Author's response to reviews

Title: Determinants of antenatal depression and postnatal depression in Australia

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Author’s response to reviews:

November 19, 2017
Dr. Elizabeth Camacho
The Associate Editor
BMC Psychiatry

Dear Dr Camacho,

RE: Re-submission of Manuscript, BPSY-D-17-00596R2: Determinants of antenatal depression and postnatal depression in Australia (Ogbo, Eastwood, Hendry, Jalaludin, Agho, Barnette and Page)

Please find enclosed a manuscript entitled “Determinants of antenatal depression and postnatal depression in Australia”, revised according to reviewer comments for your consideration.

Editor Comments:

Thank you for submitting your revised paper, there are a few minor but important points outstanding raised by the reviewers that need to be addressed.

Response

We thank the Editor for the comment and the likely acceptance of the manuscript for publication.
Reviewer reports:

Elizabeth Camacho, PhD (Reviewer 1): The authors have addressed the comments well, however there are a few outstanding comments, all minor.

Response

We thank the Editor for the comment.

1) In the footnotes for Tables 1 and 2 please provide a list of the variables adjusted for in the adjusted analyses

Response

Additional text has been incorporated into the revised manuscript in response to the Editor comment; Table 1 & 2.

2) In the background section of the abstract on page 2, the final word of this section should read "backgrounds" rather than "background".

Response

The text has been clarified in the revised manuscript in response to the Editor comment; Page 2, Paragraph 1.

3) In Table 1, the relationship between age group and depression was statistically significant using imputed data but not complete cases. For example an OR of 1 (presumably rounded to one decimal place) for the >35 group compared to the 20-34 group was statistically significantly "different" when the imputed data were used. In the methods section it says that the mim command was used for analysis of imputed data. Please double check and confirm that this was done correctly for this result.

Response

We thank the Editor for the observation. We have double checked the analysis and can confirm that the result is correct for the association between maternal age and antenatal depressive symptoms. Consequently, we have revised the text to reflect the observation (Page 9, Paragraph 3):

The revised odds ratios from sensitivity analyses were not markedly different from the complete case analysis (except for the association between younger maternal age and antenatal depressive symptoms), indicating that missing data did not substantially affect the observed findings.
Gracia Fellmeth (Reviewer 2): Many thanks for this revised version of the manuscript. I have only a small number of comments remaining:

1. The way in which the EPDS was administered (i.e. whether the English version was administered via an interpreter or whether women self-completed in a translated version of their choice) is still not clear. This issue was raised by another reviewer in the previous round of comments and I agree it is an important point. This has not been addressed by the authors.

Response

The text has been clarified in the revised manuscript in response to the Reviewer comment (Page 6, Paragraph 2):

Midwives collected information on sociodemographic and psychosocial characteristics, and maternal depressive symptoms during pregnancy at the first antenatal care visit. For non-English speaking mothers, the English version of the EPDS was administered through qualified interpreters, certified by the National Accreditation Authority for Translators and Interpreters in Australia.

2. The distribution of risk factors among CALD vs. non-CALD populations is important. Given the conclusions drawn that depression is more common in CALD populations, the immediate assumption is that this is because risk factors such as IPV are more common among this group. The authors have partially addressed this by saying IPV prevalence did not differ significantly. This finding is surprising and perhaps warrants some discussion. I also think it would be important to look more systematically at the distribution of other risk factors. Given that the focus of this research is to compare CALD and non-CALD populations, a table outlining the prevalence of exposure variables by CALD-status would be helpful at the start of the results section before moving on to prevalence of the outcome (depression).

Response

We thank the Reviewer for the comment. However, we note that the primary focus of the present study was not to compare CALD and non-CALD populations, but to investigate the determinants of antenatal and postnatal depressive symptoms in an Australian population in New South Wales. In the current study, we want to provide readers with a concise and clear message on the determinants of antenatal and postnatal depressive symptoms in an Australian population, as acknowledged by the Editor in Revision 1 and the Reviewer, below.

We note that the high prevalence of pre- and post-natal depressive symptoms among mothers in the CALD group could be due to a number of factors, not specific to IPV.

We have incorporated additional text into the revised manuscript in response to the Reviewer comment (Page 12, Paragraph 2):
Mothers from low SES groups and being from the CALD group were at risk of experiencing pre- and/or post-pregnancy depressive symptoms, in line with previous studies [12, 14]. Plausible reasons for why being from the CALD group increases the risk of prenatal and/or postnatal depressive symptoms among mothers have been highlighted in Australia. These include socio-cultural barriers (e.g., cultural norms, language and traditional gender roles); structural barriers (e.g., a lack of knowledge of available services and issues with access); service-related barriers (e.g., culturally-inappropriate service models or a perception of such services); domestic violence problems [48], and alcohol and other drugs issues [49]. A number of those barriers may also apply to mothers from low SES groups, as well as issues of limited uptake of health messages associated with mothers from low-income households [50]. Although being from the CALD group is not modifiable or improvement in SES status can be a long-term project; targeted and culturally-appropriate initiatives that are specific to mothers in those populations will improve health outcomes.

We also note that a manuscript that explores the issue of IPV in detail is currently under review with the American Journal of Obstetrics and Gynaecology.

Other than this minor recommendation this is an interesting and well-presented piece of research.

We thank the Editor and the Reviewer for their comments and hope that we have adequately responded to the essential points raised during the peer-review process.

Please contact me should you require additional information.

Sincerely,

Dr Felix Ogbo

(Corresponding Author)