Author’s response to reviews

Title: Traumatic events: Exploring associations with maternal depression, infant bonding, and oxytocin in Latina mothers

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Version: 4 Date: 10 Jan 2018

Author’s response to reviews:

Dear Editor,

Thank you for the opportunity to revise and resubmit our manuscript entitled, “Traumatic events: Exploring associations with maternal depression, infant bonding, and oxytocin in Latina mothers.” The comments and suggested provided have been addressed and are described below. Please let us know if you have any further requests.

Editor Comments:

Page 7, line 31; please add a reference for “…given their high rates of adverse life events and PPD”

Response: Introduction, page 6, line 31: requested references have been added. We also defined PPD on that same line.

Procedure; please add year of the study and duration of participants’ recruitment.
Response: Procedures, page 7, lines 5-23: The following text has been added regarding the study and recruitment period, “The study was conducted in Chapel Hill, NC between July 2013 and August 2014. Recruitment was conducted from July 2013 to May 2014.”

Please also add information about recruitment of participants (ie how participants self-identified)

Response: Procedures, page 8, line 5-23: The following recruitment information has been added in bold, “The study was conducted in Chapel Hill, NC between July 2013 and August 2014. Recruitment was conducted from July 2013 to May 2014. Participants were screened for eligibility during routine prenatal visits at the University of North Carolina at Chapel Hill Women’s Hospital by trained bilingual (Spanish and English) female research assistants (RA). Women were handed a recruitment flyer that listed key eligibility requirements, such as third trimester of pregnancy, age, Latina descent and whether they were interested in participating in the study. Prospective participants then informed research assistants of their interest and whether they met the listed criteria (e.g., Latina descent).”

The manuscript requires enough information of the study design without looking at the ‘feasibility and recruitment’ paper (ie reference 20).

Response: Procedures, page 7, lines 40-45: We agree that the study procedures should be self-contained. Therefore, we removed the references to the feasibility study and added the following text, “Thirty-one women screened who agreed to be contacted about the study were not enrolled: nine were not eligible (e.g., under age), seven reported transportation difficulties, 12 were never reached, and three refused.”

Procedure, line 37 to 50, I would suggest to move the information about eligibility and exclusion criteria to the above before line 13 (Of the 65 screened ….)

Response: Procedures, page 7, lines 23-40: have been moved as requested

Page 12, how many percentage of participants reported any traumatic life events?
Response: This is a great question! We added the following response to the Results, page 12, line 46: “Sixty-eight percent of women reported any form of traumatic events.”

Page 14, line 41 to page 15 line 17; I doubt if further analysis of sub-groups of traumatic events are valid given a very small number of women under each sub-group; for example only 2 women reported childhood verbal abuse; 1-2 reported sexual abuse or only one experienced verbal IPV. Furthermore, cautious should be taken in interpretation of these findings in the discussion p19.

Response: Results, page 15: We removed given the questionable validity of the findings. The discussion about those results have also been deleted (Discussion, pages 17-18).

References- there are repeated references; e.g. ref 1 and 3 or ref 20 and 34 are similar. Please check all references and follow Bio Med Central referenced style.

Response: Background, page 5: References 3 was replaced with reference 1. Methods, page 8, reference 20 was removed after addressing the request to make the study procedures sufficiently clear without having to refer readers to the previously cited reference. The BMC Womens Health EndNote style is used to reference all citations.

Table 2; please add asterisks where there is p<.05

Response: Table 2, page 26: An asterisk already appears where there were significant difference as discussed in the results, page 13. However, we added “see Table 2” on page 14 so readers know to go to that table. For consistency, we also added a column for lifetime trauma and reported point-serial correlations between this variable and bonding subscale scores (see Results, page 13, lines 19-24).

Figure 1; please add a box with details/figures of those excluded (from 65 women who were recruited)

Response: Figure 1: As requested, a box with details regarding the 31 women not enrolled has been added.
Reviewer 2

Remove unnecessary abbreviations (e.g.; IV, OT, PPD) - it would not add significantly to the manuscript to spell these out but would enhance readability

Response: Methods, page 10: IV, DSM and RA have been deleted. Given the practice of using OT and PPD to denote oxytocin and postpartum depression, respectively, in the literature, we respectfully have decided to keep those abbreviations.

First page of Background, line 36 - change 'IVP' to 'IPV'

Response: Background, page 4, line 36: Thank you for pointing out. The text has been corrected.

The last sentence of the Background should be included only in the methods data analysis section

Response: Background, page 5: We agree with your recommendation. We removed the last sentence regarding multiple testing and repeated measures and it now only appears in the data analysis section.

p. 20 - paragraph prior to discussion - given repeated measures analysis on oxytocin -- It is likely appropriate to use linear longitudinal modeling for reported measures.

Response: Discussion, page 18, lines 41-43: This is a great suggestion. We added the following text: “Subsequent studies that assess OT repeatedly over time should also consider using linear longitudinal modeling to account for those observations.”