Reviewer's report

Title: Antenatal mindfulness intervention to reduce depression, anxiety and stress: a pilot randomised controlled trial of the MindBabyBody program in an Australian tertiary maternity hospital

Version: 2 Date: 29 August 2014

Reviewer: Claire de Labrusse

Reviewer's report:

The authors study the feasibility of an antenatal mindfulness intervention in a university hospital in Australia, looking at women's outcome after mindfulness sessions and four women descriptive accounts or stories. The research aim is well posed, the design and the building of the article are in general of good balance (see comments below), and the conclusions are clear, and nuanced. Some minor essential revisions and two major essential revisions are proposed below.

MAJOR ESSENTIAL REVISIONS:

1. Although, the interested readers would have heard about Mindfulness practice, it is important that the concept is described, which is not the case now. Include what is mindfulness as a psychosocial concept of stress and anxiety management (Kabat-zinn, 1979 center for mindfulness in medicine Health Care and society; Bishop et al, 2004 Mindfulness: a proposed operational definition; Shapiro et al, 2006 Mechanism of Mindfulness... to name a few). After that you need to describe your strategy to mindfulness program or sessions as they are three mainly: Mindfulness-based Stress Reduction Program (MBR by Kabat-Zin) or Mindfulness Cognitive Therapy (MBCT by Zindel Segal et al) or Mindfulness-based Childbirth and Parenting program (MBCP by Bardacke). Therefore making the background more detailed on the basis on mindfulness concept, the different possible approaches and the justification for yours (which needs to be detailed as well).

2. The quantitative results showed in the non-randomised group and the RCT group, both significant improvement in "describing", it would have been interesting to know a bit more about what it encounters as a criteria and give relevant illustration. In the discussion section, is it possible to have your
interpretation of similar results in both groups, as “observing” was as well significantly improved in the RCT group, when it was “acting” in the non-randomised group. Did you find any evidence in the literature that confirms your findings?

More details of your interpretation would add a great value on your paper.

MINOR ESSENTIAL REVISIONS:

1. Line 82- 83 “no studies have been undertaken…. Including long-term follow up of child outcome”, which is correct, but gives the impression to the reader that this is what your study will be about. Reformulate to include the lack of evidence in the research population that your study focused on and not long term child outcome.

2. Line 46, it would necessary to include when the evaluation were performed in the abstract as well.

3. Line 59-61 “in the non-randomised trial, significant within group improvements to depression..” a word or two seem to miss.

4. Line 77, “Of note, it is not only a diagnosable…” the sentence should be reformulate, as it is difficult to capture at the moment.

5. Data analysis: line 315, I understand that the pilot study and the population in each sample is minimal, nevertheless you calculate the t tests in pre-post program between the intervention group (n=13) and the care as usual (n=10)(table 5), so can you as well calculate the t test on the socio-demographics characteristics (table 1) to actually know if the differences are significant or not, and describe with the same rigour your groups?

6. Again, your methodology includes a triangulation of quantitative and qualitative data; would it be possible to link the significant quantitative results and the comments from the four women? Is there any link or interpretation possible, if not can you state that the data collected during interviews didn’t help in clarifying the outstanding quantitative results?

7. Line 632 “RA”, needs to be explained to the reader.

8. Line 643, do you have a reference of the actual representativeness of the patients who attend the Royal Women’s Hospital? And compare with your results?

DISCRETIONARY REVISIONS:

1. I would include in your conclusion, the preliminary results that you found (significance of your quantitative findings, that are undermined at the moment

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

**Quality of written English:** Needs some language corrections before being published
Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

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