

Reviewer's report

Title: Delays in seeking an abortion until the second trimester: a qualitative study in South Africa

Version: 1 **Date:** 1 March 2007

Reviewer: Kelly Blanchard

Reviewer's report:

General

I was very pleased to have the opportunity to review this manuscript and congratulate the authors on tackling an important research question. I think the data from this project will make an important contribution to the literature.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

I have four main overall comments that I think would provide useful additional information to readers:

1. Could the authors please provide more detail on recruitment? I would find it useful to read an explanation of why recruitment was limited to services that provide D&E since many second trimester abortions in South Africa are done using misoprostol alone. In addition, I would like more information on how women were approached and by whom.

2. The authors call the 20% figure for proportion of abortion in South Africa performed in the second trimester "high" throughout the paper. I was left wondering high compared to what? The authors' point about complications at later gestational ages is a good one, but the two references for why this is high are to data from Russia and a WHO publication. The Russian context to me seems very different, and abortion has been widely available there for much longer than it has been in South Africa. Perhaps the authors could provide additional data on other countries, particularly other developing countries. I would also suggest refraining from calling this figure "high" in places in the manuscript other than in comparison to other figures.

3. Along similar lines, the authors at the end of the paper state that despite the need for interventions to encourage earlier abortions, it is important to ensure that second trimester services continue to be available. I wholeheartedly support this point, and suggest that it be reinforced throughout the paper. In addition, the authors may want to add that coming in earlier in pregnancy might mean women have more options for their abortion method--although medication abortion is not yet available in public sector in South Africa, is it available in the private sector. Did the NGO services included in this study offer medication abortion?

4. In the results section the authors provide a great deal of detail on personal issues that led to abortion at a later gestational age, and fewer details, examples or quotes about service delivery issues. It would be useful for me as a reader to know whether this is because overall women cited fewer of these issues, or whether the authors believed the personal issues were more important? In the discussion section it would be useful to explain this and provide some thoughts about why there were fewer service issues described (some believe the proportion of later abortions is largely due to services issues) and whether this has bearing on the focus on addressing the quality of services and availability of second trimester services.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Abstract:

1. In the background I would recommend not using the descriptor "high" for the proportion of second trimester abortions, but rather just state the figure (20%).
2. There appears to be a word missing in the final sentence of the methods section (area?).
3. In the results section it might be helpful to provide some more detail of the findings--main themes etc.

Background

4. It might be useful in the second paragraph to explain that the Act allows for abortions up to 12 weeks to be provided by nurse midwives/nurses since this is a unique feature of the law.

5. The language "why women delay" suggests to me that women know they are pregnant yet wait to come. From the results described it seems that in many cases women do not know or do not confirm they are pregnant until later. Would it perhaps be more accurate to say "why women attend later in pregnancy"?

Methods

6. Did each of the sites actually provide ethical approval or just approval to conduct a study?

7. Please provide more information about coding--how many people conducted coding and was it conducted by at least two independent coders? The authors state that coding discrepancies were resolved by discussion but it is not clear between whom or how coding discrepancies were identified.

Results

8. In the first paragraph, you might consider rephrasing the sentence about contraceptive use to say, "Two (7.4%) of respondents reported contraceptive use..." Please also provide more information here on whether this means at the time of conception of the current pregnancy, or ever.

9. The second paragraph does not seem to fit under the sociodemographic characteristics heading--should there be a new heading above it?

10. The authors state that almost all women confirmed pregnancy with a home pregnancy test. Were they all purchased from a pharmacy privately?

11. In the second paragraph under contraceptive use the authors say method failure or inconsistent use might have prevented women from identifying their pregnancy earlier. Do the authors mean they believed they were protected? Presumably this applies only to the two women who reported contraceptive use?

Discussion

12. In the discussion the authors report that partners, family and friends played an important role in the decision to have an abortion, but no data on this issue is included in the results section. It would be useful to include more information on this, particularly given other data that a substantial proportion of women do not involve others in the decision (Cooper et al.).

13. The authors recommend encouraging women to keep diaries of their menstruation. I would recommend putting this in the larger framework of more information about pregnancy, reproductive physiology and reproductive health generally.

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.