Author’s response to reviews

Title: Antepartum urinary tract infection and postpartum depression in Taiwan - a nationwide population-based study

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Responses to Reviewers

3. Please include an explanation for why women below 20 years were excluded from the study. It seems that age could be a confounding factor and it is unusual to exclude this age-group from studies regarding pregnancy. (Line 8, page 6).

Response: Thanks for your comment.

In Taiwanese civil law, people in their twenty years of age are adult. In general, study population of adults are able to be approved by the Institutional Review Board in Taiwan. Study of under 20 year-old patients are difficult to be approved by the Institutional Review Board in Taiwan.

Thank you, this revision is not accepted by the reviewer as you need to include this explanation in the manuscript.
Response: Thanks for your comment.

We’ve included this explanation in the manuscript. Please see the revised manuscript “Method” section (Page3 Line15)

6. You need to make it clearer how and why covariates were chosen. It is also unclear how the statistical models were chosen (i.e. log likelihood tests and AIC); it seems that all covariates were included into the model. There seems to be collinearity with covariates. I recommend that you re-do this analysis and do a forward stepwise approach to choosing the model of best fit.

Response: Thanks for your comment.

The covariates of antepartum, peripartum, and postpartum complications which were related to PPD according to previous study in the literature[21]. Yang et al demonstrated that There were significant associations between PPD and various antepartum comorbidities including antepartum hemorrhage, premature separation of placenta, placenta previa, eclampsia or pre-eclampsia, heart disease, anemia, syphilis, asthma, unspecified disorder of the thyroid, epilepsy, unstable lie, polyhydramnios, oligohydramnios, poor fetal growth, other known or suspected fetal abnormalities, cervical incompetence, early onset of delivery, psychosis and antepartum depression.

Postpartum complications including postpartum hemorrhage, endometritis, subinvolution of uterus were also significantly associated with PPD.

On the other hand, the logistic regression analysis for certain risk factors of PPD in this study revealed that peptic ulcer disease, chronic kidney disease, heart disease, hypertension-complicated pregnancy, epilepsy, early delivery onset and antepartum UTI were significant risk factors of PPD.

Reference

Thank you, but this revision is not accepted by the reviewer

Thank you for making it clearer how your covariates were chosen, but you still need to take a forward stepwise approach with regards to the logistic regression model to ascertain which model best fits the data, rather than just including all the covariates.

Response: Thanks for your comment. Please see the revised manuscript, Table 1, Table 2

Previously, we mentioned the covariates of antepartum, peripartum, and postpartum complications which were according to the study of Yang et al [20]. Regarding your precious suggestion, we take a forward stepwise approach with logistic regression. In addition, we exclude covariates which number less than 5 before logistic regression to ascertain the accuracy the regression. Please see the revised manuscript, revised Table 1 and revised Table 2.

8. Please explain why you have not included age in the model.

Response: Thanks for your comment.

Indeed, age is one of risk factor of PPD. Younger maternal age were well established to be a risk factor for PPD[1,2,3,4]. Thus, we considered younger maternal age is a well-known risk factor of PPD and did not do further analysis in our study.

Reference:


Thank you, but this revision is not accepted, you need to adjust for age in your model.

Response: Thanks for your comment.

We’ve included age in the model. Please see the revised manuscript, revised Table 2.