

Response to Reviewer 3 Comments

The revised manuscript is a major improvement over the original, but the statistics and presentation of the statistical data are still a mess. With the changes that have been made, however, I have a much better understanding of what, in fact, you have found.

As I understand this paper, you are trying to show that screening for Health Literacy is something clinicians should do when dealing with pregnant women, since such screening will enable clinicians to do a better job helping smokers quit. Since lots of other variables are predictors of smoking status, these have to be considered when determining if HL is a variable not easily predicted by things like low educational attainment and low income.

Point 1: Furthermore, there are two smoking related variables to be considered. One is whether or not the woman smoked when entering pregnancy. The second is whether or not she quit during pregnancy. With that in mind, all of the tabular and narrative data in the paper should be formatted with that in mind; ie. clearly showing which are the confounding variables (marital status, education level, etc) as opposed to the dependent variables of major interest in this study. (smoking status and quitting).

Response 1: Thank you. In order to improve the manuscript, changes have been made.

Point 2: In terms of the tabular data, I suggest that you merge Tables 1 and 5 into a new Table 1, with the rows by variable, and the columns by Smoker yes, no, percentages of each and row totals, with the percentages calculated by the row totals. To the far right you can show the row-specific p values. HL as a variable should be shown at the very end.

Response 2: Thank you. Amended, a new Table 1 has been made (page 4, line 154), and we have re-written the paragraph. (Page 4, Line 151-153)

Point 3: Table 2 is fine as it is.

Response 3: Thank you.

Point 4: Table 4, dealing with quitters, then becomes Table 3. Rows and columns should be reversed so the columns are quits, not quits, and total, and the rows Adequate HL and inadequate or Limited HL, with the percentages calculated by row. Herein lies a major rub. The narrative says that quitting did not vary by HL, but the table seems to show that it does. The correct answer is that not only is the difference not statistically significant, to the degree that there is a difference, a greater percentage of low HL women quit than high HL women. **Since the clinician has no control over initial smoking status, and can only influence quit rates, this finding**

seems to indicate that screening for HL is of no practical value in identifying women in need of extra counseling to help them quit.

Response 4: Thank you. The tables have been changed. Table 4 is now Table 3 (page 5, line 173). Regarding the last comment, thank you for pointing it out. However, we would like to emphasise that our aim was not to explore the relationship between tobacco smoking cessation and health literacy, as there are many factors that influence this process. We have added a small paragraph in the Discussion section about this finding. It could be a coincidental finding because it is the result of a subgroup and further research should be done (page 7, line 216-223).

Point 5: With regard to the subsequent tables, you need to take the variables showing significance in smoking status (catchment area, married, unemployed and high risk pregnancy) and show the data that would tell whether HL is an independent variable or simply reflects one or more of the others. Since the difference by catchment area is so great, you need to see if that variable simply reflects education and employment.

Response 5: Thank you for such a significant highlight.

Indeed, the expression “independent factor” was probably not the proper way to express this relationship that we found. The HL and the educational level are closely related and, although the HL is not an independent factor in the presence of the educational level variable, as we have already explained in the discussion section, it is a more easily modifiable factor. Thus, the manuscript should say that it was an associated factor, together with the age of the mother and the catchment area, and not an independent predictor variable. Since it must also be taken into account that it is a cross-sectional study and future research must confirm this finding, the appropriate changes have been made in the abstract and conclusion section in the body of the manuscript.

Point 6: In the abstract you note adjustment for a number of variables, including maternal age, but your data show no difference by maternal age. This has to be either better addressed in the results and discussion, or deleted from the abstract.

Response 6: Thank you. Unfortunately, we feel differently, or we do not understand the comment, sorry. Table 5 shows a significant relationship between maternal age and tobacco consumption during gestation. We added the term “of first pregnancy” to the term “age” in order to clarify (page 7, line 192).

Point 7: The major issue you need to deal with will be why HL is worth screening for if it will not help identify those needing more health education for smoking cessation.

Response 7:

Thanks for the comment. Our aim is not to explore tobacco use cessation, but the variables that influence smoking, as we say in the Discussion (Page 7, lines 216-223). Maybe in our results, we can see that there is an inverse relationship between HL and tobacco smoking cessation, contrary to what other studies state. This may indicate that the women with higher HL need more specific interventions to quit smoking,

designed for their level of HL (already stated in the study). We would need further research to confirm this finding, as well as including other related factors to smoking cessation (stated on page 7).