Reviewer's report

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

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Reviewer: Huynhnhu Le

Reviewer's report:

This manuscript adds to a small but growing number of articles examining the psychological mood profile of perinatal women in sub-Saharan Africa. It is an important article in examining the longitudinal nature of depressive symptoms during the prenatal and postnatal period. However, the manuscript can be improved if the following points are addressed.

1. The rationale for Kenya as a country to conduct this important research needs to be strengthened. It is not clear why Kenya was singled out as the country of interest to conduct this work. The authors hint at this when mentioning that the estimates are wide ranging and may be higher in a low resource context, and provide some research for the consequences associated with perinatal depression and prevalence in Kenya. In particular, the cultural context of Kenya is not mentioned, which would lend more credibility to the rationale for conducting this study. For example, Wittkowski, Gardner, Bunton, and Edge (2013; Journal of Affective Disorders) provides a mixed methods review of the risk factors of postpartum depression in sub-Saharan African that includes some of the culturally specific contexts.

2. The authors mention that they had conducted a study reporting the bivariate associations between postpartum depression and risk factors. Please mention the findings, and whether these are consistent w/ the current study's findings.

3. The study's goal was to estimate the prevalence and incidence of postpartum depression in Nairobi. It should be made clear that given that the authors did not conduct a diagnostic interview, the prevalence is related to significant postpartum depressive symptoms.

4. What were the reasons for the 17 women who were lost to follow up after the antenatal assessment?
5. Additional psychometric information for the EPDS if used in Kenya and/or sub-Saharan Africa is warranted. It's unclear if the EPDS has been used in research in Kenya previously, and whether the cut-off scores have been validated for this country.

6. Please report whether the findings differed significantly or not between the women with low and high PPD levels (tables 1-3).

7. The incidence of postpartum dep symptoms is low in this study, and should be written as a %.

8. Discussion - 2nd paragraph: given the non-significant findings of the risk factors with relationships with mothers-in-law and partner - the conclusions are tenuous at best and should be further tempered. Is this potentially a culturally relevant risk factor to attend to for Kenyan mothers?

9. In the discussion, the range in rates of PPD differed from that in the introduction (8.3 to 39%, vs. 6 to 39%). Could the authors discuss why there was such a wide range. The authors also have data for prenatal depression that should be calculated in the results section, as they discuss this in the discussion (line 44).

10. Minor:

   a. The prevalence rates for depression in Kenya are reported under the risk factors section.

   b. "Post-partum" should be rewritten to postpartum.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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