Author’s response to reviews

Title: Antenatal depressive symptoms and early initiation of breastfeeding in association with exclusive breastfeeding 6 weeks postpartum: a longitudinal population-based study

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Author’s response to reviews:

Dear Editor,

We thank you for the meticulous review of our original contribution/research article entitled “Antenatal depressive symptoms and early initiation of breastfeeding in association with exclusive breastfeeding 6 weeks postpartum: a population-based longitudinal cohort study” by Cato, Skalkidou et al., and for giving us the opportunity to revise the manuscript as to be considered for publication in BMC Pregnancy & Childbirth.

Please find below the comments made by the Editor and our responses:

Editor Comments:

1) Please include a list of abbreviations after the Conclusion section.

A list of abbreviations is now included after the Conclusion section.
2) Please change the heading “Ethics approval, consent to participate and permissions” to “Ethics approval and consent to participate”. In addition, please clarify whether written or verbal informed consent was obtained.

The heading has now been changed accordingly.

3) Please describe the role of the funding body in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript should be declared.

Thank you for this comment, we have now clarified the role of the funding body.

4) In accordance with our Submission Guidelines (https://pregnancychildbirth.biomedcentral.com/submission-guidelines/preparing-your-manuscript#preparing+tables), please do not include colour or shading in Tables.

The shade has been removed from the Tables.

5) Please remove the titles Fig1 and Fig2 from the figures and re-upload the corrected versions.

The titles have now been removed from the figures.

6) At this stage, please upload a single final, clean version of the manuscript (including all relevant tables/figures) that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours.

The manuscript will be uploaded accordingly.
Please find below point-by-point responses to the comments raised by the two Reviewers:

Reviewer reports:

Heather Sipsma (Reviewer 1): I thank the authors for their thoughtful responses to my comments. I appreciated their efforts and thought that overall the responses were strong. At this point, I have just a few additional suggestions for their consideration:

We thank the Reviewer for the assessment of our manuscript. We reply below to all comments point-by-point.

I appreciate the authors' response to Comment 10. Another approach would be to name these as direct and indirect effects, instead of the "direct effect…plus the effect mediated through mediators."

We thank the Reviewer for this comment. Accordingly, we have now changed the names of the models to “direct” and “indirect” effect, (page 6, line 133-134, page 8, line 180 and 186 and, page 22, line 432-433).

I do not necessarily agree with the authors' rationale for stratifying by delivery mode in Comment 11. Believing that delivery mode is associated with late breastfeeding initiation (the exposure) is rationale for considering it as a potential confounder; in this case, including it in the multivariable model as a control is reasonable. If, on the other hand, the authors hypothesized that the relationship between late breastfeeding initiation and exclusive breastfeeding at 6 weeks was moderated by delivery mode, then the stratification seems warranted. At this point, the stratum-specific relationships do not tell us much, particularly because the sample sizes are small for the emergency and planned c-sections and thus this analysis lacks statistical power. Given the lack of strong rationale to do so and the issue with sample sizes within strata, I recommend that the authors exclude this post hoc analysis from their paper as it contributes little information and raises additional questions.

We thank the Reviewer for this comment. As recommended, we have now excluded this post hoc analysis from the paper.

I appreciate the authors' response to Comment 12 ("For the whole cohort, 81.3% of those giving consent to participate complete the questionnaire in gestational week 32 and 80.9% at 6 weeks postpartum"), but I think this information needs a bit further clarification. Please indicate if the
80.9% retained at 6 weeks postpartum is among all those who initially consented to participate or among the group who completed the questionnaire at 32 weeks gestation.

Thank you for this comment. We have now clarified in the manuscript, the participation rate at gestational week 32 and at 6 weeks postpartum. Please see page 4, line 88.

Parvin Abedi, PhD (Reviewer 2): None

We thank the Reviewer for the revision of our manuscript.