Author’s response to reviews

Title: Marital communication skills training to promote marital satisfaction and psychological health during pregnancy: A couple focused approach

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Author’s response to reviews:

Dear Editor in Chief and Reviewers

At first let me appreciate for your valuable suggestions. We revised manuscript according to the suggestions. Finally the revision version has been edited by expert. All changes have been marked in the text. We hope these revisions would be acceptable and suitable for your team.

Your sincerely
Corresponding author

Dr. Ashraf Kazemi

Editorial comments:
Com1: Please send us a reviewed version with track changes showing the English edition and information about the initiative that have done such edition”.
Response: A reviewed version has been revised with track changes revisions.

Com2: I am requesting you to delete the statistical analysis of the baseline data (table 1, fourth column).
Response: The statistical analysis of the baseline data has been deleted.

Com 3: Reviewer 2, Comment 9: Mentioned “Discussion: Discussion of the strengths, limitations, and generalizability of the findings is warranted to avoid over interpretation of the results. The revised manuscript includes a discussion of the strengths of the study, however discussion of the limitations and generalizability could be further elaborated. The strength of the conclusions (e.g., "These findings prove that..." page 11, line 14) could be tempered to align with the evidence presented.”
Response: The comment has been done page 11, line 12-14 and 19-22

Reviewer #1
Com 1: Line 1, p.3: Please further check grammar and spelling still throughout (e.g., Plain English summery - should be summary)
Response: Plain English summery has been summarized and edited.

Com 2: Line 8, p.4: Acronyms should be spelled out before first use. What is SIR?
Response: SSRI is correct. The full definitions have been used for LBW and SSRI. Page 4, line 9-11.

Com 3: Lines 7-8, p.5: You now explain your sampling methods were convenience sampling, but there still needs to be more details. How were the women recruited? Through visits with healthcare providers? Or? Please expand on this.
Response: The phrase “underwent prenatal care in the health care centers” has been added. Page 5, line 10 & 13

Com 4: Lines 1-8, p.6: You have added this section which is helpful, but again, your argument would be strengthened by citing peer-reviewed sources.
Response: the documents using for developing training package were mentioned 14-16. And the experts’ opinion presented their opinion based on their experience. Page 8, line 8

Com 5: Lines 18-19, p.7: Please expand more on why the pamphlets were provided. You have stated due to ethical considerations, but please explain in more detail what those considerations were. Currently it is still unclear.
Response: The reason of the providing of pamphlet has been explained. Page 7, line 25-29

Com 6: Lines 9-11 on p.8 should be re-worked - it is a run-on sentence and not grammatically correct.
Response: The sentences have been modified. Also the consort diagram has been provided (figure 1). Page 8, line 19-21

Com 7: Lines 18-22 on p.8 - I don't understand what is being stated? The results were statistically significant at 1 and 3 months after the intervention, but not at 2 months?
Response: Based on another reviewer’s comment we have been used t-test, pair t test, and repeated measures analysis of variance (RMANOVA) for analyzing the data and the results somewhat have been changed, Page 8
In general, I appreciate the authors' detailed revisions, and feel that their revisions have strengthened the manuscript. That being said, on third reading of this paper, it still requires some clarification in terms of the significance and findings of the intervention. I continue to come away feeling that the findings and interpretation of the results have been emphasised too strongly. While I appreciate the authors have integrated some new peer-reviewed references into the manuscript, there is no engagement with and critical analysis of those other studies. The discussion section in particular, would benefit from some comparison and analysis of other external studies that have achieved similar results and could corroborate the authors' findings. Lastly, I think the authors should proceed with caution with how their findings are portrayed. Perhaps it is an element of the study that has not come through in the English translation, but I do still have concerns that the strong conclusions drawn from the paper will suggest to women that their relationships will improve substantially if they participate in some sort of psychological marital intervention. It may be the case, but it is far more likely that this is the sort of intervention that would need to be evaluated over the long term. To add to that point, I think the authors need to expand further on the limitations of the study and how it did not extend to the inclusion of men. There does still seem to be onus that is being placed strongly on the female participants of the study, and this I feel could be a bit of a problematic conclusion.
Response: The limitations have been extended (Also, the interrelationships between the couples and their behaviors did not assessed, which may limit the prediction of the continuity of the intervention effect.). Page 10, line 31 & Page 11, line 1-2

Reviewer #2
The revised manuscript describes a study showing a relationship between communication skills training and levels of depression and anxiety scores among pregnant participants (gestational age ≤ 24 weeks) compared with control participants receiving education. While the results are interesting, the impact and validity of the work could be improved by 1) highlighting gaps in current understanding of psychological intervention during pregnancy in the introduction section, 2) ensuring that the treatment and control interventions can be replicated by providing a clear description in methods section and/or supplemental materials, 3) providing a fulsome and clear discussion of the limitations and generalizability of this work. Specific comments related to the original review are included below.

Comment 1: Background: Clarification of rationale.
The revised manuscript clarifies that physical and psychological changes during pregnancy can lead to decreased quality of marital relationships which may in turn result in maternal depression and anxiety. It points out that depression during pregnancy is associated with negative outcomes for parent and child. It further states that acquiring communication skills improves marital relationships and reduces psychological disorders. Consequently, this study was performed to assess the impact of communication skills training on marital satisfaction and levels of depression and anxiety among pregnant women. The rationale could be strengthened with 1) a description of whether any published research has studied psychological interventions during pregnancy and 2) a clear statement of the target readership and the novelty of the proposed intervention, study design etc.
Response: In introduction section the published studied psychological interventions during pregnancy have been mentioned. We mentioned that the studies were not sufficient to verdict on the impact of psychological interventions on mental health in women with vulnerable pregnancies. Page 4, line 17-21

Comment 2: Methods: Allocation: Elaboration or relevant citation for random cluster method (line 30)
Given the elaboration in the revised manuscript, it does not appear that this a random cluster method (i.e., individuals, not clusters, were randomized to treatment and control conditions). It may therefore be enough to state that participants from four health centres were randomized to either the treatment or control condition.
Response: the sentence “The health centers were selected by random clustering method” has been added. Also the sampling and allocation have been clarified in consort diagram (figure 1). Page 5, line 10

Comment 3: Blinding: Clarification of whether/how study was blinded.
The revised manuscript articulates that the study was single-blinded (researchers blinded).
Response: Random allocation was done by prenatal care providers and they were blinded fashion about study group. This point has been mention. Page 5, line 28-29 – Page 6, line 4-5

Comment 4 & 5: Intervention: Clarification of whether this was this a group- or couple-based intervention, elaboration of how changes during the pregnancy affected intervention delivery (line 47), and citation of constructs addressed in the intervention (e.g., awareness cycle, line 59; speaking skills, line 65).
The revised manuscript clarifies that this was a couple-based intervention (page 6, line 1); however also state that the intervention involved group discussion (page 6, line 11) and it is unclear whether partners participated in the sessions.
- A citation for the awareness cycle has been added, this approach appears to be derived from sports psychology. Information about the content of the educational pamphlets may not have been included in the manuscript.

Response:
- The intervention was focused on relationship between partners and both partners have been participated in intervention. For this reason, the intervention considered as couple-based approach; but in each section 7-8 couples have been participated. “couples participation” is mentioned. Page 6, line 15-17
- Related citation has been changed (ref: 16, Kelson and et al.).
- About content of the educational pamphlet has been explained. Page 7, line 25-29

Comment 6: Tools: Additional description of the ENRICH Questionnaire and General Health Questionnaire outcome measures (e.g., domains of the scale).
The revised manuscript includes clear descriptions of these outcome measures (note that "with four domains" is repeated page 7, line 22).
Response: “with four domains” has been deleted.

Comment 7: Results: Definition LSD test (line 103).
The revised manuscript includes a definition of this acronym. Note that other undefined acronyms are included in the manuscript (e.g., page 1, SIR, LBW).
Response: SSRI was correct. The definitions of the SSRI and LBW have been mentioned and abbreviations have been omitted. Page 4, line 8-10
Based on later comment pair t test, t test and repeated measure have been used to analysis and the results have been modified. Therefore LSD has been deleted. Table 2 & 3. Page 8, line 1-16 and 25-33.

Comment 8: Inclusion relevant test statistics and P-values in the body of the text.
With the exception of the test reported on page 9 lines 8-9, the revised manuscript provides test statistics and P-values. Interestingly, the least significant difference test is typically calculated following ANOVA - it is unclear whether ANOVA were performed and why the authors did not conduct t-tests for within and between group comparisons. Additional modelling could provide a more robust picture of the outcomes (e.g., using regression to compare post-intervention scores between the two groups, with baseline pre-intervention scores as a covariate in the model).
Response:
- p values have been mentioned in the body of the text. Page 8,
- The results of the ANOVA have been omitted. To analysis the data the t test, pair t test and repeated measures analysis of variance (RMANOVA) have been provided and result section has been modified according to the new analysis. Also, the analysis method has been modified in method section. Table 2 & 3. Page 8, line 1-16 and 25-33.

Comment 9: Discussion: Discussion of the strengths, limitations, and generalizability of the findings is warranted to avoid over interpretation of the results.
The revised manuscript includes a discussion of the strengths of the study, however discussion of the limitations and generalizability could be further elaborated. The strength of the conclusions (e.g., "These findings prove that…") page 11, line 14) could be tempered to align with the evidence presented.
Response: the conclusion section has been modified. Page 10, line 7-11.