Reviewer’s report

Title: Prevalence of positive depression screen among post miscarriage women. A cross sectional Study.

Version: 1 Date: 20 Nov 2017

Reviewer: Pamela Geller

Reviewer's report:

The current paper describes the implementation of depression screening within an OB/GYN clinic in Nairobi, Africa. This is an important topic because higher rates of depression, including major depressive disorder, have been documented in women following pregnancy loss in cohort studies in western countries, but studies have not been conducted in this area of the world. Additionally, the mental health consequences of women who experience miscarriages, in particular, are understudied in this population. Despite the importance of the topic, the manuscript as currently presented, has significant issues that need to be addressed.

Below is a list of issues that require attention. Following these concerns are suggestions relevant to each section of the paper regarding potential ways to address the issues, and thereby strengthen this manuscript.

1. Key information is missing. More information needs to be included to describe the rationale, methodology, findings, and implications of this study.

2. Reported analyses are minimal and therefore additional analyses should be conducted/reported.

3. The manuscript needs to be better organized with subheadings.

4. The manuscript needs to be carefully proofread and corrected for English grammar.

5. The manuscript needs to be consistent in its formatting.

Background

* The background needs to be expanded. There is some helpful information about prevalence rates and association between depression and miscarriages, but further information is needed.

For example, authors state that, "psychiatric morbidities being linked to it including depression, anxiety, and even post-traumatic stress disorders." However, authors should
expand on this and explain the implications of these disorders on the women's physical and psychosocial functioning. Although they noted that it impacts "subsequent pregnancies," it remains unclear how.

* There needs to be much more information about the specific population examined in this study. Why is it important to examine them?

  o Authors state that there is a "paucity of local literature," but there is no discussion about what that literature says or why more is needed.

* There should be subheadings within the background to better distinguish each topic (e.g., miscarriage prevalence, miscarriage and depression, current study).

* In general, a strong argument for why this is an important topic is not included. A more compelling rationale should be included and note the relevance of studying this issue in this particular population.

Methodology

* The section headers should be consistent in their formatting (i.e., same punctuation).

* The shorter sections can be integrated into paragraphs. For example, inclusion and exclusion criteria could be in the same paragraph and state "inclusion and exclusion criteria" at the top.

* The study design should be further explained. What about self-report? Survey?

* Study setting and participants information needs to be expanded. For example, on page 5, authors write, "participants had some sort of management of miscarriage including expectant, medical or surgical management." What exactly does this mean? Why is this important?

  o Authors should state that the demographics of the sample will be explained later in the paper or include that information in this section.

* Inclusion/exclusion criteria should be in paragraph form. Also, this information should be explained with rationale. For example, why were women with "ectopic pregnancy" excluded?

* For study procedures, more information should be provided. Were women approached in waiting room? Did anyone refuse to participate?

* For "study tools," the demographics measure and depression measures should include their own subheadings as well as more information, such as the following.

  o Was a socio-demographic form created for this study?
What are reliability and validity of EPDS?

Explain the basis for the selection of 13 as the cut-off. Report the evidence to support this clinical cut off. A reference(s) should be included in this section.

Could include a sample item of EPDS.

The sentence at the end of EPDS description (pg. 6) is redundant with study procedures.

In sample size section, the prevalence of depression among women who experienced miscarriage is stated, but it is unclear what research studies support that. Also, authors need to explain the population on which this prevalence rate is based (i.e., worldwide? United States?).

Although the sample size formula for prevalence is correct, it is recommended that it be written in paragraph form rather than as an equation in the paper.

For ethical considerations, the authors note that, women who screened positive were followed-up by a psychiatrist. However, if possible, the number of women who were followed up should be reported. Similarly, the number of women who were not followed up or refused follow-up should be noted. The authors note that money may have been a barrier to follow-up, so this needs to be further discussed as well as any other barriers for follow-up.

Moreover, what happened to the women who screened positive for suicide? Were there specific measures taken to ensure safety? This is a very important ethical consideration that needs to be addressed.

Overall, more information is needed to understand the methodology of this study.

Results

The standard deviation should be reported with mean age. The description of the sample can be more concise since that the information is also displayed in a Table.

The n should always be italicized.

Table 1

The label for the table should appear at the top, and the table formatting should match correct journal guidelines.

Rather than reporting the mode, authors should report the number of women who experienced a miscarriage during 8 weeks gestation. Depending on the number of women who experienced a miscarriage during this time, authors should also report other most
common gestational weeks women in this sample experienced miscarriages. The mean age should be reported instead of the median and the standard deviation and range should also be reported in the table.

* It is unclear what "mode of management" means in the paper. This should be further explained.

* The analyses reported in this manuscript are a general weakness of this manuscript; and the manuscript could be strengthened with the inclusion of additional results.
  o Additional analyses should be performed to describe the demographics of the women who screened positive for depression. Another table could be included to describe this sample.
  o Also, t-tests should be performed to examine differences in demographics between those who screened positive and those who screened negative. A power analysis would need to be conducted to determine if sample is sufficiently powered.
  o If possible, researchers should collect the data on the women who received follow-up and examine demographic differences between those who went to follow-up and those who did not.

* Overall, additional analyses need to be conducted. Results will be more compelling if more information is provided about those who screened positive versus those who did not.

Discussion

* The discussion should be broken up into subheadings. The beginning of the discussion should discuss the findings and the explanation of them. Then, the "clinical implications" should be discussed, "limitations and future directions," and then "conclusions."

* The authors note that specifics about the sample may not accurately represent all women who experience miscarriages. Additional implications should be discussed.
  o For example, on page 13, since a majority of the sample had social support, what are the implications? How does this impact the findings of the current study? What might you expect in a more diverse sample?

* On page 13, authors state that, "socio-cultural beliefs" and "African myths" may impact the development of depression. These concepts should be explained.
  o What are the socio-cultural beliefs and myths? How do they impact depression?
These beliefs should be described in the background to provide more rationale/context as to why this is an important population to study. Authors should then refer to it again in the discussion to have the paper tie together.

* On page 14, authors report that "history of childhood abuse," "sleep," and "anxiety" were investigated, but not sufficiently powered to report. If they are descriptive variables, then they can be reported even if they are only a small number of participants. These are very important factors to consider and should be described in the results as well as the discussion.

* How were these variables assessed? What measure? What were the frequencies for these factors? What implications do they have on the findings? Are the findings in line with previous literature? Why or why not?

* The study limitations could be included a separate section and also could incorporate future directions.

* For example, future studies should follow-up with women to determine who sought services and who did not.

* Clinical implications are not included, but need to be discussed.

* For example, the feasibility for depression screening and the need to implement it across medical centers should be highlighted.

* Overall, discussion should include subheadings, provide more explanation on findings, and include future directions and clinical implications.

Language & Formatting

* Authors should not refer to women as "post-miscarriage women" but rather "women who experienced a miscarriage."

* Throughout the paper, authors state, "prevalence of positive depression screen," but they can say "prevalence of depression."

* Numbers under 10 should be written out.

* Any abbreviated words should be written out the first time and then abbreviations can be used. Therefore, abbreviation list is not necessary as its own page.

* All paragraphs should be indented.

* All subheadings should be consistent.
* Numbered citations in text should be in brackets rather than parentheses. See BMC Psychiatry references guidelines: https://bmcpsychiatry.biomedcentral.com/submission-guidelines/preparing-your-manuscript#preparing-main-manuscript+text

* Authors should consider a more concise title for the manuscript.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

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