

Article details: 2015-0009	
Title	Breastfeeding difficulties, supports and postpartum depression (PPD) risk in a cohort of Calgary Hospital births in 2010
Authors	Kathleen H. Chaput PhD, Alberto Nettel-Aguirre PhD PStat, Richard Musto MD, Carol E. Adair PhD, Suzanne C. Tough PhD
Reviewer 1	Lesley A. Tarasoff
Institution	University of Toronto, Dalla Lana School of Public Health, Toronto, Ont.
General comments (author response in bold)	<p>The paper is well-written and straightforward. A few minor comments:</p> <ol style="list-style-type: none"> 1. Did participants only fill out the questionnaire in person at birth and then only online at 6 weeks and 6 months? Response: The participants filled out only paper questionnaires at birth, and then had the choice between paper and electronic at the 6 week and 6 month follow-up points. 2. Can you provide examples of the qualitative questions asked for the qualitative component of the study? Response: the qualitative study has been accepted for publication in CMAJ Open, and includes all of the qualitative questions, as well as details regarding the breastfeeding log etc. Some details of these have been added to the methods section here, but the qualitative study (which contains the qualitative questions as an appendix) is cited. 3. Was the daily breastfeeding log something that participants completed online and did they receive reminders to fill it out (and if so, how often, or only at 6 weeks and 6 months)? Response: the qualitative study has been accepted for publication in CMAJ Open, and includes all of the qualitative questions, as well as details regarding the breastfeeding log etc. Some details of these have been added to the methods section here, but the qualitative study (which contains the qualitative questions as an appendix) is cited. 4. How did you define/determine a negative breastfeeding support experience - perhaps you can provide an example/quotation. Response: as in the above, the quotations etc. are found in the qualitative publication. We would be pleased to add some detail here, but it would duplicate the findings published for the qualitative component of the study. 5. In the results section the authors report the number of women who screened positive for PPD at 6 months. Can you also provide the number of women who screened positive for PPD at 6 weeks and comment on any differences between these 2 time points? Response: the study outcome was defined as PPD within the first 6 months postpartum as recommended by practitioners in the department of Psychiatry who regularly treat this population. The six week prevalence has been added to the table. We originally added a comment about the 6-week PPD prevalence, however, due to word-count restriction, and the relatively low importance of this intermediate measure, we opted to remove the comment. 6. Can you provide more explanation about why mixed methods research increases validity? Added as requested in the strength section 7. The interpretation/discussion is good but somewhat vague. Are there any other interventions that you can suggest to increase social support, etc. besides some of the interventions you mention, such as the telephone-based peer support program. Any comments on partner support? Response: These interventions have now been named, however it is important to note that the study findings suggest that the mode of intervention is less important than the quality of support. The recommendations apply to educating all support sources, including partners through prenatal classes, literature and parenting classes etc. as well as the public (We are currently undertaking community knowledge translation activities to increase public awareness)
Reviewer 2	Stephanie Choi, PhD Candidate,
Institution	University of Toronto, Toronto, Ont.
General comments (author response in bold)	<p>It is a very interesting article that examines relationships between breastfeeding difficulties, support experience, and postpartum depression.</p> <p>Although it was very nice the author submitted also the STROBE checklist and indicated the locations in each item for the cohort study, the manuscript seems quite a lot of errors and issues. The errors may make the meaning of the manuscript confusing to the readers:</p> <ol style="list-style-type: none"> 1. Word counts for abstract and the text are missing Response: these appear in the submission in the Author centre. We are not sure why they are not available to the reviewer. 2. The submitted manuscript has a lot of track changes and it looks like that the article is still under revision among the authors Response: The track changes were requested by CMAJ Open, as this is a re-submission of a previously submitted article. 3. Inconsistency of brackets in the references in the text and in the end reference: sometimes circle,

	<p>sometimes square. some references did not have correct format e.g. [58]</p> <p>Response: All brackets are square, the inconsistency may refer to the deleted round brackets in track-changes. This is in accordance with a previous request.</p> <p>4. Grammatical issues e.g. p.3 line 45</p> <p>We have changed the wording of page 3 line 45. The previous wording was suggested by a previous reviewer.</p> <p>5. Reference of a citation was placed in the abstract. The readers will not know the reference unless they read the full text.</p> <p>This reference was to an unpublished manuscript being submitted in tandem with this manuscript, and we alluded to its importance in our cover letter. It can be removed. It refers to publication submission #2014-0113.r2</p> <p>6. Did not seem to define PPD in the introduction before using it in p.4 line 45</p> <p>Response: It is defined in the first line of the abstract and in the title. We have also added it to line 30, pg4.</p> <p>7. It may be better to put p.8 line 15 in the discussion</p> <p>Response: there is no discussion section to our knowledge. This line is not interpretation and rather a simple statement of results. If it is better suited to the Interpretation section according to editorial preferences of the journal, we will be happy to move it.</p> <p>8. The results on p.8 line 35-46 have no references to the tables. some wrong references to a figure(p.6 line 15)</p> <p>References to the figures/tables have been corrected.</p> <p>9. Figure 1 didn't provide a reference in the footnotes and it mentioned that it obtained from elsewhere</p> <p>Figure 1 was not obtained from elsewhere. We are not sure why this was understood by the reviewer. It was an original diagram illustrating the mixed-methods study design. It has been removed from the re-submission for the sake of brevity.</p> <p>10. Data in Figure 2 could be better to place in the footnotes instead of the title. it may be better to put number of individuals in each category. the definition for some variables could be provided in the footnotes as the table stand for itself</p> <p>Response: the grammar in the above comment has led us to be unsure of its correct interpretation. We do not find data in the title of table 2, only in the table itself. The number of individuals in each category is already indicated (See column 1, where N is referenced in brackets)</p> <p>11. Total number of individuals could be added to the title</p> <p>Response: The title has been modified according to the editor's comment above</p> <p>12. Confusion in table 3 as it looks like that the main exposure is missing</p> <p>Response: table three includes the RR's for Breastfeeding difficulties as the main exposure and PPD as the outcome, and lists the RR's when this primary model is adjusted for each of the variables listed. The unadjusted RR is the primary model with no adjustment, also known as the "crude" RR. The model has been clarified in the title. This is standard reporting of risk ratios and demonstration of a lack of confounding by the covariates listed, as described in the text</p> <p>13. In Table 4, what may be the star referred to?</p> <p>Response: If the reviewer is asking what the star indicates, it is indicating a statistically significant result. This footnote has been added.</p> <p>14. More interesting to see a growth model of the impacts of breastfeeding difficulty on the depression scores over time as repeated measures of the outcome variable seems to be available</p> <p>Response: The operational definition of depression for this study is based on a categorical screening score, within a diagnostic time-period, and change-over-time methodology would not be appropriate. The score indicates simply that depression is present or absent with a reasonable degree of certainty and reliability. A score of 12 does not necessarily indicate more severe depression than a score of 11. The value of repeated measures in this study lies in our ability to discern whether the exposure (breastfeeding difficulties) preceded the outcome (PPD), and we are thus able to comment on RISK, rather than simply association between the variables. The temporal relationship between breastfeeding difficulties and PPD and recovery from symptoms is certainly interesting, however, it is another study. We may consider conducting this analysis in the future.</p> <p>Thank you so much for the opportunity for reading this article! I found the results very interesting!</p>
Reviewer 3	Dr. Meir Steiner
Institution	McMaster University, Psychiatry, Women's Health Concerns Clinic, Hamilton, Ont.
General comments	Congratulations on a well-written, well-executed important study.