Author's response to reviews

Title: Testing the association between psychosocial job strain and adverse birth outcomes. Design and methods.

Authors:

Ann D Larsen (adl@ncwe.dk)
Harald Hannerz (hha@ncwe.dk)
Carsten Obel (co@alm.au.dk)
Ane M Thulstrup (anethuls@rm.dk)
Jens P Bonde (jbon0004@bbh.regionh.dk)
Karin S Hougaard (ksh@ncwe.dk)

Version: 2 Date: 14 March 2011

Author's response to reviews:

Cover letter for revised manuscript of "Testing the association between psychosocial job strain and adverse birth outcomes. Design and methods.

Thank you for most valuable comments of our manuscript. These are our response to your concerns:

Editor comments:

1. Document, within your manuscript, whether you will be receiving informed consent from your study participants and whether this will be verbal or written.

* We have now stated in the manuscript that “According to Danish regulations only studies involving human beings or any kind of human tissue needs approval from the Ethics Committee. As this study is based on data from questionnaires we do not have nor need to have an ethical approval or informed consent” including reference to the Danish Act concerning this.

2. As you state that, according to Danish regulations, only studies involving human beings or any kind of human tissue need approval from the Ethics Committee, we ask that you include a statement to this effect and provide a reference (as you have provided in your email to us dated the 13th January) within your manuscript file.

*The previous answer hopefully covers both comments from editor?

Reviewer comments:

1. Gestational age is calculate from the date of the last menstrual period but in many cases it is not a precise measure - is it possible to verify gestational age by I trimester ultrasound what is a routine practice in calculating the gestational age? Proper calculation of gestational age will have a huge impact on the results if preterm birth and SGA are the main perinatal outcomes of this study.
* Unfortunately, such information is not available at present. We added the following sentence to the discussion section: “Gestational age is part of the definitions of preterm birth, SGA and LGA. Gestational age is calculated from the date of the last menstrual period which is not a very precise measure. The effect of such measurement errors is, however, diminished since we are dealing with ratios rather than prevalences. We have no reasons to believe that misclassification depends on exposure to job strain.

2. In my opinion it is better to divide preterm birth into: 22-27; 28-32 and 33-36 wks (late preterm) for future analysis.

* We agree with reviewer on this point and have changed the grouping in the revised manuscript.

3. Do authors intent to incorporate the informations about maternal passive smoking to the analysis (as a covariate). There is a relationship between newborns birthweight and ETS.

*The questionnaire that we are using in this particular study does not have any question about ETS. It was asked about retrospectively in a later questionnaire, but due to non-responders we would have to delete several thousands observations if we wanted to include it in the analysis. We chose not to.

4. The question about maternal diabetes/epilepsy: do the authors think about pregestational or gestational diabetes?

*We did not differentiate between pregestational and gestational diabetes. This should not be a problem since (as we state in the manuscript) “Diabetic women display an increased risk of congenital malformations, obstetric complications and neonatal morbidity [62-64]) regardless of type of diabetes [64].” We have added the following sentence to the section entitled ‘Maternal diabetes/epilepsy’: “No distinction between pregestational and gestational diabetes will be made”

5. What about hypertension: should it not be treated as an important mediating factor between work condition and birth outcome namely SGA

*This is interesting. If we find a significant relation between job strain and e.g. SGA then a sub-analysis might be able to estimate the proportion of the effect that can be attributed to hypertension. We will consider it. Establishment of relations between job strain and hypertension in pregnancy would, however, be a separate study.