

Manuscript title: Systematic Review and Meta-analysis of Mental Health Impact on Black Asian and Minority Ethnic Populations with Preterm Birth

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Reviewer 1:

Reviewer comment	Response to comment	Line number
ABSTRACT Abbreviations used in the manuscript are not standard ones. Some such as MH impact are unnecessary, others such BAME & PTB sound a bit strange. Full forms of some such as PPD (possibly post-partum depression) have not been provided. I would limit the number of abbreviated terms.	Thank you for your comment. We have amended as required.	156,262
MATERIALS & METHODS Outcomes - Prevalence of anxiety, depression, PTSD and stress The specific outcomes were anxiety and depressive symptoms and parenting stress. Although this becomes evident later, it should have been specified here when outcomes are described for the first time.	Thank you for the comment. The outcome section under 'Materials & Methods' is now amended to highlight the specific outcomes covered in the study	258
PTSD as an outcome did not fit very well with the others, mainly because it is a disorder rather than a symptom and there was only one study on PTSD. But this study did not use a structured interview, so the diagnosis cannot be very reliable. I think it would be better to exclude PTSD as an outcome because of these reasons.	Thank you for the comment. We appreciate the notion that PTSD may or may not have been diagnosed. PTSD diagnosis can be affirmed using multiple methods and the unification of this, and/or verification of this is not within the remit of this paper. An accurate and comprehensive evidence synthesis requires us to report the findings, as such PTSD has been reported. Furthermore, PTSD can be a symptom to a diagnosed or undiagnosed mental health condition which has not been included in the primary data. Therefore, we believe including PTSD in our study is justifiable, especially since our study does not claim PTSD to be a symptom and/or a diagnosed condition as that would be beyond the scope of the research question.	
It would have been useful if the authors could provide brief descriptions of the scales used in various studies. Full forms of these	Thank you for the comment. A table with brief description of various scales used across studies have been included.	291-293 and Table 7

scales need to be added to the notes below the tables.		
<ul style="list-style-type: none"> Clinical significance of the data identified 	Thank you for your comments. We have included the clinical significance as “PTB has a significant association with depression, anxiety and stress symptoms in new mothers during the immediate postpartum period. The mental health symptoms are more significant in very preterm mothers than non-very preterm mothers. However, the effect of PTB on the incidence of depression and other mental health outcomes is unclear among different ethnic groups and therefore more studies are needed to explore this”	609-613
<ul style="list-style-type: none"> Critical interpretive synthesis of common MH reported outcomes The authors should explain how these outcomes were achieved during the process of their meta-analysis. 	Thank you for your comments. Please refer to the methods section where we have stipulated the “know how” of extracting the data to report the MH outcomes reported. In addition, please refer to the study protocol that is already published in PROSPERO with reference CRD42020210863	Line 186-189 and Lines 189-280.
DISCUSSION That ethnic minority women have more mental health problems following preterm birth has been amply demonstrated by this meta-analysis. This is an important finding. However, some issues remain unaddressed. For example, is the mental health impact of preterm birth any different from other complications/adverse outcomes that may occur during pregnancy. Is it quantitatively or qualitatively different from other such adverse outcomes during pregnancy, e.g. abortions, medical terminations, pregnancy induced hypertension etc. Is it only ethnicity and socioeconomic differences that play a role in onset of psychological problems, or could pre-existing vulnerabilities also contribute to the adverse mental health impact? Obviously, this meta-analysis was not designed to answer those questions, but I think it would be helpful for the authors to comment on these issues.	Thank you for your comments. Queries posed here are very valuable, and we intend to explore these in the future as at present this is beyond the scope of this study. Our study has not explored adverse outcomes and complications, to do this we would require a Cross-comparative evidence synthesis with epidemiological outcomes before any association/dissociation can be determined to suggest the true mental health impact among women who have had preterm birth. We would then need to compare this between Caucasian and ethnic minority women to see the difference between all ethnicities. As part of this we would report risks and other exposures such as abortions, medical terminations, hypertension etc. We feel it is not appropriate for us to comment on these as this study is an evidence synthesis of existing data. Therefore, commenting on data we currently do not have would be unethical and scientifically not justifiable. We would again like to thank the reviewer for talking of these important issues which we intend to explore in the future.	

Reviewer 2:

Reviewer comment	Response to comment	Line number
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Suggest to spell mental health out in full rather than use MH, which is a nonstandard abbreviation.	Thank you for your comment. We have amended as required.	156
Please change "In the UK alone" to "In the UK".	Thank you for your comment. We have rephrased appropriately than changing the words which would have amended the meaning.	164
In the main manuscript, authors should provide the full electronic search strategy used to identify studies, including all search terms and limits for at least one database. The rest can be displayed in the supplementary materials	Thank you for your comment. Please refer to the published systematic review protocol as stipulated in the manuscript which demonstrates the appropriate steps taken to develop and conduct the search strategy, in line with PRSIMA guidelines.	186-209
Why the present systematic review has been conducted only on "PubMed, EMBASE, Science direct, and The Cochrane Central Register of Controlled trials" databases and not on other scientific databases such as Scopus, Web of Science, OVID Medline, CINAHL, etc. is a matter of debate that should be clarified by the authors	Thank you for your comment. The databases demonstrated in the manuscript are those that publish everything from Scopus, Web of science, OVID Medline, CINAHL etc. Conducting separate database-specific approaches is also not a time effective and efficient way that could lead to duplication.	193
"All eligible randomised controlled trials (RCTs) and non-RCTs published in English were included" - this is rather vague. Please clearly specify the inclusion and exclusion criteria	Thank you for your comment. We have used the standard PRISMA approved terms within the inclusion and exclusion criteria to demonstrate that all randomised controlled trials (RCTs) and non-RCTs published in English were included. Protocol specific content to this point is available in CRD42020210863	202
Exactly who did what to identify, review, assess, and resolve disagreements (true consensus?) in the identified manuscripts. More details on the search process are required.	Thank you for your comment. Standard details associated with a high-quality systematic review and meta-analysis has been completed here. Systematic reviews are process driven scientific methods and is not subjected to biases as resolving disagreements for example-which tends to be a literature review-based approach. We used the inclusion and exclusion criteria as stipulated in the manuscript. We have also demonstrated "who did -what" in the author declaration section.	66-71
There are many challenges and unknowns for pregnant women and mothers. It has often been thought that pregnancy is protective against the development of depression, primarily because of the lower suicide rate during pregnancy and during the 2 years after giving birth (citation: pubmed.ncbi.nlm.nih.gov/14519602). In contrast, the postpartum time period clearly was a period of increased risk for the development of MDD (citation:	Thank you for your comments. The citation stipulated here is interesting and indeed thought provoking although depression is not the only cause of suicide or suicidal ideation. This is furthered by the fact that each patient is not the same and within the scope of this study, we have gathered data systematically aligned to the research question and reported the findings. In the UK especially, the National Health Service further provides information in relation to mental health among pregnant women. https://www.nhs.uk/pregnancy/keeping-	n/a

pubmed.ncbi.nlm.nih.gov/22860768)	well/mental-health/	
It is important to mention that there would be symptom overlap between pain, physical ailments, anxiety, vital exhaustion, depression and PTSD symptoms (citation: pubmed.ncbi.nlm.nih.gov/30144372). These are covariates that have not been adjusted for.	Thank you for your comments. In a systematic review, the evidence gathered within the scope of the research question is processed and statistically analysed. The basis of the findings therefore is not related in isolation. All covariates identified have been reported in line with the statistical analysis.	n/a
"Separation of the infant and the mother is an important and frequent occurrence in PTB" - how long is this separation? Able to quantify this?	Thank you for your comments. Whilst this is an interesting question, it is outside the scope of this study, and we can only answer this question once a study has been conducted to understand the specific frequency of the occurrence over a set period of time, as each patient's experience of this would differ. This is something we would consider completing as part of a prospective study in the future.	512
"Perinatal MH around suicidality or suicidal ideation" - are you referring to suicidal thoughts or suicide attempts? Please be specific.	Thank you for your comments. Whilst an interesting question, this is outside the scope of this study.	565
Please change "Comments & Conclusion" to "Conclusions".	Thank you for your comments. We have amended accordingly.	604
Please shorten the conclusion section. It should be a cogent paragraph.	Thank you for your comments. We would like to remain true to the content written within the manuscript that is in scope of the research question.	606-632