Reviewer’s report:

Title: The (cost) effectiveness of an online intervention for pregnant women with affective symptoms: protocol of a randomised controlled trial

Version: 3

Date: 5 April 2014

Reviewer: Yolanda Lopez

Reviewer’s report:

Discretionary Revisions

1. This study propose an interesting intervention to decrease affective symptoms and their consequences in pregnancy, birth and postpartum. The study is original, innovator and pertinent. The trial is well explained and justified by evidence. The most of references are about depressive symptoms or depressive disorder; even those refer affective symptoms, please review.

2. About method, I probably use the term “control group” more than “waiting list group”, because is not exact.

I would like to remark the need for following of women who are rejected by suicide attempt or those who are severe depression. I consider that researches must be to be sure that they are attended for her GP or specialist. This is especially relevant in people with suicide thinks or women who are in severe depression or anxiety and they are in control group.

Not for this trial, but the next study I suggest doing the recruitment in obstetrician or primary care and to collect data about reject or impossibility to have access to the study. As well is said by the authors one of the limitations is the access of this intervention of general population, specially some groups of women in risk to suffer affective disorder in pregnancy and postpartum. The results are not easily applicable for general population.

3. Maybe the authors can reference studies that show that this kind of online intervention is recommendable for severe depression or anxiety symptoms.

4. About moment of evaluation, it is said that there is an evaluation posttreatment, but is not clear why this evaluation is 10 week after inclusion, if treatment take only 6 week.

Is not specified how to consider compliance of treatment: if women finish all session in time (one by week); if they finish the session in 10 weeks; if it’s consider withdrawal when they don’t do it the homework; etc…..

Even, is not explicit if therapist take contact with them if she doesn’t entry the programme, follows the session, does homework, etc…

5. I’m afraid about the drop out, not only of women who are in control group, even those who are doing the programme. Evaluations take time, and the PTS
requires concentration and attention, and it could be very tired for pregnant women.

6. Probably it would be enough if the experience psychiatrist review some feedback by random, not all the feedbacks.

7. Measures: Maybe it would be interesting to introduce some measure about complications previous of birth (e.g. haemorrhage, diabetes…).

Minor Essential Revisions

8. About references:

Please, review references from 27 till 35 (36 and 37 are not cited).
Better use “-“, that numbered references e.g. (4,8-10); (32-34)

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

I have no competing interest in anyway