Author's response to reviews

Title: Can father inclusive practice reduce paternal postnatal anxiety? A repeated measures study using the Hospital Anxiety and Depression Scale.

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Author's response to reviews:

Executive Editor: Rachel Neilan
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Dear Rachel,

I am pleased to present the revised manuscript MS: 1205956924481189

We are grateful to the reviewers for the considerable effort they have contributed to the feedback of this article. We are pleased to have the opportunity to enhance and improve the content and presentation of this article and appreciate the reviewers input to this process. Each of the editors and reviewers comments have been addressed and highlighted in red throughout the text.

EDITOR

1. Please include a title page and abstract in your manuscript. Manuscript sections should include (in the following order): Abstract; Background; Methods; Results; Discussion; Conclusions; Abbreviations (if any); Competing interests; Authors' contributions; Acknowledgements; References; Figure legends (if any); Tables (if any); Description of Additional files (if any).

The abstract was originally submitted to BMC Public Health with a title page and cover letter, but appears to have been misplaced in the transfer to BMC Pregnancy and Childbirth. I have attached another copy of the abstract and the manuscript.

2. Please ensure that your trial registration number is at the foot of both abstracts.

The trial registration has been included and is at the foot of the abstract.
Responses to REVIEWER ONE:

• Major Compulsory Revisions • Manuscript needs an abstract. Abstract has been supplied
• Minor Essential Revisions
• Spell out EPDS acronym at first use Corrected on Page 6
• Was there any negative feedback from participants? What proportion of participants provided positive feedback?
  The overall feedback was positive and ranged from 45%-69% of responses identifying that the resources were useful/helpful (depending on the materials sent). There were only 2%-8% who did not find the resources helpful whilst the
• Were the participants who were lost to follow-up different in any way from the completers?
  No, the demographics for both the control and intervention participants lost to follow up were very similar to those who continued with the study.
• Were the groups comparable in anxiety scores at baseline?
  In this study, 7% of intervention fathers registered moderate to severe levels of anxiety at baseline whilst the control fathers registered 4 %.( Page 11)
• Move limitations to discussion section.
  Moved to the discussion section (Page 15)
• What are suggestions for future research?
  Future research suggestions have been included on Page 16
• Any comments on why the intervention was not successful?
  The intervention was successful in its aim to increase the number of breastfeeding mothers in the intervention group at six weeks compared to mothers whose partner was in the control group. The monitoring of anxiety and depression scores at baseline and at six weeks was not the main objective of the intervention, but we were interested to see if gender specific groups and relevant timely information to fathers could reduce anxiety postnatal. The first few weeks at home postnatal have the greatest potential for anxiety and we did not capture this with the randomised controlled trial. (Page 15-16)
• Discuss how large sample size gives enough power to find marginally significant results, and how this ties in with clinical significance of findings.
  A large sample size with marginally significant results can be generalised to a population and influence clinical practice. For example, the anxiety levels of the intervention fathers were reduced with a gender specific antenatal class and socio-educational follow up over six weeks postnatal. Introducing father inclusive practice has the potential to reduce paternal postnatal anxiety.(Page 15)
• See submission guideline for proper table preparation, including titles.
Statistically significant results should be starred, with a notation describing the significance level.
The tables have been prepared as recommended in the submission guidelines.
• Title should include study design.
Title has changed to incorporate study design. Can father inclusive practice reduce paternal postnatal anxiety? A repeated measures study using the Hospital Anxiety and Depression Scale.
• Results report only improve/unimproved. This is not defined in the text- are we to assume that any decrease in score, even 1 pt, is “improvement”. What then, is the magnitude of improvement in anxiety scores, and how should we interpret this clinically?
The word improvement is ambiguous and has been changed. The results from both the intervention and control group fathers show a shift from the baseline anxiety score to a lower anxiety score at six weeks. The results are tabled to show the percentage of those fathers who lowered their self reported anxiety from baseline to six weeks. The number of fathers whose anxiety increased at six weeks was also lower in the intervention group and these results are recorded in Table 2.(Page 11)
• Did the fathers in the anxiety group “improve 12.4%” as stated in the text, or did 12.4% of the fathers improve? The current wording sounds like a reflection of a change in score rather than a count of men who improved.
There were 12.4% of fathers in the intervention group who self reported a lower anxiety score at six weeks from their baseline scores. (Page 12)
Discretionary Revisions
• Provide more information about intervention, particularly what is “usual” class and what is novel to the intervention.
The control group participated in the routine antenatal classes held at each of the hospitals incorporating labour, birth, pain relief and breastfeeding.
The intervention group of fathers attended the antenatal classes with an additional one hour session incorporated into the hospital program. These sessions were facilitated by a male educator and addressed three main topics: the role of the father, the importance and benefits of breastfeeding for both mother and baby and what to expect in the first four weeks at home with a new baby. Small group work allowed for open discussion and an opportunity to
brainstorm solutions to common problems (crying baby, breastfeeding difficulties). Resources developed for this session included a “New Father’s Guide” brochure which identified some strategies for coping in the first four weeks at home with a new baby. (Page 9-10)

- Paragraph 3: first sentence makes it sound like both depression and anxiety scores were significantly different. It would be most clear to deal with all of the anxiety results first, then move to depression results.
  The results as suggested now show anxiety separate from depression.
- Briefly comment on the study aim (to increase breastfeeding), even if only to say it is addressed in another paper.

A randomised controlled trial to increase the initiation and duration of breastfeeding was conducted in eight public maternity hospitals in metropolitan Western Australia. The intervention was a father inclusive practice consisting of an antenatal education session led by a male facilitator and followed with a social support package for six weeks postnatal. (Page 8)

Responses to REVIEWER 2

Major Compulsory Revisions

1 The introduction is challenging to read and does not adequately guide the reader to the central objective of the analyses conducted. For example, there are two paragraphs devoted to 1) instruments to assess depression and anxiety and 2) maternal depression and anxiety. It is unclear how this information is relevant to the aims of the manuscript.

The addition of the misplaced abstract will better guide the reader to the central objective. The introduction is changed to reflect the central objective: a comparison of anxiety and depression scores from baseline to six weeks postnatal between the men in the intervention group and those in the control group.

2 There are grammatical and phrasing issues throughout the manuscript that impede readability. Consider the judicious use of commas and additional editing. There are typos throughout the manuscript (e.g., " on p. 7).

Grammatical and phrasing issues have been addressed throughout the paper as suggested.

3 It is unclear how the introduction, as written, supports the objectives of the study as stated in the title of the manuscript. There is virtually nothing about intervention in the introduction but this appears to be a report on outcomes of an intervention study.

There is a gap in knowledge regarding paternal anxiety and depression and strategies to reduce postnatal anxiety. The purpose of this paper is to discuss how a gender specific antenatal education session with follow up socio-educational support affected
anxiety and depression levels of intervention fathers compared with a control group of fathers. This paper compares the paternal anxiety and depression scores (measured by HADS) in intervention and control groups of fathers prior to the birth of their child and at six weeks postnatal. Whilst the fathers participated in a randomised controlled trial designed to enhance fathers support for their partners breastfeeding, we theorised that participation in an antenatal program that allowed fathers to explore their role, anticipate changes, develop strategies and share their experiences would reduce paternal anxiety. (Page 7-8)

4 The description of the methods is inadequate. The descriptions of the study design and interventions are particularly weak and should be rewritten to provide more detail.

A randomised controlled trial to increase the initiation and duration of breastfeeding was conducted in eight public maternity hospitals in metropolitan Western Australia. The intervention was a father inclusive practice consisting of an antenatal education session led by a male facilitator and followed with a social support package for six weeks postnatal. As part of that trial a repeated measures study was conducted to identify changes in self reported levels of anxiety and depression between the men in the intervention group and the men in the control group. (Page 8)

5 The manuscript states that details have been reported elsewhere, but there is no citation.

The details of the intervention have been reported elsewhere[59]. (Page 10)

6 Overall the results section is difficult to read and understand. For example, the results begin with what appears to be qualitative data from participants. Why is this presented first?

The results have been rearranged with the quantitative results presented first.

A total of 713 expectant fathers were recruited and 680(95%): n=315(control), n=365(intervention) completed the HADS at baseline. At six weeks 556(78%) fathers completed the HADS: n=253(control) and n=303(intervention). The change towards lower anxiety levels from baseline to six weeks were significant (p = 0.012) in the intervention group but were not significant in the control group (p = 0.410). The number of intervention fathers who registered moderate to severe levels of anxiety at baseline was n=24(7%) whilst n=13 (4%) control fathers registered moderate to severe anxiety. At six weeks the anxiety levels fell for both groups of fathers with only n=8 (2.6%) intervention fathers recording moderate anxiety and n=6 (2.4%) control fathers recording moderate anxiety.
7 The results are difficult to interpret as the study design was unclear. Answered above.

8 The last paragraph discusses limitations and appears to be more appropriate to include in a discussion. Limitations moved to the discussion section as recommended. (Page 15-16)

9 The discussion was not fully evaluated as it was difficult to evaluate the design and results. The discussion section has been expanded and in line with the objectives of this study. (Page 13-14)