Reviewer's report

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

Version: 2 Date: 21 December 2013

Reviewer: Emma Clarke

Reviewer's report:

Thank you for the opportunity to read this paper. The authors pose a very succinct question with large applicability.

1. Is the question posed by the authors well defined?
   The question is very clearly defined and discussed within the context of relevant background information, highlighting current problems and similar research done to date. It fits in well with other studies looking at smoking prevalence in pregnant ladies (Tong VT et al, 2013, PMID: 24196750) and those looking at the consequences of maternal smoking (for example, Suzuki et al, 2013, PMID: 24335086). The question is original and has not been answered in this way previously.

2. Are the methods appropriate and well described?
   The statistical methods used are appropriate and detailed to allow reproducibility.

3. Are the data sound?
   The data appears sound. The results used for the logistic regression are those from 2006 onwards and the reasoning given in the methods is that the proportions of patients receiving cessation advice stabilised after this. I wonder if this could be expanded on. For example, what was the reasoning behind this? How was stabilisation defined? Was an analysis done using all of the results and if so how was this different?

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   Yes

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   The authors make non biased deductions from their results and put this in the context of previous research. The results are communicated well. I was pleased to see the inclusion of a discussion around the impact of QOF which was not overly biased.

6. Are limitations of the work clearly stated?
   Yes the authors highlight the limitations of their study. For example, the outcome
of cessation advice is not known, cessation advice given by midwives is not included and the authors discuss the assumption of recorded Read-codes.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
The authors mention previously published work and how their results build on this. They also discuss reasons behind differences in results from similar research, for example previous questionnaire studies have found higher rates of cessation advice and the authors propose that this might be due to recall with a tendency to over-report.

8. Do the title and abstract accurately convey what has been found?
Yes within the first few lines of reading the abstract it is clear what will be covered in the paper. The title is short but explanatory.

9. Is the writing acceptable?
I enjoyed reading this paper. It had a very good flow, was structured well and there was an interesting discussion.

Major compulsory revisions
None

Minor essential revisions
In the abstract under the methods section it states that logistic regression was used from 2005 onwards, however in the methods section in the main body of the paper under the statistical analysis section it states the results from 2006-2009 will be used. Could this be checked and amended as appropriate.

Discretionary revisions
As mentioned under the discussion about sound data, it might be worth expanding on why data was only included in the logistic regression model from 2006 onwards. It is mentioned that this period was chosen as this is where the results stabilised. However it might be useful to understand more about why this method was chosen and how stabilisation was defined.

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.

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