Author's response to reviews

Title: Limiting the Caesarean Section rate in low risk pregnancies is key to lowering the trend of increased abdominal deliveries: an observational study

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Author's response to reviews: see over
Cover Letter

Title: Limiting the Caesarean Section rate in low risk pregnancies is key to lowering the trend of increased abdominal deliveries: an observational study.

Dear Editor,

Thank you for the valuable comments on our manuscript. We addressed your comments and those of the reviewers in a revised manuscript and responded to the concerns on this page.

Kind regards,

Ilse Delbaere

Editor’s comment:

- Suggestion to perform a longitudinal study, rather than a comparison between two years.
  
  Reply from the authors: a longitudinal study may be interesting; however, we suspect an overload of data in the paper when patient characteristics, Robson’s 10-group classification, etc. have to be provided for eight years. Instead, we included relevant data of the year 2004 in order to depict the trends discussed within the paper. These new data confirm the trends described in the comparison of the years 2000-2008. A single deviation is apparent in table 2: the rate of twin pregnancies is similar in the years 2000 and 2008 (1.80 versus 1.83) whereas there is a lower incidence in 2004. This is due to the introduction of a government measure for increased use of single embryo transfer in 2003. This information has been included within the manuscript.

- Suggestion to study the contribution of obesity, gestational diabetes and fetal macrosomia.
  
  Reply from the authors: data on BMI are not available in the current database and gestational diabetes was not registered every year. Moreover, the incidences of gestational diabetes (1.8%) and fetal macrosomia (1.2%) are limited in our population, so it is unlikely that these factors will have an influence on our results.

- How can the low CS rate in one of the hospitals included be explained?
  
  The population is different in the concerned hospital, in that it is situated close to a national border (25% of patients has a different nationality). More importantly, the necessity of every CS is discussed with peers in the hospital with the lowest CS rate.

Remarks from Colm O’Herlihy:

- “The tables might be more legible if a plain white background were used”
  
  Reply from authors: Table lay-out has been adjusted.

- The between-institution from Brennan (Am J Obstet Gynecol) should be commented on in the Discussion section.
  
  Reply from the authors: we included the paper from Brennan within the comment – section.
Remarks from Offer Erez

- Suggestion to perform a longitudinal study, rather than a comparison between two years.
  
  *Reply from the authors: See answer to the editor.*

- Suggestion to follow the changes over-time in the rate of cesarean section due to maternal request, changes in maternal obesity rate and the association with the increased rate of failure of induction and the impact of assisted reproduction.
  
  *Reply from the authors: unfortunately, these data are not available within the dataset. We completed the ‘comment’ – section with this shortcoming.*
  
  A multivariate analysis showed no impact of assisted reproduction in the rate of elective Caesarean deliveries. Table 2 shows a steady rise in the rate of assisted reproduction for the years 2000 – 2004 – 2008.

- Language correction is needed.
  
  *Reply from the authors: Paper has been reviewed by a native speaker.*

Other editorial requests:

1) Ethical approval statement has been included within the manuscript.
2) Competing interest section has been included.
3) Copyediting from native English speaker has been performed.
4) Revised manuscript conforms the journal style.