Reviewer’s report

Title: The needs and preferences of pregnant smokers regarding tailored Internet-based Smoking Cessation Interventions: a qualitative interview study.

Version: 1 Date: 7 May 2014

Reviewer: Yvonne Hauck

Reviewer’s report:

Thank you for the opportunity to review this manuscript that addresses an important topic for public health and maternity health professionals striving to support pregnant women’s attempts to cease or decrease cigarette smoking. I would recommend acceptance for publication but have a few minor points for consideration by the authors/editors that I hope will strengthen the manuscript. The findings from this study will inform the development of appropriate and effective online support programs for pregnant women wanting to change their behaviour for their own health and health of their unborn child. I look forward to seeing the results of the RCT published.

Minor Essential Revisions

Line 141 – 5 (39%) were primi or multiparous. This statement does not account for the 13 participants. Pregnant women are either primigravidas (first pregnancy) or multigravidas (2nd or subsequent pregnancy). Amend the statement to clarify how many were primigravida and how many were multigravida.

Line 145 – In relation to telephone interviews, were they a one-off interview or a series of interviews with the 13 women?

Line 184 – Was data saturation achieved during the framework analysis with interview transcripts from 13 women?

Results: During the presentation of quotes the accepted convention of … is used to acknowledge omission of some text in the quote. However, sometime […] is used and other times just … is used. Why are square brackets being used [ ]? I would also remove the ‘ums’ within quotes.

Discretionary Revisions

The current study explored the needs and preferences of pregnant women seeking online stop smoking support with an aim to identify features and components of ISCIIs that might be most attractive to this population. If the pregnant women who were interviewed were in an intervention group within a randomised controlled trial, did these women actually seek online support or were they allocated to the intervention group that was offered online support whereas the control group were either not made aware or denied online support?

There are many online programs available besides MumsQuit so were the

Line 132 – Were the women asked how often they have accessed the online support since commencing the trial 9 to 12 weeks earlier (daily, weekly, monthly, or less frequently)? A brief statement about frequency of access to MumsQuit would be useful to clarify for the reader how engaged women were with the intervention. The fact that 13 out of 33 women agreed to participate in the qualitative component is concerning. Were these women ‘not interested or time poor’ because they are not using the online support and didn’t want to admit that? Hopefully in the RCT, the researchers will be able to capture frequency of access/use of MumsQuit (i.e. how engaged they were in the intervention notwithstanding their current smoking status)

Recommendations for future research should also include an economic evaluation of these long term sustainability of online interventions within existing health systems that are struggling with increasing health care costs. Perhaps this is being addressed in the larger RCT study.

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.

Declaration of competing interests: I declare that I have no competing interests