Author’s response to reviews

Title: Demographic, Psychosocial and Clinical Factors Associated with Postpartum Depression in Kenyan Women

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Response to Reviewer Comments: Demographic, Psychosocial and Clinical Factors Associated with Postpartum Depression in Kenyan Women

Technical Comments:

1. Please include email addresses of all co-authors in the title page of the manuscript.

All email addresses have been included in the title page of the manuscript. This is indicated from line 12-18 in the title page.

Editor Comments:

As noted by the referees, please do be cautious not to overstate your conclusions.

Thank you for this observation. We have further reviewed our conclusions:
The conclusion section in the abstract page 2 line 40-42 now reads: “Depression screening and psychosocial support interventions that address partner conflict resolution should be offered as part of maternal health care.

It had initially read: “Antenatal depression screening and psychosocial support interventions that address this burden like partner conflict resolution and economic empowerment should be offered as part of prenatal care.”

In addition, we have deleted a phrase in the conclusion section in the manuscript body on page 15, line 308 that read “through psychosocial interventions that help to resolve partner conflict and strengthen family support.”

The section from line 304-311 now reads “Our results are consistent with prior research conducted in other settings showing antepartum depression, economic stress, and conflict with partner as predictors of postpartum depression and underscore the need for addressing the public health burden of these interrelated problems. To build upon our study findings, we recommend that more multi-wave cohort studies be conducted in Kenya. Future studies should include longer postpartum follow-up and utilize the recently validated Kenyan Perinatal Depression Screen, more refined tools for measuring partner conflict and support, and larger population samples that include women from rural settings.”

BMC Psychiatry operates a policy of open peer review, which means that you will be able to see the names of the reviewers who provided the reports via the online peer review system. We encourage you to also view the reports there, via the action links on the left-hand side of the page, to see the names of the reviewers.

Reviewer reports:

Huynhnhu Le (Reviewer 1): This is a revised manuscript based on two reviewers' comments examining the psychological mood profile of perinatal women in sub-Saharan Africa. I was one of the original reviewers, and for the most part, the authors were able to address my comments to my satisfaction.
A few additional edits would improve the manuscript content and flow.

1. Abstract: line 35 - include the EPDS' cut-off of 10 used in this study under results.

Many thanks for this observation. This has been included on page 2 of the abstract, results section, line 33-34. It now reads: “Out of the 171 women who were followed up at 6-10 weeks postpartum, 18.7% (95% CI: 13.3-25.5) were found to have postpartum depression using an EPDS cut off of 10.”

2. Introduction: lines 58-74 - the authors should clarify whether findings are associated with clinical and/or significant symptoms of depression when referring to antenatal or postpartum "depression", as the findings in this study refer to significant symptoms of postpartum depression.

It is true that the findings in our study refer to significant symptoms of postpartum depression. In the section (55-73) the authors review literature on perinatal depression (antenatal and postnatal) and child health outcomes. We included studies that considered depression in terms of significant symptoms and studies that determined depression diagnosis. We make note of that point at the start of the paragraph.

3. Methods:

a. Line 124 - "structured questionnaires" - do the authors mean self-report questionnaires? What does structured mean?

Structured questionnaires in this case is used to mean questionnaires with closed-ended questions used to collect purely quantitative data.

b. Line 140 - add the validation study reference here to refer to the cut-off of 10 used in postpartum depression in Kenya. It is only at the discussion where this study is mentioned, which is too late.

Thank you for pointing this out. We added the post-partum cut-off value to both the Abstract and the Methods Section, the validation study referenced in line 139 of a cut off of 10 is what we actually used in our study/ This is referenced as Murray and Carothers, 1990.
c. Lines 146-149 - please clarify how the psychosocial factors were measured - via single items? Created from previous scales? Created by the authors? This would help for future replication of this study.

We have clarified this in the methods section page 8 lines 145-149. The statement now reads “Psychosocial factors were measured during the antenatal period using single items created by authors. These included…” As further clarification, we added the response options, as well.

4. Results

a. Line 182 - capitalize Catholic and Protestant

We have capitalized Catholic and Protestant.

b. Lines 212-213 - the authors should note that the findings of having a good relationship with the mother-in-law and having a partner help with household were not significant.

We noted on line 214 that neither reached statistical significance.

5. Discussion

a. Lines 237-240 - these should be combined with the previous paragraph to note consistency with this study's findings.

Thank you for this observation, we have combined the two paragraphs for consistency see line 237-238.

Benedict Weobong (Reviewer 2): I still have serious concerns about interpretation:

1. The authors say: 'Antenatal depression and conflict with partner were the strongest predictors of postpartum depression. In multivariate analyses, the odds of having postpartum depression was increased more than three-fold in the presence of antepartum depression (OR=3.37, 95% CI:
0.98-11.64) and more than seven-fold in the presence of conflict with partner (OR=7.52, 95% CI: 2.65-23.13)

I don't know this conclusion can be reached when the ORs include 1? Indeed, having antenatal depression could be protective with an OR of 0.98!

Authors are encouraged not to over-state the results.

We have modified this statement in the Abstract so that we do not over-state the association between pre and postpartum depression in our study.