Author's response to reviews

Title: Prediction of fetal acidemia in placental abruption

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Author's response to reviews: see over
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Dear Editors:

Please find attached our revised manuscript entitled “Prediction of fetal acidemia in placental abruption” and a separate document detailing our responses to the reviewers’ comments.

Thank you for giving us the opportunity to resubmit the manuscript, which we revised again according to the reviewers’ suggestions.

We hope that the revised manuscript is now suitable for publication.

Sincerely yours,

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We have read two reviewers’ reports and we have understood that the editor’s comments were included those reports. So, we have made a point-by-point response to them.

Editor's comments:

We would strongly suggest that the limitations of the study due to its sample size are addressed in the discussion.

Answer: Thank you for your comment. In the third revised manuscript, the following comment was added in the ‘Discussion’; There are several limitations in the present study. First, this study has been done by a retrospective fashion; therefore, further study is warranted to prove the usefulness of this score prospectively. Second, as a severe abruption score is based only on cases where a diagnosis of abruption was confirmed according to placental appearance just after delivery and is designed to be used immediately after delivery, this score should be used with caution. Finally, it is important to understand that this score is influenced by the sample size.

Other comments:

1. Last paragraph non-reassuring should read abnormal or non-ressuring.

   Answer: Thank you for your advice. We have changed ‘non-reassuring’ to ‘an abnormal ‘FHR pattern.

2. Final sentence does not make sense "using inappropriately"

   Answer: We have deleted the phrase ‘Although ultrasound is still using inappropriately’ and have changed this sentence as follows;
In conclusion, an abnormal FHR pattern, especially bradycardia is the most significant risk factor in placental abruption predicting fetal acidemia, and is more valuable than ultrasound in predicting outcome in placental abruption during pregnancy.

3. We doubt there is any clinical use for this score - clearly not useful.

Answer: We think this score is useful and this article whose findings are important to those with closely related research interests, as suggested by the reviewer (MB)