Reviewer’s report

Title: Development of the Tilburg Pregnancy Distress Scale: the TPDS

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Reviewer: Julie Jomeen

Reviewers report:

This paper is both interesting and clinically valuable. It sets out a clear case for the development of a pregnancy specific emotional distress scale, which is currently lacking within both clinical practice and research settings. The article is well written and the research design is robust, there are limitations within the design but these are addressed and discussed. The most significant limitation would seem to be the variation in the gestation across the sample, this might perhaps benefit from further expansion as other work has indeed found significant differences across time in women’s worry scores in early and later pregnancy.

Methods

These are relatively well described but a number of aspects would benefit from further clarity and explanation.

1. The use of focus groups as opposed to interviews to extract issues of relevance would benefit from greater justification
2. The framework through which the ‘recorded texts were evaluated should be clearly stated and explained
3. How many potential items were originally defined prior to the reduction to 22 final items?
4. What is the rationale for the choice of 4 point scale?

Pg 5 – should the first line read ‘...visiting their midwife for antenatal care’ not ‘...antenatal control’

Measurements

Comment on the reliability/validity and utility of the GAD-7 in pregnant and postnatal populations is necessary here

In relation to the EPDS, there is recent work by Matthey et al (2003) that suggests a higher cut-point score should be used for pregnant women than for postnatal women, in order to reduce the incidence of false negatives. Are the authors aware of this paper and consider an increased cut-point threshold for this study? I recognise that this is the Dutch version of the questionnaire and a validation study has been conducted so this may be irrelevant to this study but may be something the authors wish to consider.

In both statistical methods and results indication to readers of the convention cutoffs would be useful e.g. coefficient level of # 0.40 and internal consistency
(#=0.80), this would be helpful to those readers less familiar with EFA and CFA techniques

Results
The prevalence of depression identified by both the EPDS and the GADS-7 seems low in relation to population prevalence that I am familiar with? Is this the coherent with other research within the Dutch population? Is this a possible consequence of utilising the lower cut-off for the EPDS? I realise this is not the focus of the study but seems worthy of comment and some discussion.

**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