

PEER-REVIEW REPORT

Name of journal: *World Journal of Psychiatry*

Manuscript NO: 76306

Title: Mental health impact on Black, Asian and Minority Ethnic populations with preterm birth: A systematic review and meta-analysis

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03887097

Position: Editorial Board

Academic degree: MBBS, MSc

Professional title: Doctor

Reviewer's Country/Territory: Singapore

Author's Country/Territory: United Kingdom

Manuscript submission date: 2022-03-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-03-25 07:17

Reviewer performed review: 2022-03-25 09:25

Review time: 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SPECIFIC COMMENTS TO AUTHORS

1. Suggest to spell mental health out in full rather than use MH, which is a nonstandard abbreviation. 2. Please change "In the UK alone" to "In the UK". 3. On 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. 4. 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. 5. "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. 6. 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. 7. 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: pubmed.ncbi.nlm.nih.gov/22860768). 8. 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. 9. "Separation of the infant and the mother is



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an important and frequent occurrence in PTB" - how long is this separation? Able to quantify this? 10. "Perinatal MH around suicidality or suicidal ideation" - are you referring to suicidal thoughts or suicide attempts? Please be specific. 11. Please change "Comments & Conclusion" to "Conclusions". 12. Please shorten the conclusion section. It should be a cogent paragraph.

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Title: Mental health impact on Black, Asian and Minority Ethnic populations with preterm birth: A systematic review and meta-analysis

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02445242

Position: Editorial Board

Academic degree: MAMS, MBBS, MD

Professional title: Professor

Reviewer's Country/Territory: India

Author's Country/Territory: United Kingdom

Manuscript submission date: 2022-03-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-03-25 16:10

Reviewer performed review: 2022-04-01 13:37

Review time: 6 Days and 21 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

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.

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. 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. It would have been useful if the authors could provide brief descriptions of the scales used in various studies. Full forms of these scales need to be added to the notes below the tables.

- Clinical significance of the data identified
- Critical interpretive synthesis of common MH reported outcomes

The authors should explain how these outcomes were achieved during the process of their meta-analysis.

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 preexisting 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.