Author’s response to reviews

Title: The Specific and Combined role of Domestic Violence And Mental Health Disorders During Pregnancy on New-born Health

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Author’s response to reviews:

Dear Editor,

Thank you for giving us the chance to have our paper considered for publication in your journal, after all the problems you faced to identify adequate reviewers. This process took you one year and our concern is if the reviewer will remember what our work is about.

We hope to have responded to his/her observations. Below you find a complete report of what we have done.

Best regards,

Alexandre Ferraro
RESPOND TO REVIEWERS

1. The paper is well written and addresses an important public health challenge. The examination of domestic violence and mental health disorders and birth outcomes is an important contribution to the science. There is a growing body of published research that examines intimate partner violence, specifically physical and sexual abuse and adverse pregnancy outcomes or poor birth outcomes - which is usually defined as SGA, preterm birth, low birth weight

R-Good!

2. While these may be a result of poor placenta perfusion and the compromised fetal nutritional, published studies do not make these links and the findings reported in this manuscript do not make a strong case to support that mechanism. It is recommended that the study be reframed to examine associations between domestic violence, mental health and adverse neonatal outcomes or poor birth outcomes.

R- Our observations are at an epidemiologic level. A different type of paper would be necessary to test the hypothesis of specific mechanisms. However our study does suggest that underlying biological pathways must be implicated, since known factors, such as maternal risk behaviors that could produce such outcomes, do not fully explain our findings.

To better highlight this issue we changed parts of the manuscript and added this idea as one of the aims of the study. Previously we had tested this problem by using smoking during pregnancy and number of prenatal care visits. We added now drinking and gestation weight gain, a proxy of maternal nutritional habits.

3. The domestic violence variable is not well defined or described. The violence reported in this study, is it intimate partner violence, or interpersonal violence of a family member against the pregnant woman. It is not clear who perpetrates the violence, or if the study is examining the association of violence before pregnancy, during pregnancy or violence before and during pregnancy? Also, it not clear how the violence was assessed, what questions were asked or what questionnaires were used to gather this data.

R- We added to the text the responses for all these questions: the perpetrator was the husband/partner. We are talking about intimate partner violence; the event may have occurred before and/or during pregnancy, since it is about the last 12 months period (and women were in the 6th month of gestation). A better explanation on the instrument was included.
This questionnaire is a WHO tool, with fully online free access. The link to it is reported in the text.

4. More demographic data of comparing the abused women with the non-abused women would also enhance the paper.

R- We followed this advice and included it, as well as the comparison of women with and without mental disorders.

5. The discussion of indirect mechanisms and HPA axis and how they may result is poor birth outcomes is a strength of the paper.

R- Good.

6. Tables 1 and 2 are very hard to interpret. Would suggest reformatting Table 1 to show also women not abused. Table 2 - clarify the abbreviations used in the column headings.

R- To respond more adequately to this observation we chose to transform table 1 in a supplementary table and report its findings in the text.

Instead of correcting table 2 we built another table to respond to the request of comparing abused and non-abused women. By doing this we were able to present the information of previous table 2 in a more palatable way.

7. The findings from your studies support the importance of screening for violence against pregnant women especially in the context of smoking and substance abuse. Important role for clinicians and has implications for policy, training of providers for screening and how to make referrals.

R- We completely agree!