Peer Review File

Article information: https://dx.doi.org/10.21037/jphe-23-144

Reviewer A

Point 1. The authors seem to have confused some terms used in the study. Did the authors explore the "barriers and facilitators to implementing prenatal care services in Manila or "barriers and facilitators to maintaining/accessing the already existing prenatal care services?" The two ideas were used interchangeably in the manuscript. This needs to be clarified and the authors should stick with the right terms for purpose of the study. From my own perspective after reading the manuscript, I got the impression that the authors have explored the barriers and facilitators to "accessing" the already existing prenatal care services during the COVID-19 pandemic. "Implementation" gives the impression of newly developed services during the COVID-19 pandemic which clearly isn't the case. The authors need to be clear on what exactly was explored- implementation or access facilitators and barriers? or both?

Response 1. Thank you for bringing this to our attention. We agree with your comments and have used "*accessing*" throughout the paper.

Point 2. Paragraph 4, line 64- "While the country-level response..." There's an assumption that the reader already knows the country of discussion. I suggest a restructure of this sentence.

Response 2. We have restructured this paragraph and mentioned "*Philippines*" for clarity. Please see page 4, lines 137-142.

While COVID-19 response efforts are a national priority, it is crucial to acknowledge the unique initiatives at the local level ensuring the continuous delivery of routine public health services, including prenatal healthcare (8). In the Philippines, the Inter-Agency Task Force (IATF) was established in 2020 to manage emerging infectious diseases and formulate national strategies for the pandemic response (9, 10, 11). These strategies are informed by the best available evidence relevant to the Philippine setting and health system (12).

Point 3. Paragraph 5, line 71- "what is currently unknown is.." I struggled to understand this sentence in the context it was used. Should it read "what is currently known" instead?

Response 3. To avoid confusion, we have removed the phrase and rephrased the sentences. Please refer to page 4, lines 144-146.

However, the country lacks unified and strengthened local frameworks outlining strategies and methods for sustaining non-COVID healthcare services, including prenatal care visits and consultations, within the local government units such as healthcare centers during the COVID-19 pandemic.

Point 4. Characteristics of the study participants- is there a rationale for the chosen age groups? It's unclear. The authors should provide the rationale for this.

Response 4. We used the WHO's definition of women of reproductive age and the Philippine Labor Code definition of people in working group. We have added this justification on pages 5 and 6, lines 177-178 and 182-184.

We have chosen this age group because they represent women of reproductive age.

The second group includes healthcare providers aged 21 to 65 (based on the Philippine Labor Code), working as registered licensed professionals…

Point 5. Data collection. Line 123- 12 FGDs were done in total. How were the interviews split between the pregnant women and healthcare providers? The authors have not made this clear. I suggest making it more explicit. Was it 6 interviews for each of the two groups?

Response 5. We have revised the data collection procedure for clarity. Please refer to page 6, lines 203-205.

We conducted 12 face-to-face FGDs, with two sessions (1 FGD for pregnant mothers and 1 FGD for the healthcare providers) held at each of the six healthcare centers. Each FGD included 3-5 participants and took place in a private room to ensure participants' preservation of their privacy.

Point 6. Results section- the findings are better reported under two major sections:
a. Pregnant women perspectives
b. Healthcare providers perspectives
With each section split into the facilitators and barriers findings. This will give the result and findings section a better flow and structure to it. To make the findings robust and better interpreted, inputting quotes from both groups (pregnant women and healthcare providers) for each theme and sub-theme is important.

Response 6. Thank you very much for your suggestions. We have revised Tables 2 and 3 to highlight the perspectives of pregnant women and healthcare providers.

Point 7. Section 3.3.1 (a) Compliance- Agreed, healthcare providers reported consistency in pregnant women's attendance for prenatal care. However, it is unclear what factors are responsible for the reported compliance level. It will be helpful to see pregnant women's perspectives on this as well for better understanding and generalisability of the results. Are there quotes from the interviews with pregnant women that corroborate this finding? As earlier suggested, the findings are better reported under two major sections with findings that support the themes and subthemes from the perspectives of both participants (pregnant women and healthcare providers).

Response 7. As suggested, we have revised Tables 2 and 3 and added both perspectives (pregnant women and healthcare providers).

Point 8. Section 3.3- Is this "Barriers to prenatal services" or "Barriers to IMPLEMENTING prenatal services?" Section 3.2 reads "Facilitators to IMPLEMENTING prenatal services". As earlier stated, there is a need for consistency of the term used for appropriate interpretation of the study findings. Refer to the first comment for clarity.
Response 8. We have addressed this comment and followed your suggestion. Please see Response 1.

Point 9. Discussion- does the study have any strengths?

Response 9. We added the strengths of our study. Please refer to page 14, lines 502-513.

Despite these limitations, the study has significant strengths, particularly in its methodological approach. The utilization of in-person FGDs allowed for the direct observation of participants' raw reactions, behaviors, and attitudes toward the provided topic guide. This dynamic interaction enriched the collected data and provided a nuanced understanding of participants' responses and interactions within their respective groups. FGDs provided a conducive platform for participants to express themselves, fostering detailed responses and opinions freely.

The study's strength extends beyond its methodology. Establishing connections with local government units and healthcare providers facilitated collaboration and validated the relevance and linguistic appropriateness of the topic guide. Additionally, a rigorous validation process involving healthcare providers and academic experts further ensured the credibility of the study findings, enhancing the overall robustness of the study.

Reviewer B

Point 1. It would be helpful to better explain how pregnant people have insights related to prenatal care implementation, and/or to reframe the study design to be inclusive of prenatal care experience. It is also not clear to me whether these findings specifically reflect the context of Covid-19, or if they are a broader commentary on the prenatal care system in the local context. There is little mention throughout the results section of the pandemic.

Response 1. Thank you for your comments. We have re-analyzed our data and restructured it based on the perspectives of pregnant women and healthcare providers, showing their facilitators and barriers to accessing prenatal care services during the COVID-19 pandemic. We have followed the comments given by Reviewer A, and we have presented our results that indeed reflect the context of accessing prenatal care services during the pandemic. Please refer to Tables 2 and 3.

Point 2. Does not appear to include an abstract; the highlight box contains a summary of the findings but not an overview of methods

Response 2. According to the journal, the highlight box should contain a) the key findings, b) what is known and what is new, and c) what is the implication and what should change now. We did include an abstract but uploaded it as a separate section on the platform. We will ensure that the main text contains the abstract in our resubmission.

Point 3. Page 3, line 71: first sentence is not clear as written.
Response 3. To avoid this confusion, we have restructured this paragraph. Please see Response 3, Reviewer A.

Point 4. It is unclear to me why birth rates are reported for the year 2020 and the facility selection was based on October 2022 data.

Response 4. The most recent birth rate data in Manila City is for 2020. This information was added to justify why we chose Manila as the study setting. The facility selection was based on the highest number of expectant

mothers per the Health District Office of the Manila Health Department that we obtained through formal requests at their respective offices.

Point 5. The Study participant paragraph lacks important details. It would be helpful to provide more information about comorbidities and/or medical conditions excluded. Also clarify if "those outside Manila City" refers to the pregnant person's home address or location where they received care.

Response 5. We provided more information about our exclusion criteria. Please see page 5, lines 178-182.

Ineligible participants are pregnant mothers below 15, those with medical conditions, and those receiving prenatal care outside Manila City. Individuals with comorbidities or medical conditions (e.g., diabetes, hypertension) were deliberately excluded from the focus group discussions for safety reasons, aiming to prevent stress or harm. Additionally, to exclusively focus on prenatal care services within Manila, pregnant women receiving care outside Manila City were excluded from the study.

Point 6. It's also unclear whether or not the healthcare providers needed to specifically work in prenatal care. Its particularly unclear why dentists were included.

Response 6. We have revised the paragraph to explicitly state that healthcare providers participating in the study are specifically involved in prenatal care. Dentists were included because oral health is part of prenatal care services. Please see pages 5 and 6, lines 182-186.

The second group includes healthcare providers aged 21 to 65 (based on the Philippine Labor Code), working as registered licensed professionals (e.g., physicians, nurses, midwives) at Manila City healthcare centers. To ensure a comprehensive understanding of perspectives on prenatal care services, healthcare providers participating in the study must be involved explicitly in prenatal care.

Point 7. Under data collection, describe how the focus group topic guides and questions were drafted. Were they informed by any frameworks or theories? Qualitative best practices? What were the primary aims or questions you sought to answer? Also, describe the training and/or background of the focus group facilitators.

Response 7. Frameworks or theories did not inform the topic guides as we want to inductively analyze the emerging themes for the barriers and facilitators in accessing prenatal care services. We have employed qualitative best practices (see COREQ checklist) and described the aims or questions we sought to answer (please refer to Table 1. Sampling details and research focus). We also described the training and background of the focus group facilitators. Please refer to pages 6 and 7, lines 195-201, 205-209, and 230-231.

Two semi-structured topic guides were constructed by the authors for both pregnant women and healthcare providers based on the accessibility and implementation of prenatal care services during the COVID-19 pandemic (Table S1 and S2). Subject matter experts, such as local physicians, nurses, and midwives, validated these topic guides. Afterward, we pretested with 5 pregnant women and 5 healthcare providers as our participants. Pretesting was conducted to determine if our initial topic guides would be applicable as appropriate and not deemed overly sensitive to our participants. Their responses determined the proper approach and improvement when we collected the data during the FGDs.

The sessions typically lasted around 60 minutes, with three male and four female researchers. Two authors (PDM and KM) facilitated the FGDs, while the other two (ABD and KZM) documented field notes. The first four authors underwent training in research methodologies and ethical considerations. The entire study was supervised by experienced researchers and professors (MJM, KJM, and RRC).

This study utilized Braun and Clark's thematic analysis methodology and inductive reasoning, focusing on a specific phenomenon (15).

Point 8. Please explain or justify the time period of this study in relation to the Covid-19 pandemic and how your selection criteria for pregnant people allowed for this included respondent population to speak to your primary research questions.

Response 8. We have justified the time period in relation to the COVID-19 pandemic. Please see page 5, lines 170-172.

In the current scenario, Manila operates under the New Normal Guidelines, with localized lockdowns implemented at both the barangay (community) and "purok" levels—the latter being the smallest unit within the community.

Point 9. Under data analysis, explain and/or cite the "participant feedback process" in more detail.

Response 9. We explained the "participant feedback process" in more detail and provided a citation. Please see page 7, lines 223-228.

To enhance the accuracy and authenticity of our findings, a participant feedback process (member checking) was meticulously integrated into the data analysis phase (14). This involved sharing the transcripts and results with the participants, enabling them to verify the accuracy and resonance with their own experiences. The purpose of this method was to incorporate the comprehensive insights and recommendations provided by the participants into our final results.