for additional quotes that back up these? A more careful and selective presentation of your main arguments may help with this. Also, the quotes in the table need numbering to match the numbers given in

	<p>text – so the reader can easily find them without having to count the lines.</p> <p>Discussion</p> <ul style="list-style-type: none"> • Personally I would rethink reframing this in terms of ‘learned helplessness’. Although I know you are trying to present the women in a sympathetic light, this reads in a deficit way to me, going against your aim to ‘reframe these deficit narratives by looking beyond the numbers, to learn from lived in experiences of women with AUB’. It draws attention away from the healthcare barriers and barriers relating to knowledge and understating of normal and abnormal bleeding, and I don’t think it adds much to the paper. My personal suggestion would be to reframe it in relation to some of the literature I specify above. • Despite having an ethnically diverse sample there is no discussion of this – except in the limitations section (which incidentally I think is the wrong section – you present a recommendation based on other research with no link to your own) . Did ethnicity appear to shape women’s experiences in any way? • I would move strengths and limitations to the end, just above the conclusion. As it is it seems to break up the discussion
--	--

VERSION 1 – AUTHOR RESPONSE

Reviewer 1 Comments to Author:

This manuscript reports on the qualitative investigation of women's experiences of seeking care for abnormal uterine bleeding. It is an important topic for expanded research attention, particularly from a woman-centered approach as employed by the authors. The overarching research objective "gaining a deeper understanding of women's experiences with accessing care for AUB" is clearly justified, and the methods are appropriate.

I believe a careful revision of the manuscript would strengthen this piece. At the moment, more clarity is needed in describing (and delineating between) the identified themes, and their link to a clear research question. There is also some key methods/results information missing (as per COREQ) that needs to be added.

Research question

As a reader, I struggled gaining clarity around the research question. The title of the paper indicates an exploration of women's "journey" to clinical care, but the analysis and results seem to focus on barriers and negative experiences linked to care (e.e.g, line 146-147 "women faced barriers at each step") - this is echoed in the discussion where the 'main findings' are summarised as the study aiming to "explore the barriers and facilitators to seeking care for AUB in NZ" (line 313)

If an exploration of women's "journey" I would expect more time-related information. We don't have any information on the time since the onset of symptoms in the sample (and the variability), and there isn't a clear link between perhaps originally experiencing symptoms, seeking treatment - including a sense of the different journeys women may take in seeking care and following up (it suggests times over many years) to reach the point of referral to a specialist (and recruitment to this study). The journey or time dimension seems lost in the analysis.

In the introduction, authors note the evidence around time to presentation (or diagnosis) - the median (and range) of time to diagnosis, or inclusion of this information in the Table 1 information about participants would be useful in embedding this study in this context.

We agree with these suggestions, and have included time from symptom onset to diagnosis in Table 1.

If the aim of the study is to explore more around barriers and experiences of care (as is more indicated in the results and discussion) then I suggest revising the title and some of the language to better clarify this trajectory in the paper. (Or discuss that there was an original aim to map women's journeys, but this didn't come out in the interviews and an iterative approach to analysis focused on barriers across the care-seeking journey).

We agree that the title did not properly reflect the manuscript. We have included more discussion and analysis on the time taken to reach a referral, but have also updated the title to better reflect the nature of the paper: "Beyond the numbers- understanding women's experiences of accessing care for abnormal uterine bleeding (AUB): a qualitative study."

Themes

I would have found it helpful to have a table earlier on in the paper highlighting the final thematic structure. To more transparently report on the analytic process, the authors could also include some information around preliminary themes, or some of the inductive codes from the line-by-line coding that were combined to form the final themes. This would give the reader greater insight into the analytic journey and greater ability to appraise the rigor described in the analysis section.

We have included a table (now table 2) to improve the transparency of the analysis, which also includes inductive codes, preliminary themes and the final themes.

Line 148 states there are four themes, but Table 2 and the results describes 5 themes (+ subthemes).

This has been corrected; there are now 4 overarching themes.

Throughout the description of themes it often wasn't clear when a theme or finding was described by multiple participants (and saturation achieved) or if it was the experience of a single participant. For example under 'diminished symptoms' we have along section around a particular participant who felt her symptoms were dismissed and attributed to her weight (an important intersection), but it wasn't really clear how this theme was experienced across participants. (same issue for later themes, especially 'commitments' and 'taboo' where there was less description and it wasn't clear if that is because this is very consistent across participants).

We have included further analysis and evidence to support the themes, as experienced by most women. We have updated the health provider section and made significant additions/changes to commitments and taboo sections. From the suggestions made by reviewer 2, we have also included more information on the number of women who experienced these themes, for example: "Nine out of fifteen women in our cohort described negative experiences with their care providers, in particular their GP"

I wonder if the theme title 'diminished symptoms' really captures the intention here? I understand the title when I read more into the description, but not every reader may engage closely with the paper. It wasn't clear from the title alone if women's symptoms were varying over time (diminishing) or who was diminishing the symptoms. 'Dismissive' seems to appear more in participant quotes than in authors descriptions.

We have changed 'Diminished' to 'Dismissed'.

We aimed to prioritise women's experiences of seeking care. Though from some of the quotes it is evident that women's symptoms worsened over time. We have also clarified that it was the GP that women felt were dismissing their symptoms.

I was also confused about how often 'communication' was highlighted as an issue within this theme. This read to me like it may be its own theme related to the relationship with care providers. Or is it more that communication deficits resulted in participants feeling their AUB symptoms were minimized by health care providers?

All of lines 196-203 focus on communication, and I'm not convinced this is really describing "diminished symptoms"

Revision to more clearly develop this theme would strengthen the paper.

We have revised this section and concentrated more on the fact that poor communication resulted in women feeling like their symptoms were dismissed.

No divergent cases for any of the themes are noted - this is included as item no. 32 in the COREQ checklist included by the authors -but I don't see evidence of this in the paper.

We have now included more results from divergent cases – for example,

Line 205-212: However, two participants found that their health care provider quickly organised an ultrasound (scan) to investigate the issue further, which affirmed their decision to seek help, and acknowledged their symptoms as a problem to be investigated and treated properly rather than managing symptoms.

Line 228-230: In particular, one participant noted that she actively sought a female doctor expecting better support, but did not receive it.

Line 287-290: However, another participant described that soon after noticing her symptoms, she consulted her GP to find out what was wrong, as she had always been someone to check up on her own health.

Line 330-332: However, participant 10 found that reaching out and discussing openly her problems with others was important in her journey to seeking help.

Authors note that many women preferred a female doctor and that negative experiences included reference to a male doctor - but the quote in Table 2 describes the opposite (seeking a female doctor, anticipating more understanding but not receiving it, and then being more satisfied with a subsequent doctor who was male). This doesn't detract from if overall female doctors were experienced as more compassionate/understanding/easier to talk to - but noting divergent cases gives the reader more clarity and confidence in the rigor of the analysis and captures more of the complex experiences described by women.

We have included this quote in the main text and discussed the fact that this was a different experience for this woman.

In some parts of the results it isn't clear where if the authors are emotively stating their own stance or if the results have come from women. For example, line 142-143 notes that all women described traumatic impacts on their quality of life - but this isn't included in the reporting of themes or results. Was there insufficient interview data related to the impacts of AUB on women's lives (I understand this wasn't the focus of the research question but more clear grounding in the data would be appropriate for such a strong statement).

We have included quotes about the impact of AUB on the quality of life in the additional quotes table (table 3) to better support these statements.

Again line 219-220 "a number of women described seeking care from multiple doctors, in a helpless attempt to resolve their chronic and debilitating condition" - the quote doesn't relate to a "hopeless attempt" or a "chronic and debilitating condition".

We have inserted the quote after this statement and believe the quote (in which the participant refers to herself as feeling like a 'drug seeker') does reflect this woman's desperation for seeking care.

Low expectations of the care available seems to capture both expectations of care, and a lack of health literacy or information about if there are helpful/available treatment options. More clarity here would be useful. Similarly, I wasn't sure how long wait times led to low expectations for helpful care. Absolutely the long wait times reported are likely to be stressful and unacceptable from a health-care provision perspective - but I don't really see the link between a long wait time and low expectations of

care. I see more of a link between a long wait time, and feeling dismissed or that AUB is not a 'legitimate' health concern as described in the next theme.

I also question if "low expectations of themselves" serves as the authors intend. This was a particularly rich theme and I felt the authors did a great job of capturing the complexity in the description. But I wouldn't read this as women having low expectations of themselves, more that they internalised the message (highlighted in the previous theme that GPs/care providers dismissed their symptoms) that AUB was not an 'important' health concern and perhaps broader socio-cultural norms which minimise women's pain/menstrual related symptoms.

The theme "health literacy" seems to overlap with a lack of knowledge around treatment options for AUB and taboos around not discussing AUB/menstrual bleeding (and so not gaining sufficient information or normative information from others about what is normal/abnormal when it comes to uterine bleeding). The description of "commitments" also seemed closely linked to "low expectations of themselves" or women not prioritising their own pain/symptoms.

We agree with these comments, and have re-worked themes to better reflect the concepts. We have merged 'Low expectations of themselves' with 'commitments' to form the theme 'AUB as a legitimate health concern'. Meanwhile, 'low expectations of healthcare' was merged into 'health literacy'. We believe this is much clearer. There are now 4 themes.

****Discussion****

I was surprised by the focus in the 'main findings' on the theory of learned helplessness (NOTE: this should be helplessness NOT hopelessness). I believe there is quite a lot of research around this topic, but it seems to come out of no where as the focus of the discussion and I'm not convinced that this was sufficiently explored in the results to make such a strong statement here that this is what women were experiencing. I think this could be something that was suggested by the results for further exploration in the applicableness/usefulness of this theory and psychological research to care seeking/experience of AUB but I am not convinced that this is a summary of the 'main findings' of the paper or sufficiently supported by the results.

We have amended the discussion, and have removed the focus from 'learned helplessness', also suggested by reviewer 2.

Authors link the findings to past research on AUB, I think it would be appropriate to look a little more broadly to care seeking for other reproductive health challenges like Endometriosis where many similar challenges and health care experiences have been noted.

(e.g., Young, K., Fisher, J., & Kirkman, M. (2015). Women's experiences of endometriosis: a systematic review and synthesis of qualitative research. *Journal of Family Planning and Reproductive Health Care*, 41(3), 225-234.,

Young, K., Fisher, J., & Kirkman, M. (2016). Endometriosis and fertility: women's accounts of healthcare. *Human Reproduction*, 31(3), 554-562.)

We have included further discussion around these papers and others raised by reviewer 2. We believe linking to similarities experienced by women with endometriosis has strengthened the discussion, particularly as there are many qualitative studies around women's journeys to endometriosis diagnosis.

Saturation (and some other missing COREQ items)

No reflection on author positionality or whether saturation was achieved has been reported. the COREQ checklist states this was reported on page 4 but I cannot see any discussion of saturation. There is also no description of the coding tree (item 24 in COREQ).

15 is not a particularly large sample size for a qualitative study, the the 50% response rate adds more concern to this.

More information on data saturation and sample size has been added in the methods. We undertook a semi-inductive thematic saturation approach, with a purposive sample of 15 women. We are not concerned about the number of women who participated in the study which to some extent reflects the logistical considerations of recruiting women in a busy urban clinic. If there were more resources available in the study we would have been able to employ additional researchers to assist in the recruitment process.

Further to this, please provide information on the duration of the interview - this is also checked as included in COREQ but I can't see it in the methods or results. The average (and range) duration of interviews should be included.

Interview length has been included in methods, line 138..

Interview attendance

Limitations of the study should address participant non-response. I was confused as to whether 5/30 women didn't attend their specialist appointment at all, or just declined to be interviewed. 16% not showing up to their appointment seems to warrant further investigation (and some explanation for readers?). Also addressing that participants left because the interviewer wasn't available (still in an interview) should be noted as a limitation.

We have amended the limitations section of the manuscript to discuss the participant recruitment. 25 women were invited to the study: 5 women declined, and 5 were missed. 5 women who were identified as possible participants for invitation did not show to their specialist appointment at all and were therefore not able to be invited to the study. This definitely warrants further investigation, and we suggest recruiting from a community based or primary health care approach would better capture these women in future studies.

Reviewer 2 Comments to author:

Thank you for the opportunity to review this paper. The use of qualitative research and the discussion of women's narratives around this issue, and how this can improve care and information, seems vitally important and you have some very interesting and powerful data. However, I think the paper would benefit from some further development, specifically more care taken and more precision on the organization/structure, writing and arguments being presented. This overarching suggestion will, I hope, be made clearer by my more specific points below...

It is unclear what the aim of the study was. The abstract suggests the objective was to better understand experiences of accessing care. The discussion states it was to explore barriers and facilitators for seeking care. These – understanding experiences of care and understanding barriers and facilitators to care - are two different things. There is no reason they cannot both be aims of the study but this needs to be clear and consistent, and needs to match what is reported and discussed (at present there is little or no mention of the facilitators). The aims/objectives need to be clear and to be carried through into the rest of the paper – and need to match the title which is more in line with the barriers/facilitators objective. The methods section mentions a research question and doesn't state this, nor does it give the aim or objective.

We have amended the title and aims to better match the objectives of this study, as also suggested by reviewer 1. Through our significant changes to the manuscript, we hope better reflects the aim of the study, which was to: explore women's experiences of accessing care for AUB to identify barriers to seeking consultation.

While I appreciate it can be hard to do with qualitative work, and I would not advocate specifying numbers in a strict and consistent way, I think the findings would benefit from more clarity about the frequency of responses. Which findings applied to all or the vast majority of the sample? Which findings only applied to a small proportion but are still of interest? At present it is hard to decipher how common responses were across the sample, to get a sense of proportions.

*We have included more specific numbers across the themes. For example,
Line 167 - Nine out of fifteen Women in our cohort described negative experiences with their care providers, in particular their GP
Line 198 - eleven of fifteen women predominantly received only symptomatic treatment
Line 221 - Ten of fifteen women commented on the gender of their GP,
Line 245 - Nine of the fifteen women interviewed had delayed seeking care up to as long as 3 years as they attributed their symptoms*

In many places what you mean, your argument, is implied or skirted around – both in individual sentences and to a degree in the paper as a whole. I think the paper would benefit from a clear, concise overview of what your study found and what arguments you are making (this is in there to a degree but I think would benefit from some further development) - and for this to be used as the basis for some restructuring and rewriting.

We have substantially revised the manuscript and hope that through the reviewer's suggestions we have improved the clarity of the paper.

I think the paper would benefit greatly from looking, in the discussion, at how the findings speak to other literature on abnormal bleeding experiences, such as diagnostic delays in endometriosis at the patient level and the practitioner level (so distinguishing between these 2 levels explicitly) and ideas of menstrual etiquette (taboo, secrecy, not talking about it). In particular:

- Ballard, Lowton and Wright - What's the delay? A qualitative study of women's experiences of reaching a diagnosis of endometriosis – 2006
- Cox et al - Focus group study of endometriosis: struggle, loss and the medical merry-go-round - 2003
- Denny - 'You are one of the unlucky ones': delay in the diagnosis of endometriosis – 2004
- Denny and Mann - Endometriosis and the primary care consultation - 2008
- Manderson and Markovic - Circuit breaking: pathway of treatment seeking for women with endometriosis in Australia - 2008
- Markovic et al - Endurance and contest: women's narratives of endometriosis 2008)
- Seear - The etiquette of endometriosis: stigmatisation, menstrual concealment and the diagnostic delay – 2009

We agree, (as also suggested by reviewer 1), and have added a section that includes these papers and how it relates to our findings. Overall, our findings fit closely to experiences of women with endometriosis, however AUB often doesn't have a definitive diagnosis and this is an addition challenge faced by both practitioners and patients.

The 4 themes set out in lines 149-150 do not fully map onto the following 4 subheadings in the text and in table 2. Again this speaks to being careful and consistent throughout the paper and in its structuring.

We have restructured the themes and corrected the table to ensure consistency throughout the manuscript.

There are many places where the phrasing is unclear and could be improved, or there are typos, for example:

- Line 27 do you mean median (rather than medium) as is given in line 133?
- Line 37 I would remove the number of women invited to participate – what is needed for the abstract is just how many did participate, this information can be given in the methods (which it is)
- Line 44 'a taboo subject' not 'taboo subject'
- The abstract talks about the impact on relationships, work and education – but these are not mentioned in the paper
- Lines 43-5 – this isn't clear or fully described – just adding 'was difficult' or something similar to the end of the sentence would improve this
- Line 64 – 'can be' – do you mean 'is' or 'is defined as'?
- 69 – 'recent reframing' – you have given no indication of when and how things have been reframed – are the numbers in the previous sentence the new or old numbers?
- Line 66-7 odd to have US stats – do you have NZ or international stats?

There are limited stats on the number of women effected by AUB in the general population. There are no NZ stats on number of reported AUB cases. This US paper was a 'big data' analysis of over 300,000 records between 2002-2010.

- Line 111 - Whanau needs explaining
- Line 248 either use 'worthy of' or 'warranting' – using both is unnecessary
- Line 266-7 this is unclear – how does the fact it is normalised speak to the severity of it? As is the case in other places, your meaning needs to be more clearly explained and justified

- Line 271-2 – the sentence about stress – can you be clearer about the point you are trying to make? Is it that women attributed their symptoms to stress, rather than sought to have it medically investigated? Several sentences like this need better explanation or expansion/unpacking

- Line 287-8 this is not a complete sentence

- Line 291-2 – this doesn't follow logically from the text before. Missing appointments might indicate tolerance and ability to carry on day to day life, but it doesn't in itself show anything about the level of pain and bleeding. More careful phrasing is needed.

- Line 297 – reference to 'sick days' isn't clear

Some of these issues apply in other places in the paper which I have not specified here - ultimately some careful checking throughout and rewriting in places would help to ensure clarity.

We thank the reviewer for pointing out these mistakes, and have corrected them as suggested.

Methods

- The PPI section does not, to me, read as PPI activity whereby patients/public inform the design or conduct of a study. I would suggest using a different subheading

- Line 131 I'm confused by describing needing an interpreter as being 'missed' – can you explain more clearly? Was it not possible to use interpreters and why not (this is not necessarily a problem it just needs explaining), if so are there any implications of this to be discussed in strengths and limitations?

- How long did interviews last?

This information has been added in the methods and results section, also by the suggestion of reviewer 1.

Results

- Can you give some indication of how long women had been seeking investigations or diagnosis, or the variance in this? Were some just seeking it now and if so how many; did others have years or seeking help and if so how many; what was the story about how long women had been trying to get an answer?

This information has been added in the methods and results section (table 1), also by the suggestion of reviewer 1.

- Can you define health literacy?

- Personally I think switching between the text and the table with additional quotes makes reading the paper very disjointed. But I fully appreciate that word limits make it difficult and you are keen to include as much data as possible. Is there any way of making this less disruptive? Such as making sure any quotes that illustrate the main points being made are in the text and the table is only used for additional quotes that back up these? A more careful and selective presentation of your main arguments may help with this. Also, the quotes in the table need numbering to match the numbers given in text – so the reader can easily find them without having to count the lines.

We agree, and found it hard to include all of the quotes – there were many that we thought were important to add! We have now numbered the quotes in the table, and replaced some in the main text of the manuscript. We hope it is now clearer, and that the additional tabled quotes are backups to support the text.

Discussion

- Personally I would rethink reframing this in terms of 'learned helplessness'. Although I know you are trying to present the women in a sympathetic light, this reads in a deficit way to me, going against your aim to 'reframe these deficit narratives by looking beyond the numbers, to learn from lived in experiences of women with AUB'. It draws attention away from the healthcare barriers and barriers relating to knowledge and understating of normal and abnormal bleeding, and I don't think it adds much to the paper. My personal suggestion would be to reframe it in relation to some of the literature I specify above.

We have removed the paragraph discussing learned helplessness and focused more on the endometriosis studies and linked with our findings.

• Despite having an ethnically diverse sample there is no discussion of this – except in the limitations section (which incidentally I think is the wrong section – you present a recommendation based on other research with no link to your own). Did ethnicity appear to shape women's experiences in any way?

Ethnicity did not appear to shape the experiences in anyway, however we believe our sample is Euro-centric, and further studies which include increased numbers of non-European women is needed, and for which to be undertaken with the appropriate analytical approach so that the findings are not a European transposition. This has been added to the discussion.

• I would move strengths and limitations to the end, just above the conclusion. As it is it seems to break up the discussion

We agree with this suggestion and have moved limitations to the end.

VERSION 2 – REVIEW

REVIEWER	Julie Hennegan Burnet Institute, Australia
REVIEW RETURNED	20-Oct-2020

GENERAL COMMENTS	<p>The authors have done a comprehensive job of addressing my comments (and I believe those of Reviewer 2, which were quite aligned), and have substantially strengthened the paper. I'm satisfied that the paper should be published. I would request that the authors revise Tables 2 and 3 to make sure that the names of the themes are the same as the headings used in the paper. There is some inconsistency here, and it makes it more difficult for a reader to switch back and forth. (e.g., Health literacy vs Gynaecological health literacy; health care provider vs negative experiences with health care provider)</p> <p>With the way the cells are merged in the table it looks like there is plenty of space to write the full theme title in the table to match the headings in the paper.</p> <p>I also wondered if the first sentence of the abstract around objectives was the most accurate? Authors do build the link and motivation for the study around the detection of endometrial cancer - but it does seem AUB alone also has significant implications for women's lives, and understanding their experiences and how to improve care pathways is a valid objective as well. When I think of informing early detection strategies I think more of public education directing people towards care seeking, whereas this study more focuses on care provision.</p> <p>Not essential to revise, but authors could reflect on whether this is the priority to convey here.</p>
-------------------------	--

REVIEWER	Caroline Law De Montfort University, UK
REVIEW RETURNED	29-Oct-2020

GENERAL COMMENTS	<p>Thank you or the opportunity to review this revision. I agree, the revised manuscript is significantly improved and will make a valuable contribution to the literature and, hopefully, to policy and practice. I do however have some further comments which I hope are taken in the spirit intended – just to further tighten up the paper and improve readability and clarity.</p> <p>OVERVIEW COMMENTS</p> <p>The quotes need some attention and consistent formatting – there</p>
-------------------------	--

	<p>are things like quote marks and capital letters in odd places, quotes beginning with lower case letters, odd line spacing, double parentheses, some ending without full stops. I would also suggest using quote marks (as well as some very light editing for clarity/readability) within the quotes to aid readability, e.g. line 179-80 would become “I feel like with women’s health I go in and I say ‘(I am bleeding)’ and they’re like ‘doesn’t everyone?’, real dismissive...”</p> <p>I think it would help if the themes in table 2, table 3 and the narrative were the same and in the same order (they nearly are but not quite). It is also a bit confusing that there are 4 themes in table 2 and the text, and 5 in table 3. This relates to my point below.</p> <p>Lines 154-60 this is obviously really important text and sets the context, but it seems a bit oddly placed with no subheading. Could ‘distress’ or ‘impact on quality of life’ (as per table 3) be a theme – the first of 5 themes?</p> <p>While the healthcare theme seemed well developed, I was less convinced by the other 3 themes. Some of the narrative didn’t seem related to the theme heading. And the main point(s) being made about each theme could be clearer. I think another revision of these three themes, making sure the text within each section relates clearly to the theme heading and coheres to form a unified argument or point, would help. In particular:</p> <ul style="list-style-type: none"> - Health literacy <p>Can you define health literacy with a reference?</p> <p>Line 256-63 don’t seem to add much to the paper and don’t seem related to health literacy. The info about wait times and low expectations could be incorporated into the healthcare theme.</p> <p>Likewise lines 264-72 would better fit in the healthcare theme</p> <ul style="list-style-type: none"> - AUB as legitimate health concern <p>The focus of whether AUB was seen as a legitimate health concern is sort of lost towards the end of the section – it becomes more about practical barriers</p> <ul style="list-style-type: none"> - Taboo <p>The argument here could be made more explicitly and confidently</p> <p>SPECIFIC COMMENTS</p> <p>*** I know these look onerous at first glance but many are just typos; if I review another version I will not pick these up and will assume they will be picked up in the editing stage ***</p> <p>Line 32 suggest ‘of’ not ‘with’</p> <p>Line 42 suggest add the word ‘reported’ (reported negative experiences)</p> <p>Line 50-5 suggest end with full stop or not consistently</p> <p>Line 68 I still don’t understand which aspect was a recent reframing – this needs explaining</p> <p>Line 79-80 this is an important argument – is there a reference for this? It is unclear if the next two references (9 and 10) apply to this specific aspect (women not seeking timely care) or just to lack of knowledge of treatment options. If these 2 references do evidence this argument then great, but if not a reference needs adding or the statement amending</p> <p>Line 84 end quote mark needs adding</p> <p>Line 85-6 ‘lived experience’ is the usual phrase, rather than ‘lived in experience’</p> <p>Line 90 as stated in my last comments, I struggle to see how this paragraph is PPI. There is no evidence here of patients or public feeding into the study conceptualization, design or conduct. I suggest a new subheading is used instead.</p> <p>Line 133-4 I still find the phrase ‘missed’ unusual and would suggest finding alternative wording – even just ‘5 women were not able to be</p>
--	---

	<p>interviewed either because they needed an interpreter and this was not available within the study limits, or because they left the clinic while other interviews were being conducted'. And I would suggest adding the numbers in brackets in 2 places to show how many women were within each of these 2 groups. This also comes up in line 416</p> <p>Line 136 suggest : instead of ; after 'recorded'</p> <p>Line 169 suggest add 'and' before 'lack'</p> <p>Line 172 (and elsewhere) suggest introduce quotes with : rather than ;</p> <p>Line 176 suggest delete 'shared'</p> <p>Line 177 suggest remove two commas, or if not move second comma to before 'of'</p> <p>Line 194-6 could be rephrased to be clearer – communication deficits and symptom relief treatment seem to have been lumped together and it is not clear if/how this type of treatment really has anything to do with communication issues. Perhaps just make this paragraph about problems with treatment instead of communication?</p> <p>Lines 200-1 this doesn't seem to make sense to me – saying 'furthermore' and then focusing on it being well meaning but also dismissive – it doesn't read clearly. I am also not sure about speculating on the effectiveness of this – unless the women themselves reported it was ineffective? I would suggest instead something like 'While the suggestion by primary health providers to use hot water bottles (hottie) to help alleviate pain may be well-meaning, and the use of the word 'just' conveys a sense of how women felt dismissed.'</p> <p>Line 215 to not too</p> <p>Line 219-20 suggest rephrasing – it sounds like when any and all negative comments were linked to gender, they were linked to male GPs which clearly isn't the case given the quote in line 228-32</p> <p>Line 236 delete 'would'</p> <p>Line 243 suggest delete 'earlier'</p> <p>Line 243-9 – how can this figure of 9 women be correct? From table 1 it looks like a maximum of 7 women had symptoms for over 3 years?</p> <p>Line 257-7 suggest divide into two sentences</p> <p>Line 281-2 suggest rephrase – it's overly long and I think grammatically incorrect (by her not attending/would enable)</p> <p>Line 285-8 I don't think this adds anything to the paper. She is an exception, true, but you don't claim anywhere that all women struggled with seeing it as a legitimate concern and so this long explanation of how she was different from others doesn't add much to the paper. I would delete this.</p> <p>Line 291 suggest 'the emergency department' rather than 'emergency'</p> <p>Line 304 'park' is unclear</p> <p>Line 308-11 this seems an odd comment that doesn't fit with the flow of the paper and seems more about a subjective opinion on these women rather than a report of the findings. I suggest it is deleted.</p> <p>Lines 314-6 are these experiences related to putting off help seeking? They do not read that way. I suggest framing them just in relation to embarrassment without any mention of delaying help seeking. O providing quotes that show how they relate to delaying help seeking.</p> <p>Line 341-2 suggest reword – the aim stated earlier is not about their experiences of AUB but about their experience of accessing care</p> <p>Line 387 suggest add the word 'report'</p>
--	---

	<p>Lines 406-7 and 410-15, as well as line 54-5 – if this is about barriers to care, isn't it also important for community research to speak to women who have never even tried to access investigations, never even spoken to their GP? Could this be incorporated into the limitations section?</p> <p>Line 407 should the sentences start with 'the' instead of 'that'?</p> <p>415-7 suggest either delete or expand the point about lack of interpreter being a limitation – that this may have meant some groups of women's experiences were missed</p> <p>Line 422-3 suggest replace 'menstrual symptoms' with 'AUB'; similarly line 424 suggest add 'experience AUB' – the conclusion should, I think, restate the main focus and make sense as a read alone section. In these first 2 sentences AUB is implicit but I think making it explicit would help.</p>
--	--

VERSION 2 – AUTHOR RESPONSE

Reviewer: 1

The authors have done a comprehensive job of addressing my comments (and I believe those of Reviewer 2, which were quite aligned), and have substantially strengthened the paper.

I'm satisfied that the paper should be published. I would request that the authors revise Tables 2 and 3 to make sure that the names of the themes are the same as the headings used in the paper. There is some inconsistency here, and it makes it more difficult for a reader to switch back and forth. (e.g., Health literacy vs Gynaecological health literacy; health care provider vs negative experiences with health care provider) With the way the cells are merged in the table it looks like there is plenty of space to write the full theme title in the table to match the headings in the paper.

- The tables have been revised and full titles added to match the text.

I also wondered if the first sentence of the abstract around objectives was the most accurate? Authors do build the link and motivation for the study around the detection of endometrial cancer - but it does seem AUB alone also has significant implications for women's lives, and understanding their experiences and how to improve care pathways is a valid objective as well. When I think of informing early detection strategies I think more of public education directing people towards care seeking, whereas this study more focuses on care provision.

Not essential to revise, but authors could reflect on whether this is the priority to convey here.

- We agree, but would like to include early detection of endometrial cancer particularly as incidence rates are rising in pre-menopausal women, who are often blamed for not seeking care early. So, have slightly changed the objective in the abstract to:

To gain a deeper understanding of women's experiences with accessing care for abnormal uterine bleeding (AUB) in order to inform future strategies to improve care pathways, including the early detection of endometrial cancer.

Reviewer: 2

Thank you for the opportunity to review this revision. I agree, the revised manuscript is significantly improved and will make a valuable contribution to the literature and, hopefully, to policy and practice. I

do however have some further comments which I hope are taken in the spirit intended – just to further tighten up the paper and improve readability and clarity.

OVERVIEW COMMENTS

The quotes need some attention and consistent formatting – there are things like quote marks and capital letters in odd places, quotes beginning with lower case letters, odd line spacing, double parentheses, some ending without full stops. I would also suggest using quote marks (as well as some very light editing for clarity/readability) within the quotes to aid readability, e.g. line 179-80 would become “I feel like with women’s health I go in and I say ‘(I am bleeding)’ and they’re like ‘doesn’t everyone?’, real dismissive...”

Thank you for pointing this out, we have re formatted all quotes to be consistent.

I think it would help if the themes in table 2, table 3 and the narrative were the same and in the same order (they nearly are but not quite). It is also a bit confusing that there are 4 themes in table 2 and the text, and 5 in table 3. This relates to my point below.

Lines 154-60 this is obviously really important text and sets the context, but it seems a bit oddly placed with no subheading. Could ‘distress’ or ‘impact on quality of life’ (as per table 3) be a theme – the first of 5 themes?

- We have re ordered the table to reflect the order of themes in the text.

For quality of life, we wanted to include this to set the context of AUB as it clearly affected all the participants, however we didn’t include it as a theme in part of their journey to accessing care.

We have re arranged the first page of the results section (now lines 136-163). We believe this is now placed in a way that makes more sense and leads into the key themes.

While the healthcare theme seemed well developed, I was less convinced by the other 3 themes. Some of the narrative didn’t seem related to the theme heading. And the main point(s) being made about each theme could be clearer. I think another revision of these three themes, making sure the text within each section relates clearly to the theme heading and coheres to form a unified argument or point, would help. In particular:

Health literacy

Can you define health literacy with a reference?

Line 256-63 don’t seem to add much to the paper and don’t seem related to health literacy. The info about wait times and low expectations could be incorporated into the healthcare theme.

Likewise lines 264-72 would better fit in the healthcare theme

- We have included a reference and intro line for health literacy, including the definition:

Health literacy is a term used to describe the skills required to ‘obtain, process and understand information in order to make informed health decisions in a complex and multidimensional healthcare environment’ (20). Health literacy plays an important role in women’s health (21).

We then separated health literacy into ‘normal periods’ and ‘knowledge of treatments’ to make the concepts clearer.

- We do agree that the paragraphs highlighted may also fit into healthcare, however we believe that there is a link between health care provider and health literacy, and therefore the chosen quotes fall better under health literacy and the new sub heading ‘knowledge of treatments’. We have included an explanation to preface this:

The women we spoke to were keen to better understand AUB, but did not appear to have had appropriate/accessible information or discussion with or from their GPs. As one woman’s experience

highlighted that she didn't think the women's clinic would 'know more'...

This communication deficit was further exemplified in four of fifteen women who were unsure of what to anticipate at the specialist clinic and had low expectations in regards to a resolution for AUB...

AUB as legitimate health concern

The focus of whether AUB was seen as a legitimate health concern is sort of lost towards the end of the section – it becomes more about practical barriers

- We have also included subheadings for this section (self-doubt and prioritising others). We believe that 'prioritising others' does relate to AUB as a legitimate health concern – for example, one woman could not find a park and didn't think seeking care for her AUB was worth the trouble to get her husband to help. We have made this more explicit in the text.

Taboo

The argument here could be made more explicitly and confidently

- We have added some more text to support the argument.

SPECIFIC COMMENTS

*** I know these look onerous at first glance but many are just typos; if I review another version I will not pick these up and will assume they will be picked up in the editing stage ***

T-hank you for pointing out these mistakes, we have corrected all suggestions in the manuscript as below:

Line 32 suggest 'of' not 'with'

-This has been corrected

Line 42 suggest add the word 'reported' (reported negative experiences)

-This has been corrected

Line 50-5 suggest end with full stop or not consistently T

-This has been corrected

Line 68 I still don't understand which aspect was a recent reframing – this needs explaining

-This has been corrected

Line 79-80 this is an important argument – is there a reference for this? It is unclear if the next two references (9 and 10) apply to this specific aspect (women not seeking timely care) or just to lack of knowledge of treatment options. If these 2 references do evidence this argument then great, but if not a reference needs adding or the statement amending

-The two references do give evidence for this, however another reference has been added.

Line 84 end quote mark needs adding

-This has been corrected

Line 85-6 'lived experience' is the usual phrase, rather than 'lived in experience'

-This has been corrected

Line 90 as stated in my last comments, I struggle to see how this paragraph is PPI. There is no evidence here of patients or public feeding into the study conceptualization, design or conduct. I suggest a new subheading is used instead.

-The subheading 'patient and public involvement' is required by BMJ open. We have addressed that

there was no patient involvement in the design of the study, however there was involvement of Māori consultation groups (both hospital – RAGM and university – Ngai tahu). In addition, we have included the statement 'Participants were given the opportunity to indicate if they would like to know the results of the study- those who did will be emailed the final publication'.

Line 133-4 I still find the phrase 'missed' unusual and would suggest finding alternative wording – even just '5 women were not able to be interviewed either because they needed an interpreter and this was not available within the study limits, or because they left the clinic while other interviews were being conducted'. And I would suggest adding the numbers in brackets in 2 places to show how many women were within each of these 2 groups. This also comes up in line 416
-This has been corrected as suggested.

Line 136 suggest : instead of ; after 'recorded'
-This has been corrected

Line 169 suggest add 'and' before 'lack' '
-This has been corrected

Line 172 (and elsewhere) suggest introduce quotes with : rather than ;
-This has been corrected

Line 176 suggest delete 'shared'
-This has been corrected

Line 177 suggest remove two commas, or if not move second comma to before 'of'
-This has been corrected

Line 194-6 could be rephrased to be clearer – communication deficits and symptom relief treatment seem to have been lumped together and it is not clear if/how this type of treatment really has anything to do with communication issues. Perhaps just make this paragraph about problems with treatment instead of communication?
-This has been corrected

Lines 200-1 this doesn't seem to make sense to me – saying 'furthermore' and then focusing on it being well meaning but also dismissive – it doesn't read clearly. I am also not sure about speculating on the effectiveness of this – unless the women themselves reported it was ineffective? I would suggest instead something like 'While the suggestion by primary health providers to use hot water bottles (hottie) to help alleviate pain may be well-meaning, and the use of the word 'just' conveys a sense of how women felt dismissed.'
-This has been corrected as suggested

Line 215 to not too
-This has been corrected

Line 219-20 suggest rephrasing – it sounds like when any and all negative comments were linked to gender, they were linked to male GPs which clearly isn't the case given the quote in line 228-32
-This has been rephrased.

Line 236 delete 'would'
-This has been corrected

Line 243 suggest delete 'earlier'

-This has been corrected

Line 243-9 – how can this figure of 9 women be correct? From table 1 it looks like a maximum of 7 women had symptoms for over 3 years?

-This has been corrected (to 6 not 9).

Line 257-7 suggest divide into two sentences

-This has been corrected

Line 281-2 suggest rephrase – it's overly long and I think grammatically incorrect (by her not attending/would enable)

-This has been corrected

Line 285-8 I don't think this adds anything to the paper. She is an exception, true, but you don't claim anywhere that all women struggled with seeing it as a legitimate concern and so this long explanation of how she was different from others doesn't add much to the paper. I would delete this.

-This has been deleted.

Line 291 suggest 'the emergency department' rather than 'emergency'

-This has been corrected

Line 304 'park' is unclear

-This has been corrected

Line 308-11 this seems an odd comment that doesn't fit with the flow of the paper and seems more about a subjective opinion on these women rather than a report of the findings. I suggest it is deleted.

-This has replaced with "Furthermore, many women described how they tolerated AUB symptoms in order to keep family, work or social commitments" and this has been moved to the first paragraph of subheading "prioritising others".

Lines 314-6 are these experiences related to putting off help seeking? They do not read that way. I suggest framing them just in relation to embarrassment without any mention of delaying help seeking. O providing quotes that show how they relate to delaying help seeking.

-This has been corrected as suggested.

Line 341-2 suggest reword – the aim stated earlier is not about their experiences of AUB but about their experience of accessing care

-This has been corrected

Line 387 suggest add the word 'report'

-This has been corrected

Lines 406-7 and 410-15, as well as line 54-5 – if this is about barriers to care, isn't it also important for community research to speak to women who have never even tried to access investigations, never even spoken to their GP? Could this be incorporated into the limitations section?

-This has been added to the limitations.

Line 407 should the sentences start with 'the' instead of 'that'?

-This has been corrected

415-7 suggest either delete or expand the point about lack of interpreter being a limitation – that this may have meant some groups of women's experiences were missed

-This has been added.

Line 422-3 suggest replace 'menstrual symptoms' with 'AUB'; similarly line 424 suggest add 'experience AUB' – the conclusion should, I think, restate the main focus and make sense as a read alone section. In these first 2 sentences AUB is implicit but I think making it explicit would help.

-This has been corrected as suggested.

VERSION 3 – REVIEW

REVIEWER	Caroline Law De Montfort University, UK
REVIEW RETURNED	04-Nov-2020
GENERAL COMMENTS	Thank you for making these final changes - both sets of the revisions and the reframing and rewording of various elements has, I think, made for a much stronger, cohesive, well argued paper. Congratulations on finalising it!