

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Patient-centred infertility care among Arab women experiencing infertility: a qualitative study
AUTHORS	Webair, Hana; Ismail, Tengku Alina; Shaiful Bahari, Ismail; Khaffaji, Azza

VERSION 1 – REVIEW

REVIEWER	Malgorzata Karbownik-Lewinska Chair/Department of Oncological Endocrinology, Medical University of Lodz, Poland
REVIEW RETURNED	18-Oct-2020

GENERAL COMMENTS	<p>The study aims to define patient-centred infertility care (PCIC) from the perspective of 14 Arab female patients suffering from infertility.</p> <p>The study was properly designed and properly conducted. The number of patients, i.e. 14 female patients, is relatively low (comparing to cited by the authors European study involving 24 couples or 48 patients altogether). However, I understand that it is impossible at this step to increase the number of patients. The results are properly discussed as well as the conclusion is drawn properly, especially concerning the comparison with what has been found in European study.</p> <p>The following small remarks should be addressed.</p> <p>Table 1 – It should be probably „number of living children”.</p> <p>Table 2 – Periods should be removed at the end of the sentence equivalents.</p> <p>As the obtained data were evaluated by the inductive thematic analysis, this should be shortly described in a separate subsection.</p> <p>This paper is worth publishing in such a journal as BMJ Open.</p>
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REVIEWER	He Yu Beijing University of Chinese Medicine
REVIEW RETURNED	14-Nov-2020

GENERAL COMMENTS	<ol style="list-style-type: none">1.It is a small sample qualitative study, it should be discussed and stated in limitation, and give more information in Method to make clear how the data saturation was reached.2.More interviews were suggested to carry out to make the findings rich.3.And it is not a good way to compare the difference between the small sample interview findings and current studies about European PCIC. Questionnaire survey is suggested to be used.4. The conclusion is inconsistent with the aim.
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	5. Findings: the themes and the interaction between them need more thoughtful consideration. 6. Why not face-to-face interview? please make statement.
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REVIEWER	Val Peddie University of Aberdeen Scotland UK
REVIEW RETURNED	05-Feb-2021

GENERAL COMMENTS	<p>BMJ open Review Jan 2021 "Exploring patient-centred infertility care among Arab infertile women: a qualitative study"</p> <p>Thank you for the opportunity to review the above manuscript which in general, requires improvement in methodology and structure. My recommendation, therefore, is major revision with attention to comments listed below:</p> <p>Overall: there are numerous grammatical errors however, I appreciate the authors first language may not be English. For example, Page 1; line 27 'a purposeful sample of 14 women was used' – should read: 'were' included in the final analysis. Line 25 'telephonic' should read 'telephone', and the term, 'wait time' is used throughout, which should be corrected to 'waiting time'.</p> <p>They may also wish to amend reference/wording to 'Arab infertile women' throughout the manuscript as mentioned below.</p> <p>Infertility care can also be referenced as 'fertility care'. Frequent reference to the authors as 'we' needs to be changed throughout: I suggest rewording therefore, 'the authors applied, the authors carried out etc.', For example, page 5; lines 102-103 could be re-worded as: Inductive coding thematic analysis was applied to describe, compare and relate findings.</p> <p>Title The authors may wish to consider re-wording title to reflect aims of study 'experiences of Arab women attending fertility services' or 'living with infertility'</p> <p>Abstract Methods Section Methodology: this needs to be stronger. The authors hand-coded the raw data, sought perceptions of second), and on occasion, third researcher to agree final themes, and used N-Vivo; an electronic qualitative data application, yet none of this is mentioned in the abstract.</p> <p>Results (within abstract) Lines 38-40: Reference to grounded theory (Maslow's hierarchy of needs), should be in the main discussion section, not the abstract.</p> <p>Conclusion (within abstract) Lines 42-43 – consider re-wording to 'our findings concluded that women continued to exhibit basic unmet needs'.</p> <p>Article Summary Lines 52-53: suggest re-wording: 'therefore a multi-centre, cross-cultural study may provide results which are more generalisable'.</p> <p>Introduction Lines 58-59: suggest re-wording to 'however, in developing countries, where 1:4 couples will experience fertility problems in their reproductive lives'.</p> <p>Line 61: suggest re-wording to 'the fertility journey has been described as emotional and associated with psychological stress' 'care quality' should be changed to 'quality of care provided' throughout.</p>
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	<p>Where the authors refer to dimensions, more commonly used, and understood terminology is that of themes' or 'thematic analysis' which forms the basis for the inductive approach (and evident within the grounded theory approach) which they tentatively suggest when referencing Maslow's Hierarchy of Needs.</p> <p>Page 3; line 71: suggest re-wording 'These served as the basis for.....' to 'Findings from the literature review provided the basis and structure of the questionnaire'.</p> <p>Page 3; lines 73-77: 'The literature review was conducted to define PCIC from the perspective of Arab women'. I suggest the purpose was to conceptualise perceptions of Arab women receiving fertility care.</p> <p>Design</p> <p>This sentence belongs in the study population section and could be re-worded to 'explore the perceptions of Saudi Arabian women living with infertility'</p> <p>Study Population</p> <p>Page 3; line 86: suggest adding 'a purposeful sample of 14 participants was included in the final analysis'.</p> <p>Data Collection & Analysis</p> <p>Page 5; Lines 94-95: I suggest the author's reference the IDI guide as an Appendix (ie., The authors used an IDI guide during interviews (Appendix 1).</p> <p>Line 95: Ethical approval and fully informed consent should come before date of interview. If subsequent consent was sought on day of interview, then this needs to be explained.</p> <p>Line 98: change the word 'characteristics' to 'demographics', part 2; medical care received followed by open ended questions as required. Remove 'we used probing questions as needed'.</p> <p>Line 106: suggest 'experiences with fertility care received'</p> <p>Page 6; Lines 107-108: Remove reference to 'next we' as mentioned previously and suggest re-wording to The authors (HHW & TATI) examined the data to identify and agree common themes which was analysed independently, whilst continuously developing and modifying codes.</p> <p>Line 113: Remove 'we reached' and replace with; Data saturation was reached on completion of fourteen IDI's, deriving 148 codes.....'</p> <p>The aim of qualitative data is to condense the extensive (148 codes) data into brief summary format (dominant themes).</p> <p>Page 6; Line 128-129: when asking participant perception of interpretation of data, this should be referred to as 'stakeholder checks to enhance credibility of findings.</p> <p>Results</p> <p>The tables should be appendices (not appear in main body of the text) and appendix of hand-written analysis is not required.</p> <p>Page 11; lines 170-171: I suggest rewording 'using medications illegally' to 'obtaining non-prescribed or off licence medication'.</p> <p>Page 11; line 177: whilst I appreciate this is a direct quote, I'm not sure I understand the sentence 'we had a relation before meeting the doctor', which might require researcher explanation in brackets).</p> <p>Page 11; line 193: Past tense should be used: 'Participant 8 sought the opinion of.....'</p> <p>Line 194: Where authors refer to patient with recurrent pregnancy loss, it is an assumption that patient 'discovered she was not examined properly'. Therefore, this should read 'patient perceived she was not examined properly'</p>
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	<p>If attention to detail is applied throughout the remaining discussion, this section would be much improved.</p> <p>Conclusion This manuscript requires conclusion.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Dr. Malgorzata Karbownik-Lewinska, Medical University of Lodz

Comments to the Author:

The study aims to define patient-centred infertility care (PCIC) from the perspective of 14 Arab female patients suffering from infertility.

The study was properly designed and properly conducted. The number of patients, i.e. 14 female patients, is relatively low (comparing to cited by the authors European study involving 24 couples or 48 patients altogether). However, I understand that it is impossible at this step to increase the number of patients. The results are properly discussed as well as the conclusion is drawn properly, especially concerning the comparison with what has been found in European study.

Regarding the sample size: when comparing our study to the European study we should put in mind 2 substantial differences, not necessarily in favour of one study over the other, but to understand our limit in the comparison. First of all, the great differences in the culture and values of the study populations. These differences making IDIs is the best qualitative study for our population as they perceive infertility as a secret issue, social stigma, ...etc. Another important difference is the barriers between men and women in Arab culture making focus group discussion with couples not a good option. As a result, we chose IDIs and women only. Based on that, we expect half of the sample collected in European study, let's say 24 (3-4 FG) as we included women only.

In addition, IDIs sample size is never the same as FGs. It is well known that information gathered from IDIs is compared with focus group number and not participants' number. The European study included 7 FGs with infertile couples, equal 3-4 FGs if we counted women only. A study comparing saturation using IDIs vs FGs found that saturation was reached after 5 FGs vs 9-12 IDIs. This roughly reflects that each FG equal 2-3 IDIs (Coenen, M., Stamm, T.A., Stucki, G. *et al.* Individual interviews and focus groups in patients with rheumatoid arthritis: a comparison of two qualitative methods. *Qual Life Res* **21**, 359–370 (2012). <https://doi.org/10.1007/s11136-011-9943-2>).

So, our 14 IDIs equal 3-7 FGs which is comparable with the sample of the European study. Another important point is the time consumed for data collection, the European study stated that the average duration of FG was 2.5 hr, that mean 7.5 -10 hr for 3-4 FGs including the participant women. Our study included 14 IDIs ranged from 45-90 min, i.e. 10.5 - 21 hr. So, the duration of data collection in our study is comparable or even longer.

Required sample size for IDIs in literature: A sample size of 12 found to achieve data saturation and it can be even achieved with fewer IDIs (Boddy, Clive Roland. "Sample size for qualitative research." *Qualitative Market Research: An International Journal* (2016)).

Another study using inductive analysis found that 12 interviews provided all themes with most codes (Ando, Hikari, Rosanna Cousins, and Carolyn Young. "Achieving saturation in thematic analysis: Development and refinement of a codebook." *Comprehensive Psychology* **3** (2014): 03-CP).

However, the comparison by number is not always appropriate. The European study although the best available but we cannot tell it is a standard. We followed an inductive approach first to define PCIC from Arab women perspective regardless if it is going with or against the European one. The most important is the saturation of idea which defined the concept comprehensively.

The following small remarks should be addressed.

Table 1 – It should be probably „number of living children”.

Corrected

Table 2 – Periods should be removed at the end of the sentence equivalents.

Done

As the obtained data were evaluated by the inductive thematic analysis, this should be shortly described in a separate subsection.

Separated in a subheading

This paper is worth publishing in such a journal as BMJ Open.

Thank you so much for your constructive comments.

Reviewer: 2

Dr. He Yu, Beijing University of Chinese Medicine

Comments to the Author:

1.It is a small sample qualitative study, it should be discussed and stated in limitation, and give more information in Method to make clear how the data saturation was reached.

2.More interviews were suggested to carry out to make the findings rich.

3.And it is not a good way to compare the difference between the small sample interview findings and current studies about European PCIC. Questionnaire survey is suggested to be used.

Regarding the sample size (point 1,2 & 3): when comparing our study to the European study we should put in mind 2 substantial differences, not necessarily in favour of one study over the other, but to understand our limit in the comparison. First of all, the great differences in the culture and values of the study populations. These differences making IDIs is the best qualitative study for our population as they perceive infertility as a secret issue, social stigma, ...etc. Another important difference is the barriers between men and women in Arab culture making focus group discussion with couples not a good option. As a result, we chose IDIs and women only. Based on that, we expect half of the sample collected in European study, let's say 24 (3-4 FG) as we included women only.

In addition, IDIs sample size is never the same as FGs. It is well known that information gathered from IDIs is compared with focus group number and not participants' number. The European study included 7 FGs with infertile couples, equal 3-4 FGs if we counted women only. A study comparing saturation using IDIs vs FGs found that saturation was reached after 5 FGs vs 9-12 IDIs. This roughly

reflects that each FG equal 2-3 IDIs (Coenen, M., Stamm, T.A., Stucki, G. *et al.* Individual interviews and focus groups in patients with rheumatoid arthritis: a comparison of two qualitative methods. *Qual Life Res* **21**, 359–370 (2012). <https://doi.org/10.1007/s11136-011-9943-2>).

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However, the comparison by number is not always appropriate. The European study although the best available but we cannot tell it is a standard. We followed an inductive approach first to explore the concept from Arab women perspective regardless if it is going with or against the European one. The most important is the saturation of idea which defined the concept comprehensively.

4. The conclusion is inconsistent with the aim.

Could you clarify more please? We did not understand the aspects of inconsistency?

The aim is " to define patient-centred infertility care (PCIC) from the perspective of Arab women with infertility."

And the conclusion clarified that we found 9 PCIC dimensions which differs in some aspect if compared with the available PCIC dimensions which is the European one.

However, we noticed that the objectives were written in different forms throughout our manuscript. We changed the objective all through the manuscript to be: to define patient-centred infertility care (PCIC) from the perspective of Arab women with infertility.

5. Findings: the themes and the interaction between them need more thoughtful consideration.

Some changes have been made to improve the quality of our work especially language wise. So we hope it is more clear and informative now.

6. Why not face-to-face interview? please make statement.

At first, we planned to conduct face to face interview. We recruited the participants from OBGYN clinics by briefly informing them about the research idea and confirming their willing to participate. We faced many obstacles including logistic limitations as many of the hospitals lack a well-prepared place to conduct the interview which ensure comfort and privacy. Time restriction was another obstacle as many of the attending women were not willing to stay an hour more to conduct the interview. And the most important is their preference to conduct the interview by telephone rather than face to face. This could be because infertility is a sensitive issue and considered secret by many of our participants. Conducting the interview by phone was very advantageous in putting women in ease as the interviewer does not know their identity (only their first name) and would not recognize their

faces. So, it provided more anonymity and more autonomy as the participant has the right to choose the time, and the phone number to call her on.

"The literature review highlights that the arguments of traditionalists against the use of the telephone in qualitative research and weighs these up against those of researchers who have tested and compared the telephone against the face-to-face interview method. While the arguments of the critics carry some weight, it is also necessary to consider that researchers who had used the telephone said that there is "no real difference whatsoever" in the quality of their data when they used the telephone compared to face-to-face interviewing and that "for the most part, the paper would have been largely the same". Thus, in some cases decisions relating to interview mode (telephone or face-to-face) are not always made on a rational basis. The telephonic qualitative research interviews actually have many advantages, such as being more cost effective, less time consuming, and seen as less intrusive, thereby potentially increasing the likelihood of participation."[1]

We added this statement: "Researchers found no real difference in the quality of data or the published papers when they used the telephone compared to face-to-face interview methods [2]. In addition, the telephonic interviews have many advantages, including being less intrusive, cost effective, less time consuming, and less interview tension [1]. During participant recruitment phase, the invited women preferred telephonic interview over face to face one. It provided more anonymity and more autonomy as the participants were asked to mention their given name only and they were allowed to choose the time, and the phone number to call her on."

1. Farooq MB, De Villiers C: **Telephonic qualitative research interviews: When to consider them and how to do them.** *Meditari Accountancy Research* 2017.
2. Tucker BP, Parker LD: **Comparing interview interaction modes in management accounting research: a case to answer?** In: 2015: paper presented at AAA 2015 Management Accounting Section (MAS) Meeting; 2015.

Editor(s)' Comments to Author:

- Please work to improve the quality of the English throughout your manuscript. We recommend asking a native English speaking colleague to assist you or to enlist the help of a professional copyediting service.

As it was stated in the acknowledgement, the manuscript had been edited through Editage premium service. We contacted the editor and sent him a copy of your comments to consider your valuable comments in the revised version.

- We are concerned that the data in the supplementary table could compromise the anonymity of the participants in your study. As a general rule, we allow a maximum of two indirect identifiers in a table (e.g., age and sex). Please revise your table accordingly so that the participants' anonymity is not compromised.

I am not sure if I understood the meaning well. However, I deleted the level of education.

- Please revise the 'Strengths and limitations' section of your manuscript (after the abstract). This section should contain five short bullet points, no longer than one sentence each, that relate specifically to the methods. The results of the study should not be summarised here.

Done

- Please add the name of all of the ethics committees that approved the study in the "Methods" section of your manuscript.

Done

Reviewer 3

"Exploring patient-centred infertility care among Arab infertile women: a qualitative study"

Thank you for the opportunity to review the above manuscript which in general, requires improvement in methodology and structure. My recommendation, therefore, is major revision with attention to comments listed below:

Overall: there are numerous grammatical errors however, I appreciate the authors first language may not be English. For example, Page 1; line 27 'a purposeful sample of 14 women was used' – should read: 'were' included in the final analysis.

As it was stated in the acknowledgement, the manuscript had been edited through Editage premium service. We contacted the editor and sent him a copy of your comments to consider in the revised version.

Line 25 'telephonic' should read 'telephone', and the term, 'wait time' is used throughout, which should be corrected to 'waiting time'.

Corrected

They may also wish to amend reference/wording to 'Arab infertile women' throughout the manuscript as mentioned below.

We avoided using "Arab infertile women" and replaced it with other words like "women experiencing infertility" because we know that infertility could be an incidental event in women life that can be treated or resolved spontaneously. In addition, characterizing women with infertility is not acceptable in many societies especially in the Middle East and is perceived as stigma. However, we could not avoid it in the title because of the journal word counts limit. We will oblige if the review think that the title is more appropriately phrased as *"Patient-centred infertility care among Arab women experiencing infertility: a qualitative study"*

Infertility care can also be referenced as 'fertility care'.

Fertility care was defined in the International Glossary on Infertility and Fertility Care, 2017 as Interventions that include fertility awareness, support and fertility management with an intention to assist individuals and couples to realize their desires associated with reproduction and/or to build a family. <https://www.fertstert.org/action/showPdf?pii=S0015-0282%2817%2930429-6>

It is a wide definition includes persons who are not suffering from infertility. Our study focused on women with infertility and that's why we used the term infertility care. Major societies of reproductive medicine used both fertility & infertility care e.g ASRM <https://www.asrm.org/resources/who-resources/who-resources/infertility-resources/>

Patient-centred infertility care (PCIC) is the term used by Dancet et al in 2011 when they first defined European patient experience with infertility care (Dancet, E., D'Hooghe, T. M., Nelen, W. L. D., Sermeus, W., Garcia-Velasco, J. A., Nardo, L. G., ... & Kremer, J. A. M. (2011). O-146 Patient-centred infertility care is a European concept: results from an international multi-lingual qualitative study. *Human Reproduction*, 26(suppl_1).

Because we want to be consistent with the available literature, we preferred to use infertility care, and PCIC rather than fertility care.

Frequent reference to the authors as 'we' needs to be changed throughout: I suggest rewording therefore, 'the authors applied, the authors carried out etc., For example, page 5; lines 102-103 could be re-worded as: Inductive coding thematic analysis was applied to describe, compare and relate findings.

Done

Title

The authors may wish to consider re-wording title to reflect aims of study 'experiences of Arab women attending fertility services' or 'living with infertility'

But the study aims to explore beyond the experience, the study explored women experience with infertility care as a part of their definition of PCIC, in addition, it explored PCIC which is women preferences, needs and values, and their participation in all clinical decisions. If you go back to IDI guide you will find the questions cover these points to define the PCIC not only women experience. The title has been changed to: "*Patient-centred infertility care among Arab women experiencing infertility: a qualitative study*"

Abstract

Methods Section

Methodology: this needs to be stronger. The authors hand-coded the raw data, sought perceptions of second), and on occasion, third researcher to agree final themes, and used *N-Vivo*; an electronic qualitative data application, yet none of this is mentioned in the abstract.

Actually, BMJ open recommends the following subheading in the abstract: **Objectives, design, setting, participants, interventions** (this can be deleted if there were no interventions), **primary and secondary outcome measures** for quantitative studies only, **results**, and **conclusions**.

<https://bmjopen.bmj.com/pages/authors/#research>

We changed our abstract accordingly.

Results (within abstract)

Lines 38-40: Reference to grounded theory (Maslow's hierarchy of needs), should be in the main discussion section, not the abstract.

Deleted

Conclusion (within abstract)

Lines 42-43 – consider re-wording to 'our findings concluded that women continued to exhibit basic unmet needs'.

Done

Article Summary

Lines 52-53: suggest re-wording: 'therefore a multi-centre, cross-cultural study may provide results which are more generalisable'.

Done

Introduction

Lines 58-59: suggest re-wording to 'however, in developing countries, where 1:4 couples will experience fertility problems in their reproductive lives'.

Done

Line 61: suggest re-wording to 'the fertility journey has been described as emotional and associated with psychological stress'

But it does not express the intended meaning. We mean "infertility care" as we clarified above which is different from "fertility" and "fertility care".

'care quality' should be changed to 'quality of care provided' throughout.

We agreed to change. "Previously, conceptualisations of infertility care quality focused on outcome measures"? changed to "quality in infertility care"

Where the authors refer to dimensions, more commonly used, and understood terminology is that of themes' or 'thematic analysis' which forms the basis for the inductive approach (and evident within the grounded theory approach) which they tentatively suggest when referencing Maslow's Hierarchy of Needs.

"Dimensions" is different from "themes and subthemes". "Dimensions" means here the elements of PCIC. While "themes and subthemes" is the result of IDIs analysis whether or not it is an element of PCIC. E.g. "PCIC and health seeking behaviour" is a theme but not a dimension. Thus, the term 'dimensions' is used in Introduction section, referring to the term used in the literature not the results of IDIs.

Page 3; line 71: suggest re-wording 'These served as the basis for.....' to 'Findings from the literature review provided the basis and structure of the questionnaire'.

Done

Page 3; lines 73-77: 'The literature review was conducted to define PCIC from the perspective of Arab women'. I suggest the purpose was to conceptualise perceptions of Arab women receiving fertility care.

The purpose of the study was stated clearly: "to systematically gather, evaluate, and determine what infertile Arab patients prefer, value, and expect from infertility medical care" <https://www.sciencedirect.com/science/article/pii/S1110569017302200>

which reflects the definition of patient centred care as defined by IOM. The purpose was clear in the results as well. The study did not come up with any conceptualization. So, we have no right to change the aim of a published study.

Design

This sentence belongs in the study population section and could be re-worded to 'explore the perceptions of Saudi Arabian women living with infertility'

But we included even non-Saudi Arabian women. Our inclusion criteria are Arab women whether they were Saudi or not, who received infertility care in Jeddah.

Study Population

Page 3; line 86: suggest adding 'a purposeful sample of 14 participants was included in the final analysis'.

A sentence with the same meaning is already there. " A purposive sample of 14 women was included, with maximum variation"

Data Collection & Analysis

Page 5; Lines 94-95: I suggest the author's reference the IDI guide as an Appendix (ie., The authors used an IDI guide during interviews (Appendix 1).

It is recommended by BMJ to include extra data as supplementary files, not appendices.

"Additional information such as figures, tables, raw data and methodology statements, may be submitted and published alongside your manuscript as 'supplemental material"

<https://authors.bmj.com/writing-and-formatting/formatting-your-paper/>

Line 95: Ethical approval and fully informed consent should come before date of interview. If subsequent consent was sought on day of interview, then this needs to be explained.

Added. Ethical approval obtained in 2015, continuing review application done yearly before data collection conducted in 2017-2018.

Line 98: change the word 'characteristics' to 'demographics', part 2; medical care received followed by open ended questions as required. Remove 'we used probing questions as needed'.

Done.

Line 106: suggest 'experiences with fertility care received'

Done.

Page 6; Lines 107-108: Remove reference to 'next we' as mentioned previously and suggest re-wording to The authors (HHW & TATI) examined the data to identify and agree common themes which was analysed independently, whilst continuously developing and modifying codes.

Done

Line 113: Remove 'we reached' and replace with; Data saturation was reached on completion of fourteen IDI's, deriving 148 codes.....'

The aim of qualitative data is to condense the extensive (148 codes) data into brief summary format (dominant themes).

Done

Page 6; Line 128-129: when asking participant perception of interpretation of data, this should be referred to as 'stakeholder checks to enhance credibility of findings.

We wrote "we used respondent's validation.." then clarified how we did that. To the best of our knowledge, respondent validation and member checks carried the same meaning. Here is a reference <https://core.ac.uk/download/pdf/161888572.pdf>

Results

The tables should be appendices (not appear in main body of the text) and appendix of hand-written analysis is not required.

BMJ authors instructions: "Tables should be in Word format and placed in the main text where the table is first cited. Tables must be cited in the main text in numerical order.....Any tables submitted that are longer/larger than 2 pages will be published as online only supplementary material". Hand written analysis is removed.

<https://authors.bmj.com/writing-and-formatting/formatting-your-paper/>

We did not include table longer than 2 pages.

Page 11; lines 170-171: I suggest rewording 'using medications illegally' to 'obtaining non-prescribed or off licence medication'.

Done

Page 11; line 177: whilst I appreciate this is a direct quote, I'm not sure I understand the sentence 'we had a relation before meeting the doctor', which might require researcher explanation in brackets).

Changed to "had sex"

Page 11; line 193: Past tense should be used: 'Participant 8 sought the opinion of.....'

"Sought" means it happened once. We wrote "used to see..." to indicate that she usually does that.

Line 194: Where authors refer to patient with recurrent pregnancy loss, it is an assumption that patient 'discovered she was not examined properly'. Therefore, this should read 'patient perceived she was not examined properly'

Actually, she was informed by consultants thereafter that the doctors handled her case before were supposed to do some tests for the abortus to exclude genetic or chromosomal causes of recurrent abortion. This is well known practice in OB and MFM. So, it is not her perception.

If attention to detail is applied throughout the remaining discussion, this section would be much improved.

Thank you so much for your constructive comments.

Conclusion

This manuscript requires conclusion.

Added