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Responses to the Comments on "Does the Mode of Conception Influence Early Postpartum Depression? A Prospective Comparative Study from South India"

We would like to thank the above authors for their interest in our article and for raising relevant points. Our response is as follows:

As our study was initiated during the postpartum period, we were not sure about antenatal mood symptoms as no structured assessment was done during the antenatal period. However, during our assessment, we had considered the history of treatment for depression. Hence, we mentioned the term "postpartum" as a specifier in view of uncertainty about the antepartum period.

We also acknowledge that the possibility of postpartum blue cannot be ruled out in our study. We mentioned it as postpartum depression (PPD) as there is no definitive diagnostic entity for postpartum blues in the *DSM*-5. Our findings support the view that mothers with a history of depression are at risk of PPD.[1] However, we took the score of 10 based on previous literature.[2] We considered a lower score to cover patients who have mild symptoms. Patients who were screened positive during the initial assessment were referred to a psychiatry outpatient clinic for psychological intervention; details of treatment intervention were not mentioned as it was not our primary study objective.

Possible reasons for the increased rate of LSCS in our sample are the tertiary care setting where patients with high-risk pregnancies were often involved, which is not comparable to the general population, and early discharge from inpatient care following vaginal delivery. A meta-analysis had found an inconsistent association of elective and emergency caesarian section with PPD.[3] As we did not categorize the type of lower segment cesarean section (LSCS), our findings might not be comparable to their result. However, future studies should explore the type of LSCS with PPD in this special population, to consider it as a potential confounder. We acknowledge the typological error "Assisted Delivery" which should have been "Assisted Reproductive Technologies."

We used a validated screening instrument (Edinburgh Depression Rating Scale) for assessing perinatal depression. All interviews were done by a qualified psychiatrist who did both the initial interview and the assessments during baseline and follow-up.

We acknowledge that a family history of PPD could have been considered as a potential confounder that might have influenced the result.

This discussion highlights the importance of research in this interesting and important area.

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