Author's response to reviews

Title: Pilot Evaluation of the text4baby mobile health program

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Author's response to reviews: see over
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BMC Public Health

Dear Editor:

Thank you for your email of 22 October. This letter is in response to the second round of comments from the third reviewer on the manuscript entitled “Pilot evaluation of the text4baby mobile health program.” In the following, we respond to each reviewer comment. The manuscript reflects these revisions, which have been highlighted in yellow. We note that reviewers #1 and #2 have both accepted the paper.

We look forward to the journal’s review and final decision on this manuscript. If I may answer any questions, please contact me directly at wdevans@gwu.edu or +12029943632.

Sincerely,

W. Douglas Evans Ph.D.
Professor
RESPONSE TO REVIEW COMMENTS

REVIEWER: GREGORY NORMAN

Change 'logistical' to 'logistic'

AUTHOR RESPONSE: Done

Table 2 – column headings for groups should indicate the size of the group.

AUTHOR RESPONSE: Done

Why is the value in the “Mean” column not always the average of (i.e., falling in between) the ‘control’ and ‘text4baby’ columns?

AUTHOR RESPONSE: There were some typographical errors in the table and they have been corrected in the revision.

I still disagree with statement about verifying that the data is MCAR. A critical part of the MCAR assumption is that missingness was not related to change in the outcome (or post test). This is not testable and why MCAR is not verifiable. More information is needed about the GEE models’ output presented in table 3. I don’t understand the difference between the bottom two rows (‘overall agreement’ and ‘improvement in agreement’). Are these rows presenting the odds ratio comparing the treatment to the control group within the ‘HS>education’ level of education (the effect modifier)? Is table 3 presenting coefficients from 8 models or from 24 models? Perhaps the linear model needs to be written out in a table note so it is clear what is being presented in the tables.

AUTHOR RESPONSE: We appreciate the reviewer’s comments. The reviewer is right that MCAR (along with any other classification of bias related to missingness) is an untestable assumption. We have edited this section in and also Table 3 as suggested. Also, we have provided a formula for the linear model to make it clear what is being presented in the tables.

Also, please note that line 2 refers to the overall effect of education on strong agreement with the norm or behavior (i.e. dummy variable for education). Line 3 refers to the effect of education over time (from first to second test) on changes in belief (i.e. an interaction term between education and a pre/post test dummy variable) - not necessarily related to the intervention, but temporal/maturational changed in norms and behaviors over the course of the pregnancy.

Table 2 and 3 - What is the difference between the items “taking a prenatal vitamin is important to the health of my developing baby” AND “Taking prenatal vitamins will improve the health of my developing baby?” Shouldn’t these items be combined into a scale?
AUTHOR RESPONSE: We recognize that these variables are similar. They were designed to measure specific attitudes targeted by the text4baby text messages, and thus were both asked in our survey. We ran factor analysis and the items did not reach the widely used Comrey & Lee (1992) standards for multiple items representing a single underlying factor. Thus we did not combine them.