Reviewer’s report

Title: Anxiety and coping strategies in the perinatal period

Version: 2 Date: 21 February 2013

Reviewer: Hannah Woolhouse

Reviewer’s report:

General comments
- Firstly, I would like to comment that the findings of the manuscript are important and worthwhile of publication, with very useful clinical applications

- The most important revision needed for this manuscript regards the sample used for analyses. I have concerns with the analyses as they stand, and I believe they require major revisions. I would suggest to the authors that they only report the antenatal data, and the associations between anxiety and coping strategies at this time. My concerns with the postnatal data revolves around the high level of attrition from T1 to T2 (over 50% of participants drop-out), making a meaningful comparison of the two time points very difficult. Additionally, from my reading of the manuscript, I cannot see that the use of data from two different time points adds much to the key messages of the paper, which is basically that anxiety and less adaptive coping strategies are strongly associated

- I am unable to understand the different sample numbers reported in different areas of the manuscript, i.e. in the Abstract you report n=247 in late pregnancy, but then Table 1 you only report anxiety figures for n=150. You report in the method section that n=102 returned questionnaires, however again the numbers in Table 1 don’t match this (n=150 for antenatal period and n=107 for the postnatal period). The sample used at each time point should be clear and consistent.

- I would recommend a major revision whereby only the antenatal cross-sectional data is presented. This would still provide information on the associations between anxiety and coping strategies, and these findings have valuable clinical implications and uses.

- There are several discrepancies in the data as presented in different places in the article (i.e. prevalence figures in Abstract do not match the numbers presented in the Table). I have outlined these in more detail below.

- Finally, there are quite a few places in the article where the language used is hard to understand and needs revision. I have listed these below.

Major Compulsory Revisions

Abstract
1. The prevalence rates in the abstract do not match numbers in Table 1. By my
calculations, the prevalence of severe anxiety in the antenatal period is 30% (45/150), rather than 18% as reported in the Abstract.

2. The Sample size reported in the Abstract is different than that reported in the Table.

3. If you decide to report both antenatal and postnatal data in your manuscript, you need to address high drop-out rates as a limitation.

Methods

4. Provide more information about the sample, ensuring consistency throughout.

5. Under procedure you write "If presenting significant anxiety scores before or after delivery, women were given written information and psychological consulting was proposed". Potentially, this intervention will have had an impact on the prevalence of anxiety symptoms reported postnatally, as you have carried out an intervention of sorts. This makes me even more inclined to recommend reporting only the antenatal data.

6. Under 1.2.2 Coping – it would be useful to provide more information here on the different types of coping. Perhaps providing a brief description of the coping styles, and whether they are considered adaptive or problematic.

Results

7. First paragraph – change “programmed” to “planned”.

8. If you choose to report both antenatal and postnatal data, In the Sample Characteristics paragraph, you need to provide more information about the sample, in particular more information about attrition. Who was more likely to not return postnatal questionnaires? Was it the more anxious women?

Discussion and Conclusions

9. These need to be more focused on the findings of your paper, and the clinical implications of the paper. Comments regarding fear of childbirth, and type of anxiety are off topic. The associations between anxiety and coping style have worthwhile clinical applications – such as being used to inform antenatal interventions, or to inform the development of patient resources regarding effective coping strategies. This should be highlighted.

Minor Essential Revision

Background

1. Sentence in first paragraph starting “Nevertheless” needs rewording.

2. First sentence of second paragraph needs rewording.

3. Final sentence of paragraph 2 starting with “Dealing” needs rewording.

4. In the Aims paragraph, please replace “choose” with “will show”.

Table

5. Additional labels for Table 1 should be presented, including:

a. F values, and degrees of freedom should be reported for ANOVA tests.
b. Provide a label to indicate which groups have been compared (i.e. severe anxiety compared to no anxiety?) This should also be outlined in detail in the Statistical Analyses section. If ANOVA has compared all three groups, post hoc analyses should be conducted to show the location of the significant differences

Discussion

6. Discussion would be improved if it was reorganised in the following format
   a. Report the key messages of your research
   b. Discuss the clinical implications of your findings
   c. Report on the strengths and limitations of your findings

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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