Author's response to reviews

Title: Herbal Medicine use in pregnancy: results of a multinational study.

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Author's response to reviews: see over
Dear Dr. Richard Nahin and Ms. Julie Anne Magtira;

Thank you for the comments that were provided on the submitted manuscript entitled “Herbal medicine use in pregnancy: results of a multinational study”. We have carefully considered all points made by the reviewers and revised the paper accordingly. All changes are highlighted in yellow in the revised manuscript.

We hope that the modifications are satisfactory and are delighted that the manuscript has been accepted for publication in BMC Complementary and Alternative Medicine.

Sincerely,

Deborah A Kennedy
On behalf of all the authors
Minor Essential Revisions

1. General
Why use the term Additional files for what could be tables? Will they not be shown in the final article if accepted? Will they also be referred to as “Additional files”

Response: Per the journal’s format specifications, tables that are larger than A4 portrait or landscape must be identified as additional files. The tables that the reviewer is referring to are legal size and thus larger than permitted by the journal format. It is our understanding that the journal will publish all additional files along with the article as electronic-only material.

2. Page 14
Table 2 summarizes NOT summaries

Response: This has been corrected.

1. Please provide a definition of what you define as "Herbal Medication"
Can use the WHO definition

Response: We have added the following in the under Methods: We defined herbal medicine according to the World Health Organization’s definition of any medicinal product based on herbs, herbal materials, herbal preparations and finished herbal products, that contain as active ingredients parts of plants, other plant materials, or combinations thereof. Medicinal products based on animal components, vitamins, minerals or homeopathic products were not considered as herbal medicines.

2. Fine to leave the latin names in this sentence if they were there in the original papers
The top herbal medicines used in pregnancy have been found to include ginger (Zingiber officinale), cranberry (Vaccinium oxycoccus), raspberry (Rubus idaeus), echinacea (Echinacea spp.) and chamomile (Chamomilla recutita), with geographical variations [13].

Response: As the source article did not include the latin names, we chose not to include.

Methods
1. I like the below sentence about translation - not sure why you took it out can you say how many, and what were the languages that the study was translated into...?spanish, german,etc???
how did they translate the herbal names....
The questionnaire was first developed in Norwegian and English. Translation into therelevant languages was performed; back-translation to English was done for specific parts of the questionnaire (i.e. psychometric scales) by two independent native speakers and/or translators.
Response: We have now added that the questionnaire was translated into Croatian, Dutch, Finnish, French, German, Icelandic, Italian, Norwegian, Polish, Russian, Serbian, Slovenian, Spanish and Swedish in the Methods section.

2. You wrote "When several herbal medicines and reasons for use were provided, the association between the herbal medicine and its use was made according to the order of presentation" Not sure what this means - did you provide them a list of herbs and a list of reasons for them to chose from?
example - chamomile, peppermint etc
If you did provide a list - tell us what herbs you asked about

Response: The sentence now reads “When the woman reported using several herbal medicines and several reasons for use consecutively, the order of reporting was used to match the herbal medicine and its use.” For example, if a women reported using “chamomile, valerian” and “nausea, anxiety” as reasons for use, then chamomile was associated with nausea and valerian with anxiety. A pre-specified list of herblals was not provided to the women. The field that the women used to provide the names of the herbal medicine was a single text field of 80 characters. This permitted the women to enter in more than one herbal medicine. The field that the women entered the “reason for use of the herbal medicine” was also a single text field of 80 characters.

3. "The responses to the herbal medicine text field were coded according to a pre-determined classification list of herbs by the national coordinator in each participating country."
This is excellent data below I recommend that you document how you got the predetermined list
" The pre-determined list was initially compiled by the survey development team(Angela Lupattelli and Hedvig Nordeng), with the primary focus on the common name and the associated latin name. A 7 character specific code was assigned to each botanical following the format of the Anatomical Therapeutic Chemical (ATC) code convention as a means to standardize the coding in the questionnaire database. "

By citing this detail and the reference it is clear to the reader that you did not make up the classification but used a standardized format ATC
This adds credibility to your study

Response: This information has been added under Methods.

4 "The pre-determined list was initially compiled by the survey development team(Angela Lupattelli and Hedvig Nordeng), with the primary focus on the common name and the associated latin name. A 7 character specific code was assigned to each botanical following the format of the Anatomical Therapeutic Chemical (ATC) code convention as a means to standardize the coding in the questionnaire database. The following explanatory text has been added to the Methods section, page 7: “The responses to the herbal medicinetext field were coded according to a pre-determined classification list of herbs by thenational coordinator in each participating country”.

The national coordinators in each country were responsible for coding the women’s herbal medicine responses according to a pre-determine classification list of herbal medicines. This pre-determined classification list of herbal medicines was developed by the survey development team and included the common name, Latin name, and a code. The coding system that was developed followed the format of the WHO’s ATC classification system, using available codes not assigned to allopathic medications.

Not sure why this is cross out in your paper it is excellent!!!!!!!
please put this in the text of the paper

Response: Thank you. This has been added under Methods.

Great revision - thanks for all the time and effort