Author's response to reviews

Title: Risk of future cardiovascular disease in women with prior preeclampsia: a focus group study

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Author's response to reviews: see over
Response to Dr. Frasier:

Thank you for your comments.

- Table 1 – it would be more informative to provide the median and range for number of years since last pregnancy with preeclampsia.

We have added median and range to Table 1 as suggested.

-Was any data indicative of socio-economic status collected such as profession, education or income. If so authors should consider adding it to Table 1.

We agree that this information would be of interest but it is not available.

-Similarly, did participants provide any details regarding their web connectivity and usage habits. This is relevant since one of the aims was determine attitudes toward a web based intervention.

All subjects responded through a web-based recruitment method. We do not have further information about web usage. We acknowledge in the discussion that this recruitment method may have influenced the interest in a web-based program (Discussion, under Limitations). However, the level of interest in a web-based program with this population was similar to that of the population of women with prior GDM where we recruited via fliers. We have better clarified how women were recruited for the prior GDM study in the discussion page 14.

-My only more substantial comment is that I would have welcomed a more detailed and perhaps critical discussion of the potential implications of the recruitment methods to the themes identified in the focus groups and their attitudes toward a web-based intervention. Whilst I realize that this is somewhat outside the scope of this paper, authors may consider expanding their comments to touch on potential future web-based interventions.

Please see comments above. We have limited further discussion of this topic due to lack of data and space constraints.

Response to Dr. Steegers:

Thank you for your comments.

-the literature referenced in the introduction should be updated. This is also true for the discussion (see below).

We have updated the literature as suggested. We feel that this update fits best in the discussion.

-Why was chosen for 5 focus groups with in total 20 women? This should be explained, particularly in view of the heterogeneity of the study group.

We have clarified, in the methods sections, the reasons for both the size of the focus groups and the choice of 5 focus groups.
The results of the input of those women in the focus groups may be very dependent on characteristics such as: severity of preeclampsia, early or late preeclampsia, outcome of the index pregnancy regarding the health of the newborn, outcomes of intercurrent pregnancies, having experienced recurrent preeclampsia and family history of cardiovascular disease. Is this information available?

We agree that additional characteristics may influence the input we received from the focus groups. We have added to the table the women who reported early versus late preeclampsia and discuss this data in the discussion under limitations. We do not have additional data.

The quality of the discussion can be improved by looking again at the literature, as for example regarding self-report recall (i.e. Coolman M et al. J Clin Epidemiol 2010) and interventions aimed to increased knowledge (You WB et al. Am J Obstet Gynecol 2012).

We have incorporated these papers into the discussion.