Reviewer's report

Title: Socio-demographic factors associated with smoking and quit of smoking among 426,344 pregnant women in New South Wales, Australia

Version: 1 Date: 18 August 2005

Reviewer: Sarnia Carter

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. The paper does not clearly motivate or delineate its major contribute above existing literature. More detail regarding smoking among indigenous peoples in Australia could be useful here. The paper would benefit from a sharper focus on its purpose and contribution to the literature.
2. Given that the paper’s objective is descriptive epidemiology – the paper could be made more succinct and focused.
3. The recent work by Neil Benowitz, who examines the genetic predisposition that people have for smoking, would add to discussions in the 3rd paragraph of the Background section (page 3).
4. Reporting bias and other likely study biases and their implication is needed in the paper.
5. There are numerous instances where use of language/sentence structure does not read well and could be worded better. Some examples include: “and quit of smoking” in the title of the paper (“smoking cessation” would read better), “elderly mothers aged over 35” paragraph 1, page 9 (older mothers would be preferable here), "women smoked", Tables 1 and 2 ("smokers" would be better here,page 4 (paragraph 2), page 7 (paragraph 4, sentence 3), page 8 (paragraph 2, sentence 7), page 9 (paragraphs 1 and 3). Use of plurals, capital letters and missing words need careful checking throughout the paper.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. (page 4-5) I was unclear how complete the MDC was in relation to the number of births recorded in NSW. Pregnant women are highly mobile and have different maternity service providers. Also, given that it relies on the attending midwife to complete a notification, is it possible that this may not always have occurred? Some elucidation of this in the paper would be useful.
2. The formatting of references require checking through as there are differences in style with some references containing bold font for volume numbers and some not.
3. Tables need to standardised (e.g., some reference groups are denoted by 1.00 to two decimal places whereas others are written as 1.0 to one decimal place). The variables used in the modelling of adjusted ORs need to be added as a footnote to the tables.

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Discretionary Revisions (which the author can choose to ignore)

1. Given the size of the samples – the reporting of significance tests at the ?=0.05 may be unnecessary. Invariably any comparison with these sample numbers will be ‘statistically significant’. 
I suggest removing all p-values from the manuscript and instead only report effect sizes and confidence intervals.

2. (page 16) The distribution of the categories of tobacco use could be specified. This would include the numbers (percentage) of mothers responding to (1)-(4) and the numbers missing.

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** No

**Declaration of competing interests:**

I declare that I have no competing interests