Reviewer’s report

**Title:** Negotiating policy in practice: Child and Family Health Nurses approach to the process of postnatal psychosocial assessment

**Version:** 1  **Date:** 13 November 2012

**Reviewer:** Jane Yelland

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This nicely written paper describes a qualitative ethnographic study of child and family health nurses approach to psychosocial assessment. With increasing awareness of the association between disadvantage and trauma in pregnancy and poorer maternal and child health outcomes, front-line health service providers have an important role to play in responding to psychosocial health issues. This study is one of the first to explore the practice and views of these clinicians and provides thoughtful insight into some of the barriers, enablers and challenges of psychosocial assessment in the postnatal period.

The paper could be strengthened by attention to the following essential revisions:

1. Please provide a little more contextual information for an international audience including how CFHN’s work in NSW including relationship with maternity services, continuity of services and care provider, structure and timing of postnatal visits including home and clinic visits, suggested timing for psychosocial assessment in the postnatal period. Do the CFHN’s have any contact with women before the first visit or psychosocial screen?

2. Unless the antenatal psychosocial paper is in press or published then a paper under review can’t be cited in the manuscript. Please update if accepted or remove citation.

3. As the Supporting Families Early policy is relatively new then a brief outline as to what was used prior to SFE would be helpful given that sites were selected as they had screening processes in place for over five years.

4. Please clarify recruitment of women. Were the same women who participated in researcher-observed booking visits also participants in the postnatal component? How were women recruited to the study initially?

5. If the in-service sessions were used to recruit nurses to the study does this introduce a bias? If CFHN’s knew that their approach to psychosocial assessment was to be observed is it possible that this may have impacted on their decision to participate and/or their practice?

6. Details about the participants should be in the results section.

7. Please provide details regarding the data collection tool, the 4D&4R.

8. Table 3 was missing from the submitted manuscript.

9. Either in the discussion or in the section on limitations it would be helpful to
acknowledge that the sample included older and experienced CFHN’s and tertiary educated women and that the findings should be considered in this context.

10. Whilst one of the exclusion criteria was ‘requiring an interpreter’ it is noted later in the manuscript that the CFHN’s modified the EPDS where a woman spoke little English. What are the potential issues that CFHN’s need to be mindful of in undertaking psychosocial assessment with women who require language support (non-English speaking or illiterate) or are more socially disadvantaged than the women in this study?

Discretionary revisions

11. The comment on page 25 of the manuscript about the purpose of the postnatal visit/s and potential ethical issues are important and rarely raised in the postnatal care literature. Expanding on these issues and discussing the implications of the findings for policy and practice would further strengthen the paper.

12. Typographical: the word ‘period’ to follow postnatal on page 5, third line.

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