Reviewer’s report

Title: Poor Social Support as a risk factor for Antenatal Depressive Symptoms among Women attending Public Antennal Clinics in Penang, Malaysia.

Version: 0 Date: 13 Aug 2017

Reviewer: Deborah Billings

Reviewer's report:

Overall comments

The research summarized in this paper addresses a critically important issue in the area of women's health that is to-date still largely unrecognized and unaddressed in health systems. I have a number of concerns about the current state of the paper, which I have outlined below.

- The authors note that poor social support as a risk factor for depression during pregnancy is well-documented in the literature. However, no such studies have been carried out in Malaysia. The authors need to clarify why conducting this study specifically in Malaysia is important, including points such as: the need for research carried out in different contexts so as not to assume certain patterns based on studies carried out only in certain parts of the world, usually the US and/or European countries; the need to develop locally appropriate solutions to locally conducted research.

- Measures: it seems that the EPDS has been tested and verified as appropriate for use in the Malaysian context (and among Malaysia's different populations). The authors need to clarify whether this is actually the case. No such statement is made about the Oslo-3 tool, nor does it seem that a translation into Malay or other languages spoken in Malaysia has been carried out and tested prior to this current study.

- Throughout the paper, the authors refer both to "antenatal depression" and "depressive symptoms". These are two different conditions and the authors should be clear and consistent throughout the paper as to what they are measuring and about what they are drawing conclusions (since they use the EPDS as the measurement tool- it really is about detecting depressive symptoms, since the EPDS is not a clinical instrument).

- The authors also refer to "maternal depression" throughout the paper. It is not clear whether this refers to antenatal depression, postpartum depression, or both. The literature cited when using the different terms needs to be consistent in terms of what previous studies actually measured.

- Examining social support alone can not be the sole explanatory factor for antenatal depressive symptoms. The authors need to acknowledge more explicitly why this is such an important factor in the Malay context and to state their recognition that there are certainly other important factors that, in combination with social support, can lend to a
deeper understanding of antenatal depressive symptoms (see below, although the research is focused on postpartum depressive symptoms)


- Lastly the authors need to explain the links between antenatal and postpartum depression more clearly. If antenatal depression were addressed, what would be the impact on postpartum depression (prevalence, intensity). While this might involve speculation, it would be a good area to highlight for future research that is needed.
- The title should include an indication that the research was carried out in Malaysia.

BACKGROUND SECTION (last paragraph)

- Many terms are used in relation to social support: emotional, practical, perceived, received, subjective. The authors should use only those terms that are relevant to their research. Overall, none of these terms is defined, which causes confusion for the reader in terms of understanding precisely what social support means to the authors (and how it is measured- an issue for the Methods section).

METHODS

- Were women recruited to participate in the study at any gestational age or was a range of weeks selected so that the sample would be homogenous in terms of how far along the pregnancy was for women? Hormonal, social, and other changes take place throughout pregnancy, and variations across pregnancy could have an impact on results. Were any limitations put on women's age; parity (women experiencing pregnancy for the first time might have very different outcomes and factors associated with antenatal depressive symptoms, as compared to women with five previous pregnancies). If all women were included, how was the variation taken into consideration or controlled for in the analysis?
- Please change the term "manned" to "staffed" (since many at the clinics are not men).
- Why were the 20 clinics staffed by family medicine specialists selected for inclusion? Why were the community clinics excluded from the sample?
- Please comment about how consent was obtained and what the response rate was (ie how many women stated that they did not want to participate in the study)?
- Why was 90% power needed? What was or were the differences that the authors wanted to detect that made the 90% power (vs some other level) necessary?
- Were any interviews conducted with Chinese-speaking women or was the study restricted to women speaking either Malay or English (the languages for which the EPDS was available)?
- Please cite literature that justifies the author's decision to set a score of > 12 for the EPDS as the point for defining a women as experiencing depressive symptoms
- How was privacy during the interview guaranteed? How were confidentiality and security of the data guaranteed?
- Is social support received from husband and family one construct or two? Support from husband and family are not measured through the Oslo-3. How were the questions framed and were they tested before the interviews were conducted? Why were these added to the interview? Were the questions from the Oslo-3 even useful in the study and relevant to the Malaysian context?
- Were only married women included in the study? If not, what questions were asked of partners or boyfriends? It seems that questions only referred to husbands.

RESULTS

- Is "race" the appropriate term to be used in this paper; footnote how "race" is defined in the Malaysian context
- The authors refer to "baseline" variables. This is not a longitudinal study and no baseline (vs post-intervention) exists for the study.
- When describing table 3, there is no need to report both in terms of odds and percentages. In this same paragraph, the first two sentences basically state the same result. And the third restates it but in terms of a percentage instead of odds. Only one sentence is needed. How did the authors calculate the 15% risk in the population? Which population?

DISCUSSION

- The first two paragraphs belong in the Background/Literature Review section of the paper. The Discussion section should focus on discussing the actual results reported from the data garnered in the study
- The observations that rural to urban migration has been taking place and that this changes how social support is offered and is available are important to understanding the
importance of social support during pregnancy in Malaysia. This information should be provided in the background section of the paper, not the Discussion.

CONCLUSIONS

- "A simple screening for all pregnant women…” is recommended. The authors need to provide greater detail- what screening tool should be used? When should it be applied? By which personnel? Please provide more detail about how exactly this could be integrated into prenatal care in health clinics throughout Malaysia.
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