Reviewer's report

Title: Linkage to HIV care, postpartum depression, and HIV-related stigma in newly diagnosed pregnant women living with HIV in Kenya: A longitudinal observational study

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Reviewer: Yagya Bhurtyal

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Comments on Linkage to HIV care, postpartum depression, and HIV-related stigma in newly diagnosed pregnant women living with HIV in Kenya: A longitudinal observational study by Bulent Turan, Kristi L. Stringer, Maricianah Onono, Elizabeth, A. Bukusi, Sheri D. Weiser, Craig R. Cohen and Jenet M. Turan.

1. In abstract, methods section (line 2), the authors mentioned eight antenatal clinics but in later participants section (line 1) the authors written as women recruited from nine antenatal care clinics. Why this difference?

2. In participants section (line 1) authors wrote women are recruited from nine antenatal care clinics and in the same section, 598 women were selected from eight of the study sites. There is no consistency about the number of sites or clinics.

3. Brief explanation about selection of baseline sample would be beneficial? And when and where they were interviewed? In the previous publication which used same dataset mentioned that baseline interview was taken prior to ANC visit (Please see: Turan et al. (2012) second paragraph of study design section in ‘The role of HIV-related stigma in utilization of skilled childbirth service in rural Kenya) but in this article, baseline interviews were taken before their ANC visit? Can the authors make clear that the baseline interviews were taken at the time of their first ANC visit or before their ANC visit?

4. The frequency and percentage of study participants at baseline was published elsewhere (Please see: Cuca et al. 2012 in ‘Factors associated with pregnant women’s anticipations and experiences of HIV-related stigma in rural Kenya’ Table 1) showed that HIV-positive participants: 257; Refused HIV-testing: 99 which showed that 356 participants should be automatically selected for follow-up. However, the authors (in first paragraph of participants section) listed follow-up sample: 226 HIV-positive, 145 HIV status unknown. It needs further clarification and justifications why there was variation of number of HIV-pregnant women when using the same dataset. The number of HIV-pregnant women in this article did not match with the data published earlier using same baseline data (please see: table 1 for number of HIV-pregnant women and refused testing HIV). The following articles found and which was used same dataset, for example: Cuca et al. (2012); Turan et al. (2012) and Onono et al. (2014)
described that a total number of 1777 pregnant women interviewed at baseline and they included all women who tested HIV-positive (i.e. n = 257) or refused testing HIV (n = 99) and a random sample of HIV negative (n = 598).

How these number of cases were different when using the same database and the authors should make clear about this issue.

5. In participants section, in relation to number of follow-up samples and number of HIV-positive samples, from the above data mentioned in comment 4, the follow-up HIV-positive women (70% could be located) will be 180 (70% of 257) not 159 (70% of 226). The authors (Maricianah Onono, Elizabeth Bukusi and Janet M Turan) of this article also appeared as co-authors of the article (Maricianah Onono, Elizabeth Bukusi and Janet M. Turan) “Factors associated with pregnant women’s anticipations and experiences of HIV-related stigma in rural Kenya” published in AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV Vol 24, Issue 9, page: 1173-1180. The authors need to clarify why you included only 226 HIV-positive pregnant women in your follow-up.

6. The authors are not mentioned the parts of the data were already published in somewhere else (Please see: Table 1 in Factors associated with pregnant women’s anticipations and experiences of HIV-related stigma in rural Kenya by Cuca et al. (2012)).

7. In results section, the presentation of the results is not uniform for example: second paragraph of linking to HIV care and postpartum depression; second paragraph of the mediating role of stigma: the authors mentioned odds ratios and in first paragraph of section the role of ART, authors mentioned only p-value. This showed that there is no consistency of interpretation of the results. If the authors used binary logistic regression model, then the authors should include the output of the model with odds ratio. This will make the reader more clear.

8. I am not able to access and cross-check the results presented in the tables.

Note: Please see the following articles which mentioned in the comment above.

