Reviewer's report

Title: Pregnancy planning, smoking behaviour during pregnancy, and neonatal outcome: UK Millennium Cohort Study

Version: 1 Date: 14 October 2013

Reviewer: Jamila Mejdoubi

Reviewer's report:

- Major Compulsory Revisions

The author must respond to these before a decision on publication can be reached. For example, additional necessary experiments or controls, statistical mistakes, errors in interpretation.

1. In the second paragraph of the background section the authors say that there is no information on the health impact of pregnancy planning itself. Why is pregnancy planning important? How can health care providers address this? Are health care providers able to address this? Because there are high risk pregnancies (Mejdoubi et al 2011) (young age, low education level etc.) that are unplanned. How are you going to approach these women? Or do you want to address only low risk pregnancies?

This should be explained in the background.

2 In the second paragraph of the methods section the authors write that if women reported to smoke 1 cigarette a day they were classified as smokers. What if the women said to smoke only one cigarette a week, is she a smoker? Maybe it is better to state that if women reported to smoke zero cigarettes a day, she is a non-smoker.

3 You analysed if women had adverse pregnancy outcomes. Why did not you analyze “small for gestational age”? this is also an important adverse pregnancy outcome.

4 In the results section you used four group smoker, non-smoker etc. and then you used crosstabs and chi-square analyses. I do not think that it is the right way to analyze this, because there are more than two groups. For dichotomous outcomes you can use this analyses and also logistic analyses. But to analyze more than two groups you should apply different analysis.

5 Which confounders did you use in table 1, because you stated earlier that education level and SES was different between planners and non-planners.

6 In the discussion section you should explain how your results are relevant for health care providers. How can health care providers address this issue and especially among you women who are low educated and usually do not plan their pregnancy.
- Minor Essential Revisions

The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.

7 If you refer to an article, do not refer in the middle of a sentence but at the end of a sentence
8 What does NICE stand for? Write the full name down.
9 The third paragraph of the background section: Millenium cohort data (MCS)
10 the second paragraph of the methods section (page 4): Smoking status during …including the “how…. You forgot the word “question”.
11 Why did you used data for singletons only? This should be clarified in the methods section.
12 Which confounders did you include in the models?
13 clarify the term “higher birth order”
14 the authors should not report the results as “% increased odds” because it is an odds not a relative risk.
15 Pregnancy Planning section on page 7: you do not have to write down the p level of the effect modifier.

In the table
16 Change Muslim/Islam into Muslim

- Discretionary Revisions

These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential.

Please note that both the comments entered here and answers to the questions below constitute the report, bearing your name, that will be forwarded to the authors and published on the site if the article is accepted.

17 Use a different term for Avoiding behavior.
18 the third sentence of the Background section (page 3) remove “for both women and men"

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the
statistics.

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