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OPEN PEER REVIEW

# The Relationship Between the Prevalence of Depression Caused by Antiphospholipid Syndrome Abortion and Related Factors in Pregnant Women

Ahmad Fakhri, Behnam Gholizadeh, Ehsan Moradi-Joo, Siamak Baghaei, Nahid Shahbazian, Mostafa Binandeh

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## About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

More about open peer review: brieflands.com/knowledgebase/opr

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## 1 Original submission

3 comments · 16 Sep 2024 – 29 Sep 2024

**Samaneh Naeimi** Reviewer

REJECT 16 Sep 2024

Greetings and respect
The article has general flaws, including non-native translation. Also, this research project was conducted a long time ago. The article needs fundamental corrections to the translation and an updated discussion. Revise the results table. In the references section, old references should be deleted.

**Razieh Mohammad Zadeh** Reviewer

ACCEPT 24 Sep 2024

Considering the increase in the prevalence of depression and suicide after childbirth, the title and topic discussed are new and practical. It is hoped that implementing the results of this study in health centers and midwifery centers will enable the psychiatric problems of this group to be diagnosed as soon as possible and prevent further side effects.
It is suggested that articles on phospholipid syndrome be used in the discussion section.

**Referee 1** Reviewer

MAJOR REVISION 29 Sep 2024

Dear Editor
Thank you for sending me this manuscript. Some comments are provided to improve the manuscript titled "The relationship between the prevalence of depression caused by antiphospholipid syndrome abortion and related factors in pregnant women":

1. In the Methods section of the abstract, the time period should be specified by the starting and ending months and years, not the academic year.
2. Please check the keywords against MeSH.
3. In-text referencing should be in the Vancouver style. (11 and 12), (14 and 15)…
4. The introduction, especially the last paragraph, is unstructured. The association between antiphospholipid syndrome and depression has not been well described. It is clear that this syndrome causes abortion, but what is its connection with post-abortion depression? Does the presence of antiphospholipid aggravate depression after abortion? These connections should be described correctly, and scientific and appropriate conclusions should be drawn from past studies. The introduction needs editing, especially the last paragraphs.
5. It is suggested that a person who is fluent in English should review all the articles again.
6. The type of study should be revised according to the case and control groups.
7. The names and numbering of the tables should be corrected.
8. In Tables 1 and 2, the groups are not named correctly.
9. The results of the Beck questionnaire that you mentioned in the Methods section are not reported in the Results section.
10. Confounding variables in this study should be investigated and carefully explained in the Methods section, and the methods used to control them should be described.
11. The criteria for entering and exiting the study should be described in the Methods section.
12. Why is "history of depression" written in Table 1? According to the Methods section, the depression

pregnancy.

13. In the seventh paragraph of the discussion, there is no need to write statistics and numbers from previous studies. Summarize the results and discuss them.

14. The structure of the discussion needs to be revised.

15. Considering the significant difference between the two groups in terms of depression, it is suggested that the new method of midwifery care based on consultation be used in the birthing centers. Also, by strengthening follow-up and referral systems, people suspected of having mood disorders after abortion can be identified and referred to specialized centers. The results of this study should be a guide for all midwives and health workers to pay more attention to the mental health problems of women after abortion.

Please highlight all the amendments in your manuscript or indicate them by using tracked changes.

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# Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

**Reviewers' Comments:**

*Reviewer 1:*

*Subject*

*1) Is the article within the scope of the journal?yes*

*2) Does the article have novelty?No*

*Title*

*3) Does the title reflect the content appropriately? yes*

*4) Is there any abbreviation in the title?No*

*Abstract*

*5) Is there a structured Abstract?yes*

*6) Are Keywords (3-10) selected from MESH?yes*

*Introduction*

*7) Clarity of the objectives/hypotheses? (Are the objectives clearly stated?)No*

*It was corrected.*

*8) Does Introduction include: "What we know," "What we don't know" and "Aims"?yes*

*Materials And Methods*

*9) Clearly describe the selection of participants (patients or laboratory animals, including controls) ?yes*

*10) Study Design Described Sufficiently?no*

*11) Adequacy of the sample studied?no*

*12) Subjects Representative of Target Population?no*

*13) Provided sample size calculation or justification?yes*

*14) Control Subjects Appropriate?yes*

*15) Power of study declared?no*

*Regarding questions 10 to 15*

*In the period of the study, all the patients who were selected after sampling were the same population that the study was conducted on, and it should be noted that all these samples were collected with the support of the vice president of research, the head of the hospital, and the managers.*

*16) Reported actual P values for primary analyses?No*

*It was reported*

*17) Blinding of Investigators (if applicable)? No*

*18) Blinding of subjects (if applicable)?No*

*19) Identify the methods apparatus (give the manufacturer's name and address in parentheses)?-*

*20) Identify procedures in sufficient detail to allow other workers to reproduce the results?-*

*21) Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration?-*

*22) Inclusion/Exclusion Criteria Explained?No*

*It was corrected*

*23) Appropriate Statistical Analysis? No*

*It was corrected*

*Results*

*24) Appropriateness, clarity, and adequacy of the Tables and Figures?yes*

*25) Present results in logical sequence in the text, tables, and illustrations, giving the main or most important findings?No*

*It was corrected*

*26) Duplicate data in graphs and tables?-*

*27) Use technical terms as non-technical in statistics, such as “random” (which implies a randomizing device), “normal,” “significant,” “correlations,” and “sample.”?no*
*Discussion*
*28) Conclusion justified & substantiated? yes*
*29) Analysis supports Conclusion? yes*
*References*
*30) Proper Writing of the References?yes*
*31) References for the last five years?No*

*It was corrected*
*Reviewer 2:*
*Greetings and respect*
*The mentioned article has general flaws including non-native translation. Also, the time period for the implementation of this research project is old. The article needs fundamental corrections in the field of translation and updating the discussion of the article. Revise the results table. In the references section, old references should be deleted*
*Reviewer 3:*
*Dear Editor*
*Thank you for sending me this manuscript. Some comments are provided to improve the manuscript titled: “The relationship between the prevalence of depression caused by antiphospholipid syndrome abortion and related factors in pregnant women”:*

*1. In method of abstract, the time period should be written based on the month and year of the start and end, not the academic year.*
*It was corrected*
*2. Please check keywords with Mesh.*
*It was corrected*
*3. In-text referencing should be in the Vancouver style. (11 and 12), (14 and 15)…*
*It was corrected.*
*4. The introduction, especially the last paragraph, is unstructured. The association between antiphospholipid syndrome and depression has not been well described. It is clear that this syndrome causes abortion, but what is its connection with post-abortion depression? Does the presence of antiphospholipid aggravate depression after abortion? These connections should be described correctly and scientific and appropriate conclusions should be made from past studies. The introduction needs editing, especially the last paragraphs.*
*It was corrected.*
*5. It is suggested that a person who is fluent in English should review all the articles again.*
*It was corrected.*
*6. The type of study should be revised according to the case and control groups.*
*It was corrected.*
*7. The names and numbering of the tables should be corrected.*
*It was corrected.*
*8. In Table 1 and 2, the groups are not named correctly.*
*It was corrected.*
*9. The results of the Beck questionnaire that you mentioned in the work method are not written in the results.*
*It was corrected.*
*10. Confounding variables in this study should be investigated and carefully explained in the working method and the way to control them should be written.*

*It was corrected.*
*11. The criteria for entering and exiting the study should be written in the work method.*
*It was corrected.*
*12. Why is "history of depression" written in table 1? According to the work method after abortion, the depression questionnaire was given to women. So now they are depressed. One point is important here. It is possible that women are not depressed because of abortion and this depression was present before pregnancy.*
*It was corrected.*
*13. In the seventh paragraph of the discussion, there is no need to write statistics and numbers of previous studies. Summarize the results and discuss them.*
*It was corrected.*
*14. The structure of the discussion needs to be revised.*
*It was corrected.*
*15. Considering the significant difference between the two groups in terms of depression, it is suggested to use the new method of midwifery care based on consultation in the birthing centers. Also, by strengthening follow-up and referral systems, people suspected of having mood disorders after abortion can be identified and referred to specialized centers. The results of this study should be a guide for all midwives and health workers to pay more attention to the mental problems of women after abortion.*

*Thank you for your valuable comments.*

*Please highlight all the amends in your manuscript or indicate them by using tracked changes.*
*Reviewer 4:*
*Considering the increase in the prevalence of depression and suicide after childbirth, the title and topic discussed is new and practical. It is hoped that by implementing the results of this study in health centers and midwifery centers, the psychiatric problems of this group will be diagnosed as soon as possible and Prevent further side effects.*
*It is suggested to use articles that have worked in the field of phospholipid syndrome in the discussion section.*

## 2 Revision 1

1 comment · 17 Nov 2024

### Referee 1 Reviewer

MINOR REVISION 17 Nov 2024

Dear authors

I thank you for the revisions. At the same time, I offer some comments to improve the final version of the manuscript titled “The relationship between the prevalence of depression caused by antiphospholipid syndrome abortion and related factors in pregnant women”:

1. In-text referencing should be in the Vancouver style. (11 and 12), (14 and 15)…
2. The introduction, especially the last paragraph, is unstructured. The association between antiphospholipid syndrome and depression has not been well described. It is clear that this syndrome causes abortion, but what is its connection with post-abortion depression? Does the presence of antiphospholipid aggravate depression after abortion? These connections should be described correctly, and scientific and appropriate conclusions should be drawn from past studies. The introduction needs editing, especially the last paragraphs.
3. It is suggested that a person who is fluent in English should review all the articles again.
4. The type of study should be revised according to the case and control groups.
5. The names and numbering of the tables should be corrected.
6. In Tables 1 and 2, the groups are not named correctly.
7. Confounding variables in this study should be investigated and carefully explained in the methods, and the way to control them should be described.
8. The criteria for entering and exiting the study should be described in the methods.
9. Why is "history of depression" written in table 1? According to the methods, the depression questionnaire was given to women after abortion. So now they are depressed. One point is important here. It is possible that women are not depressed because of abortion and that this depression was present before pregnancy.
10. In the seventh paragraph of the discussion, there is no need to write statistics and numbers from previous studies. Summarize the results and discuss them.
11. The structure of the discussion needs to be revised.
12. Considering the significant difference between the two groups in terms of depression, it is suggested that the new method of midwifery care based on consultation be used in the birthing centers. Also, by strengthening follow-up and referral systems, people suspected of having mood disorders after abortion can be identified and referred to specialized centers. The results of this study should be a guide for all midwives and health workers to pay more attention to the mental problems of women after abortion.

Please highlight all the amendments in your manuscript or indicate them by using tracked changes.