Author’s response to reviews

Title: Prevalence and patterns of cigarette smoking before and during early and late pregnancy according to maternal characteristics: the first national data based on the 2003 birth certificate revision, United States, 2016

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Re: Resubmission of the manuscript # REPH-D-19-00244

Dr. Fernanda Ewerling
Assistant Editor, BMC Reproductive Health

Dear Dr. Ewerling,

Thank you very much for the opportunity to re-revise my manuscript Prevalence and patterns of cigarette smoking before and during early and late pregnancy according to maternal characteristics: the first national data based on the 2003 birth certificate revision, United States, 2016. I greatly appreciate your comments, which have been very helpful in improving the quality of the manuscript.
I hope that the revised manuscript will now be considered for publication.

As per your instructions, I am attaching (1) a point by point response to your comments, (2) copy of ‘track changes’, and (3) a ‘clean copy’ of the manuscript.

Sincerely yours,

Anthony J. Kondracki

1) Please use only one decimal for the prevalence, both in the tables and throughout the text.

Thank you for the suggestion. It was done.

2) References need to be revised - when you use a reference manager include all the references together. Sometimes in the text you have [x,y,z], which is correct, but many times there are references as [a][b][c][d].

Thank you very much. It has been corrected.

3) Reviewer 2 previously suggested for you to include the 95% confidence intervals in the tables. Instead, present the confidence intervals.

As per your recommendation, I have included 95% CIs in the tables and in the text.

4) Reviewer 2 also suggested you should make it clearer what is being added to the literature by this study. I have the same concern. There is another study from 2014 you cited (reference 5 in the manuscript) that had basically the same conclusions. Please make it clear in the end of the introduction what is the justification for this study, what is different from the previous ones, and make a strong case for its publication. Also, the objectives of the study have to be clearly stated in the end of the introduction.

Thank you for your valuable comments. I have corrected all accordingly.

5) In the abstract you mentioned that smoking in pregnancy was higher among women aged 25-29, however it is among those aged < 20 years.
To clarify these: In Table 2, first column, the prevalence of smoking in early or late pregnancy was the highest among women 25-29 years old (33.0%; 95% CI: 32.8, 33.2). This time, in the Abstract, I wrote “Smoking rates anytime during pregnancy were the highest among non-Hispanic White women, women 20-24 years old, and women with less than a high school education” (Table 1, column 3).

6) Lines 66-67: remove the prevalence and write as "prevalence was higher among..." like in the abstract. I would also suggest mentioning this reference later in the introduction, close to the justification of your study. This study and its conclusions seem to be quite similar to yours, so I think it should be clear what is being added.

Thank you. This was explained in the discussion section.

7) In two different parts of the text you mention that study x evaluated women at reproductive age. One of these studies (reference 4 in the introduction) is for women aged 18-44 and the other (line 274) is for women aged 15-44. The most common definition of reproductive age (from WHO) is women aged 15-49 years. I suggest you exclude the term reproductive age and only indicate the age of the women that were included in these studies. Also, for reference 4 it is not clear whether this study is from the US, please clarify.

I appreciate you pointing this out. It was corrected.

8) Line 81: Remove the expression "For example" and revise the text for text flow. Thank you. It was removed.

9) Lines 141-143: the definition of the categories of race/ethnicity, the explanations in parenthesis are not necessary, please remove.

Thanks. It was removed.

10) Lines 150-152: you defined smokers as those women who smoked at least one cigarette a day and non-smokers as those who did not smoke at any time. What about the others (women who smoked less than a cigarette a day)?

To clarify: No information on non-daily smoking (<1 cigarette/day) in pregnancy is available on the birth certificate (in the strengths and limitations section).
11) I strongly suggest you add a table (or a column in Table 1) with the prevalence of women that smoked at any time during pregnancy. I was curious to know how many women smoked besides having the subgroups/categories of smoking.

Thank you very much for your suggestion. It was done.

12) To be more informative and easier for the reader, I would also suggest changing the categories names of the smoking categories in Table 2 as follows:

- Quitter1 -> Quitter-Low
- Quitter2 -> Quitter-High
- Maintainer1 -> Maintainer-Low
- Maintainer2 -> Maintainer-High

Also, column 1 (total) should be "smoking in early OR late pregnancy", not AND. It is throughout pregnancy

Thank you. I agree that it is a good idea to change the names of the categories! I renamed the categories and corrected the wording for column 1.

13) The results section still has some discussion points (e.g. lines 232-233 and 225-227). The results section should present only the overview of the results. Please revise it and move all of them to the discussion.

Thank you. It was revised.

14) Line 207: replace "compared to women in the same category" with "compared to women with higher education". Start a new paragraph after that.

Thank you very much for this suggestion.

15) Lines 217-220: From which tables are the results presented? They are a bit confusing; I would suggest you revise this paragraph for clarity.
Thank you, this was revised.

16) Start a new paragraph for Table 3 results (results section).
This has been done.

17) Line 260: "65% of THESE women" - please add the word.
Thanks, it has been added.

18) Lines 261-263: Factors associated with continued smoking at high intensity where non-Hispanic White race, age 35+, and less than high school education." Here you are contradicting yourself again and wrongly presenting the results (which already happened in the abstract). It is not the older group of women that presented higher odds of continued smoking. Please revise the whole manuscript carefully before submitting the new version.
Thank you. It was corrected and revised.

19) Line 265-266: "whereas other women" please replace with "whereas women from other race/ethnic groups tended to..."
Thanks, it was replaced.

20) Line 271: Please compare the prevalence in 2014 with the ones found in your study. Are there any differences?
Thank you. It is indicated in the discussion section.

21) Line 272: Neighbor et al - what were the findings of the study? Where was the study conducted? Which year?
Thank you. This information was changed.
22) Line 289: "Among women who smoked before pregnancy (9.5%) about 50% quit in early pregnancy as soon after finding out about being pregnant". This sentence contradicts your findings and is inconsistent with that you presented earlier in the text. Previously you mentioned that about 65% of women keep smoking in pregnancy.

Thank you for noticing this. It is revised according to the results shown in the tables.

23) Line 292: when you say "factors related ... IN COMBINATION with lower smoking intensity level" it seems like you evaluated the interaction between these factors, which is not true. Please revise the whole manuscript accordingly.

This was clarified and revised. Thank you.

24) Lines 322-324 are the same as lines 334-336. Please exclude the first one.

Thank you for detecting the error, it has been edited.

25) Line 338: Exclude the part "but research data are limited".

This has been excluded.

26) The limitations section should be improved. One of the reviewers suggested to include the higher risk of miscarriage among women who smoke, so as your data is of live births these would be lost. I think that the reviewer is right, and this should be included and discussed in the limitation section. Under report of smoking and over report of cessation during pregnancy should also be included and discussed.

As per your request, this information has been included in the limitations section.

27) Your conclusions should be in line with the findings of your study. You did not study how behavioral interventions impact smoking during pregnancy. Please revise the whole section accordingly.

I appreciate your suggestion. This part of the manuscript was revised.