Reviewer's report

**Title:** Postpartum anxiety, depression and social health: findings from a population-based survey of Australian women

**Version:** 1  **Date:** 27 October 2010

**Reviewer:** Wendy Sword

**Reviewer's report:**

This is a well written manuscript that was a pleasure to read. It is logically ordered and coherent.

The title is suitable and the abstract accurately conveys what was found in the research. While the background appropriately frames the study, its new contribution to the field is not made explicit. The research aims are clearly stated and methods are, for the most part, satisfactorily described. A strength of the study is its broad sampling frame and sample size in that over 8500 questionnaires were mailed to women who gave birth in South Australia and Victoria, with over 4400 returned. The study questionnaire was comprehensive and incorporated standardized instruments. Representativeness of the study sample was appropriately assessed. The analyses revealed statistically significant associations between a number of stressful life events and social health issues and depression, anxiety, and co-morbidity. As such, the findings highlight the importance of social circumstances in putting women at risk for psychological morbidity. Study strengths and limitations are well described. Overall, this is a sound study that is well presented.

**Major Compulsory Revisions:**

1. The study purportedly “addresses limitations of previous research.” Please clarify which limitations are addressed. This may require additional literature review to capture the work upon which the study is built.

2. In presenting the findings of these analyses, it is stated that the significant associations “remained largely unchanged”. Specify what changes were observed. Also, there is comment specifically on country of birth only (in addition to three or more stressful life events or social health issues) when there were associations with other factors that should be mentioned in the discussion.

3. The manuscript would be strengthened by an expanded discussion. There is no reference to the fact that in addition to stressful life events and social health issues there were a number of sociodemographic variables that were found to be associated with psychological morbidity. Most importantly, it is not clear what new contribution this study makes to the existing body of knowledge. It would be appropriate to integrate literature on stressors and social health issues that have been found to be associated with postpartum depression and anxiety in other studies into the discussion – and to compare and contrast the findings of this
current study. Finally, more specific implications for health professionals could be discussed, e.g., How might stressors be assessed? Is there a role for routine psychosocial assessment? If so, is there an adequate screening tool?

Minor Essential Revisions:

1. In the background section provide references for “It involves changes in relationships between couples and within families, and is commonly a cause of additional financial stress, even among household with relatively high incomes” and “Internationally there is increasing recognition that maternal depression is a major public health issue, with potential long term consequences for women’s health and the health of her infant and other family members.”

2. An explanation of the study was available in six languages. Clarify whether the survey questionnaire and reminders were available in these same six languages.

3. In the description of data analyses, please specify whether one- or two tailed tests were conducted and the level of statistical significance used. Also explain how missing data were handled in the regression analysis.

4. A legend should be provided for figure 2. While the narrative states that women were classified as normal, mild, moderate, severe, and extremely severe for each of depression and anxiety, there are only four (not five) classifications in the figure. This requires explanation or correction.

5. The narrative states that “The most common life events, affecting more than one in ten women, were death or illness of friend or family member, and moving to a new house/place to live.” According to table 2, the latter stressor was reported by less than 10% of women. Also, it is stated that having a lot of bills you couldn’t pay was reported by one in ten women whereas the figure in the table is 12%. Please amend the text accordingly.

6. The reader is referred to table 3 at the end of the paragraph that provides information about the characteristics of women most likely to experience three or more social health issues and odds ratios whereas the table provides only descriptive data. I would suggest referring the reader to these descriptives at the outset of the paragraph.

7. Tables 4 and 5 should clearly indicate which associations were statistically significant. It appears that bolded text has been used for this purpose but if this is the case the narrative does not capture some of the variables found to be associated with anxiety. Please amend accordingly and also be explicit in the narrative as to whether you are using unadjusted or adjusted odds ratios when identifying statistically significant associations.

Discretionary Revisions:

1. In the abstract add the rate of co-morbidity and instead of “the questionnaire” use the actual name of the data collection tool, i.e., “The Healthy Mothers Healthy Families Survey questionnaire”.
2. The discussion section addresses the “concerning level” of psychological morbidity in the study sample. However, the rates found included mild depression and anxiety, which may or may not be clinically significant. There could be acknowledgement in the discussion section about the range of severity of morbidity that was captured and a comment on the clinical relevance of mild depression and anxiety.

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.