## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (see an example) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

## ARTICLE DETAILS

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| **TITLE (PROVISIONAL)** | Fear of childbirth predicts postpartum depression – a population-based analysis of 511,422 singleton births in Finland |
| **AUTHORS** | Räisänen, Sari; Lehto, Soili; Nielsen, Henriette; Gissler, M; Kramer, Michael; Heinonen, Seppo |

## VERSION 1 - REVIEW

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| **REVIEWER** | Kirkinen, Pertti |
| **REVIEW RETURNED** | 07-Oct-2013 |

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| **GENERAL COMMENTS** | A large, even national, population-based material of the association between antepartal and peripartal factors and postpartum maternal depression was analyzed in this study. In fact, the point was that the increased risk was found in low-risk patients associating with the fear of childbirth and with some other adverse events during the course of the pregnancy.<br>The study itself includes a large material, which is analyzed by adequate methodology – even in an exceptional accuracy. The limitations of the register-based approach could be more discussed.<br>I am missing some description and definitions of the criteria for postpartum depression in the “Hospital Discharge Register”. Did this concern only for cases in hospitalized population, not looking at out-patient-cared cases ? Did the authors could discover some association with the use of antidepressant medication (which was registered in the national drug registers during the same time – if the point was the base this study on the national registers)?<br>The authors could inform more clearly what new, central information on the field their report is giving.<br><br>A large, even national, population-based material of the association between antepartal and peripartal factors and postpartum maternal depression was analyzed in this study. In fact, the point was that the increased risk was found in low-risk patients associating with the fear of childbirth and with some other adverse events during the course of the pregnancy.<br>The study itself includes a large material, which is analyzed by adequate methodology – even in an exceptional accuracy. The limitations of the register-based approach could be more discussed.<br>I am missing some description and definitions of the criteria for postpartum depression in the “Hospital Discharge Register”. Did this concern only for cases in hospitalized population, not looking at out-patient-cared cases ? Did the authors could discover some association with the use of antidepressant medication (which was registered in the national drug registers during the same time – if the point was the base this study on the national registers)?<br>The authors could inform more clearly what new, central information |

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| | on the field their report is giving. |

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| **REVIEWER** | Khan, Sarah<br>Central Manchester Foundation Trust |
| **REVIEW RETURNED** | 18-Oct-2013 |

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| **GENERAL COMMENTS** | I completely agree with the strengths of the paper and data analyzed on 511,422 births is very impressive. |

**VERSION 1 – AUTHOR RESPONSE**

Reviewer 1

The limitations of the register-based approach could be more discussed.
A possible limitation was also that we did not have information on cases diagnosed and treated in primary health care.
I am missing some description and definitions of the criteria for postpartum depression in the “Hospital Discharge Register”.
This is an important point and has now been described with more details in the methods section and also discussed as a possible limitation of the study. Information on postpartum depression was gathered until six weeks after birth since it is defined as onset of episodes within four to six weeks after birth. Women with later access to health care were not included that was also a possible limitation of the present study.
Did this concern only for cases in hospitalized population, not looking at out-patient-cared cases?

We had information on outpatient visits since 1998 and inpatient visits since 1996 as mentioned in the methods section. Medical Birth Register has collected all diagnosis during pregnancy and birth since 2004.
Did the authors could discover some association with the use of antidepressant medication (which was registered in the national drug registers during the same time – if the point was the base this study on the national registers)?

This would be an important aspect but probably would not affect results regarding postpartum depression in women with no previous depression disorders. Further, information on medication is collected to other register maintained by Kela, and we did not have that information.

The authors could inform more clearly what new, central information on the field their report is giving.

We have now highlighted the novel information of the present study throughout the paper.

Reviewer 2

Even though a breakdown of prevalence of depression has been provided it would have been easier to have the information displayed in a consort diagram.

We have five tables and presenting same information in figure would not be useful and thus we did not add any chart.