Reviewer's report

Title: PRISM (Program of Resources Information and Support for Mothers): a community randomised trial to reduce depression and improve women's physical health six months after birth [ISRCTNO3464021]

Version: 1 Date: 21 November 2005

Reviewer: Cindy-Lee Dennis

Reviewer's report:

This is a methodologically strong cluster randomized controlled trial addressing maternal physical and mental morbidity postnatally. Dr. Lumley and her colleagues are internationally known perinatal trialists and the caliber of this current trial maintains their reputation. My comments are primarily editorial and require minor revisions.

1. Abstract: please include standard deviations for mean scores.
2. Page 4: how were the eight pairs of LGAs randomly selected?
3. Page 4: A rationale is needed to explain why the researchers ‘drew on social ecological theory’ to guide the intervention. Has this theory been used previously with postpartum depression or to address other health concerns? Previous research should be stated. Also a description of the principles and underlying concepts of this theory should be outlined for novice readers.
4. Page 5: the manuscript would be clearer if the heading was ‘intervention’ rather than ‘objectives’.
5. Page 5: how were the diverse components of the intervention selected? A rationale should be provided. For example, is there any evidence to suggest that providing mothers with information may positively impact maternal mood or physical morbidity? Is there any evidence suggesting that explicitly offering time to talk to MCHNs and GPs may prevent postpartum depression?
6. Page 5: how were the information kits, two maternal booklets, and booklet for the father developed? What information did they contain? It might be useful to clearly outline all the intervention components in a table detailing the objective for each component, relevant research used to support the inclusion of the specific component, and any other important details. Again, evidence for the specific intervention components should be clearly presented.
7. Page 5: how were these information kits and booklets distributed?
8. Page 5: what did the ‘mother-to-mother support network’ entail? Support groups, telephone support, home visits? Additional details about how this component of the intervention was implemented would be interesting and would enable comparisons to other psychosocial studies.
9. Page 5: since the community development officers (CDOs) were pivotal for trial intervention implementation, it would be useful if the selection criteria and training of these individuals was outlined in addition to their specific activities (this information is partially presented in the discussion section but it would be useful to have it earlier). Was there any evaluation of their effectiveness to complete all the tasks outlined? It may be useful to comment on the variation in success rate of the various CDOs. For example, readers might find it helpful to clearly see what was easily implemented by CDOs and what was a significant challenge for many of them.
10. Page 6: the authors are assuming that all the readers will know the EPDS and SF-36 measures. It would be helpful to outline the details of each measure (e.g., number of items, cut-off scores, previous psychometric testing, etc.) I understand that this was probably included in the published protocol but this current manuscript should also be a free-standing article for the basic methods.
11. Page 7: the power analysis suggests that the total sample size required was 9,600 women per arm. However, they only obtained 6,248 responses from women in the intervention group and 5,057 responses from women in the control group. A comment should be included in the discussion to address this potential limitation.
12. Page 7: Figure 2 adds little to this manuscript – a stronger rationale for its inclusion is required.
13. Page 8: the discussion should put the trial results in context with previous research. What did other research studies find in relation to the specific intervention components? For example, why was the impact of the intervention on women’s partners ‘negligible’? What does previous research related to partners suggest? Is there any evidence to indicate that the provision of information to the partner would enhance their support?
14. Page 9: why was there a role changed involved for MCHNs participating in PRISM? Please explain.

What next?: Accept after minor essential revisions

Level of interest: An exceptional article

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.