Reviewer’s report

Title: Smoking cessation advice recorded during pregnancy in United Kingdom primary care

Version: 2 Date: 17 December 2013

Reviewer: Elizabeth Cottrell

Reviewer’s report:

Many thanks for the opportunity of reviewing this paper which has clear public health interest.

- Major Compulsory Revisions

The author must respond to these before a decision on publication can be reached. For example, additional necessary experiments or controls, statistical mistakes, errors in interpretation.

1) Abstract > Results > last sentence – it states “no marked variations were observed in the recording of smoking cessation advice with age...” but the fourth line of the results states that younger pregnant women were more likely to have a record than 25-29 year olds – this discrepancy needs addressing and/or clarifying

2) Main paper > Discussion > final paragraph – previously in the discussion the authors state that giving and recording smoking cessation advice does not necessarily equate, nor does giving smoking cessation advice necessarily lead to more pregnant women actually quitting with the resultant benefits – therefore the final sentence seems to be a huge leap of faith. It may be more appropriate to indicate how this data could be used to make meaningful change (supported by evidence based statements) and what more work may need to be done to establish how to make meaningful change

3) Main paper > Discussion – there is no explicit discussion of the limitations of this study – at a minimum the identification of “smokers“, identified both by Read codes indicating smoking or drug code for nicotine replacement during pregnancy, may pose issues as the latter may result in over-estimation of those advised to stop smoking as to have been prescribed NRT they would have probably discussed stopping. This risk was highlighted by the fact that 49.5% of women who had NRT during pregnancy had recorded smoking cessation advice. It would be useful for readers who are not familiar with THIN database to understand the limitations of this system and the data from it – generic issues with this type of study are problems with GPs not recording at all or not Read coding everything (mentioned but not highlighted as explicit limitation) that occurs in consultations, assumptions made when deciding on smoking status/co-morbidities etc and the effect these may have had on the data

- Minor Essential Revisions
The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.

1) Abstract > Methods > first word – should this be “From” rather than “In”?
2) Main study > Discussion > 3rd paragraph – “Our study is also novel...” should be changed to “Our study is novel...” given it is the beginning of a paragraph

- Discretionary Revisions
These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential.

1) Abstract > Methods – it would be helpful for readers to know what country/part of the country is covered by THIN database
2) Abstract > Results > 1st sentence – it is not clear from the background why the QOF is relevant to this topic so it seems a bit strange to refer to it here – perhaps either add a little bit about what is relevant in QOF to the background or remove the reference to it in the abstract as discussed in full body of the paper anywhere
3) Abstract > Conclusion and Main paper > Annual trends in recorded smoking cessation advice in primary care > “over time” – implies consistent increase but we know it increased and decreased slightly although still above baseline by quite a lot – I wonder if the wording can be changed to reflect this more accurately
4) Abstract > Conclusion – I think this can be strengthened overall by being explicit about the ‘so what?’ question – what are you or others going to do with this knowledge?
5) Abstract > Results > fourth line of the results states that younger pregnant women were more likely to have a record than 25-29 year olds – when the main paper is read it seems that the oldest group was most likely to have smoking cessation recorded so it seems strange that the 15-19 results are given and not the 45-49 year old results
6) Main Paper > Discussion > First paragraph – it would make more sense to me to report the factors associated with recording of smoking cessation in order of decreasing impact i.e. having asthma, being from most deprived socioeconomic groups etc...
7) The references given for complications of teenage pregnancy e.g. 37 and 38 seem to be very old – newer ones can be found using a simple PubMed search so it may be worth the authors reviewing their literature to update it a bit

Please note that both the comments entered here and answers to the questions below constitute the report, bearing your name, that will be forwarded to the authors and published on the site if the article is accepted.

**Level of interest:** An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests