Author’s response to reviews

Title: Knowledge about iodine requirements during pregnancy and breastfeeding among pregnant women living in Northern Ireland

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Author’s response to reviews:

Dear Dr Deierlein

30th January 2019

Many thanks for your correspondence re the paper:

"Knowledge about iodine requirements during pregnancy and breastfeeding among pregnant women living in Northern Ireland" (NUTN-D-18-00224).

We welcome the feedback to improve the paper. Each question will be taken in turn and numbered for ease of reference in text. Tables have been incorporated for ease of review.

Reviewer 1:

Abstract

1. Page 2 line 31. Write out UK in full. This has been amended and highlighted in text.

2. Page 2. Line 32-34. The aim is a little clunky. Suggest reword to "the aim was to determine the level of knowledge about iodine nutrition during pregnancy among pregnant women living in Northern Ireland." This has been amended.
3. Page 2. Line 35-38. Please provide a short statement of statistical analyses undertaken. This has now been added.

4. Page 2. Line 36-38. The response rate is a result, Please move this to the results section. This has been amended.

Introduction

5. Page 3. Lines 52-61. The timeline of events being described is unclear and conflicting. The authors describe that iodine intakes were thought to be adequate for many years, however then go on to describe that levels are inadequate in the 90s which is 30 year ago! Please clarify. The timeline- Clarity has been provided with an expansion of this sentence.

6. Page 3 line 60-61. Provide a reference for this statistic. This has now been provided.

7. Page 3. Line 64-65. Amend to 'dietary intake from naturally occurring sources'. This has been amended.

8. Page 4. Line 86-87. Aim, refer to comment re: abstract. The results include comparison of knowledge among women at different stages and number of pregnancies. It is unclear why this has been done as it is not part of the aim. Please adjust. This has now been adjusted.

Methods

9. Please amend headings. Main heading - method. Sub headings - subjects, data collection, statistical analyses. This has been amended.

10. More information is required for the methods. This has now been provided and section expanded.
11. Please described the questionnaire in more detail.

Eg. how many questions it included, what the response options were (e.g. likert scale, MCQ, open ended etc.). You have collect data on parity and trimester, please report how this was collected. Please describe the subjects in more detail; The questionnaire should have been attached already as an Appendix. Did this not upload on the online submission? I attach a copy.

12. Were there inclusion and exclusion criteria? None beyond pregnancy. This is now explained in the method section.

13. Why did you choose 200 as the sample size? The sample size of 200 was chosen based on the three comparable studies available at the time with sample sizes of 48, 139 and 305. This is stated in methods section with references.

14. Please describe the type of analyses you completed; you have completed descriptive statistics as well as statistically compared responses among women of different stages and number of pregnancies. This is now added in methods section.

Results

15. The lack of demographic data about the population (e.g. age, education level) means it is not possible to understand who these women are, and therefore whether the findings are representative or translatable. If it is possible to obtain this data from medical records, it would be useful to add. We agree and this has been acknowledged in the last paragraph of the discussion.

16. The results section and results tables needs significant work. In many cases, comparisons are made between groups with no data provided (only the p value). Data is now provided with % nullips vs multips. Providing the data would strengthen the results. The tables are not well formatted. It is standard practice to report n and % in tables, please amend. This has been amended for Tables 1-3.

17. There is variability in the layout within Table 2 - please make consistent. Adjusted and typo corrected.
18. It would be clearer to add up the % for strongly agree/agree etc and just report 1 value. Adjusted in Table 3.

Discussion

19. Table 5 would be better off removed, with findings incorporated into the text. We think that Table 5 is useful to put our study in context more fully. We note that this was not suggested by reviewer No 2. However we have simplified it and brought it into portrait format. We are happy to leave it to the editor to make a decision re this.

20. Lines 78-85 page 4 would be better off moved to the discussion so there is no repetition. This section has now been moved into the discussion section.

21. Please add in recommendations for future research and public health/clinical practice to the discussion. This has been mentioned in the conclusion, but would be better off in the discussion and needs to be expanded. Added in penultimate paragraph of discussion.

22. There is inconsistency in the use of 'NI' and N Ireland throughout. This has been corrected throughout.

Reviewer 2:

23. I would suggest [you] provide more details on how and when the patients were recruited. Now additional information added in methods section.

24. When were the routine antenatal clinics or the education sessions were performed (first, second, last trimester)? There is already a statement about when (trimester) the questionnaires were completed in the second sentence of the results section.
25. How was the questionnaire administered (self-administered, was it an interview?) It was self-administered. This is now explained in method section.

26. Could you please explain more in details the sentence "the questionnaire was derived from previously reported questionnaire "? A clarification is now added to this sentence in methods section.

27. How long did it take to complete the questionnaire? We did not take time measurements for the questionnaire but feedback from our pre-study focus group of ten lay women was that it was easy and quick to complete. The high return rate would also be evidence of this. This section has been expanded in methods.

28. Results: with regard to table 4, the reported answers are 16: were there only 16 mothers that gave comments on the topic or have the topics been assembled into macro-areas? There were only 16 responses for the optional comment question. This is stated in the line before Table 4.

29. Discussion: line 161: could the authors comment on the fact that motivation among women to make appropriate dietary changes in pregnancy is high although the knowledge regarding the importance of iodine is limited? Comment is now added.

30. I would suggest that the authors do not refer to the specific tables in the discussion but rather simply discuss the main findings of their study. The prose has been adjusted.

31. The author discuss the importance of midwives in providing nutritional education; was this aspect investigated in the questionnaire? No and we agree that this would be an interesting future project and have added this comment to our discussion last paragraph.

32. Were the women asked whether they had received some kind of education and, if yes, by who? That would be interesting. No and is added as a limitation to the study in last discussion paragraph.
33. Declarations section- This is all included in title page as well as online section

- Ethics approval and consent to participate

- Consent to publish

- Availability of data and materials

- Competing interests

- Funding

- Authors' Contributions

- Acknowledgements

We hope the changes are to your satisfaction and have strengthened this paper substantially.

Yours sincerely

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