Reviewer's report

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

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Reviewer: Alexandre Faisal-Cury

Reviewer's report:

General Review

The subject of this manuscript is interesting considering the high prevalence and importance of antenatal depression (AD). This cross-sectional study tried to evaluate the prevalence of AD and its association with poor social support (PSS) in a sample of 3000 pregnant women attending antenatal clinics in Penang, Malaysia. They conclude that the prevalence of AD was 20% and PSS was 20%. Moreover, social support was found to be significantly associated with AD (OR 2.2, aOR 2.1, AR 45%). This is interesting finding and may have clinical implications. Nevertheless there are methodological flaws that require corrections for a possible manuscript publication. The most important are:

1. methodology is poorly described;
2. the calculation of sample size is not clear,
3. the analysis controlling for confoundings is not clear (why using a third table instead of using the table 2 with crude and adjusted estimates?);
4. there is no discussion of possible limitations for explaining the main results;
5. the discussion is too long with several repetitions of data already presented in the results section.
6. some English improvements are needed.

Other specific aspects

Methods

1. What is the formula used to define sample size? They mentioned studies from Pakistan and Thailand to define sample size but this is not an adequate motif. For example, a study with a 90% power should define the prevalence of AD expected to be detected.
2. The analysis paragraph needs to be improved. The main exposure variable is social support obtained from OSS-3 although other measurements of social support was used. There is no explanation about the adjustment used (what are the confoundings variable?)
Results

1. Could you clarify some of the results presented?. According to the data 2% of husbands are classified as "Not, less and fairly supportive" but 22% of participants were classified as having PSS?. It is reasonable to say that "these pregnant women have nice husbands and bad families and friends?". Usually social support comes mainly from husbands/partners. In this sample with almost 70% of married pregnant women it is hard to understand the results.

2. Adjusted OR for other social support measurements were not showed. In table 2 there are only Crude OR for 2 types of social support (from husband and from family). I would like to see adjusted estimates for this variables

3. The social support variables in Table 2 should be presented in a different ways. The reference should be placed in the first line. I would respect the order: very supportive, supportive and not supportive for husbands attitude.

Discussion

1. This section is too long with several repetitions of data (presented in results section). For several topics there is a lack of comparison with data from other countries (and cultures) and possible explanations for the findings. For example in one previous publication (Faisal-Cury et al. Temporal Relationship Between Intimate Partner Violence and Postpartum Depression in a Sample of Low Income Women. Maternal and Child Health Journal v. 16, p. 122-128, 2012) we found that social support was a confounding in the the association of postpartum depression and intimate partner violence. The discussion should focus on the main findings.

2. The author stated that women with AD are at higher risk of obstetric complications. It should be wise to say that not all authors agree with this statement. (Faisal-Cury et al. Common mental disorders during pregnancy and adverse obstetric outcomes. Journal of Psychosomatic Obstetrics and Gynaecology, p. 1-7, 2010.)

3. There is no discussion about possible limitations

4. The authors used an old citation (Bennet, 2004) to justify the use of screening instruments for AD. There are recent publications defining (not suggesting) the benefits of perinatal depression screening (Siu. Screening for Depression in AdultsUS Preventive Services Task Force Recommendation Statement. JAMA. 2016;315(4):380-387. doi:10.1001/jama.2015.18392)
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