Reviewer's report

Title: The prevalence and correlates of suicidal ideation identified by the Edinburgh Postnatal Depression Scale in postpartum women in primary care

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Reviewer: Rhonda Small

Reviewer's report:

This manuscript should make a useful contribution to knowledge about suicidal ideation (SI) among women depressed in the postnatal period. As the authors note there has been little work done in this area to investigate SI in recent mothers and assessment of the EPDS Item 10 in concert with the CIS-R is new and the findings worth reporting.

Major Compulsory Revisions

1. There is discussion in the postnatal depression literature about Item 10 on the EPDS (eg about how women understand the item, especially given it does not explicitly refer to suicide, rather ‘thoughts of harming oneself’ and what positive responses to it indicate in the perinatal period) and the paper would be strengthened by the authors engaging with this issue, and what has been published previously, in discussing their findings. For example, in this study, three women reported ‘hardly ever’ having thoughts of harming themselves at baseline (EPDS), yet they also reported on the CIS-R that they had thought of killing themselves in the last week. What does this suggest?

2. I would like Table 3 to include the unadjusted as well as the adjusted odds ratios and also to include the associations between trial group and SI. Did the multivariable model adjust for trial group? Is the association for each variable adjusted for all other variables included in the table? Also, are all these ORadj correct (please check Highest Qualification values in particular)? Given an N of 46 for SI, how robust are the multivariable analyses?

3. The methods section describes analyses to account for bias due to missingness at follow-up, but this analysis has not been presented, and should be. How many women with SI at baseline were lost to follow-up and what are the implications of this for the analyses about SI at baseline and outcome at 18 weeks?

4. Table 4 appears to be a rather minimalist approach to presenting whether SI predicts outcome and there is little further illumination offered in the text. Was adjustment for baseline measures the only adjustment conducted? Was there adjustment for trial group? Other variables? Please include numbers and proportions for SI and non-SI groups and mean scores for each of the outcome measures to the table.

5. The conclusion that ‘suicidality does not appear to predict poor outcomes’
(page 13) needs careful qualification, given the treatment trial context of this finding and the small numbers reporting SI.

Minor Essential Revisions

6. Please indicate how many women did not have a baseline CIS-12 or SF12 (page 7).

7. It would be helpful to readers if the protocol for responding to women who reported SI at baseline were included in this paper. In particular, for such women randomised to the four-week waiting period before beginning listening visits, was there a protocol of care in response to SI reporting?

8. The Methods section would benefit from inclusion of a description of the variable selection for the multivariable analyses.

9. Although the numbers are small, was there any difference in SI reporting between the trial groups at baseline or at four and 18 weeks? These data on prevalence and persistence by trial group should be reported in the Results.

10. Table 3 contains a number of abbreviations that should be spelled out for the international context (GCSE, NVQ).

Discretionary Revisions

None

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