Reviewer's report

Title: Prediction of fetal acidemia in placental abruption

Version: 2  Date: 18 April 2013

Reviewer: Kirsty Dundas

Reviewer's report:

Overall the question is well defined but the paper adds very little to knowledge about abruption nor will it influence clinical management in any way. Generally the level of written English is suboptimal. the limitations of the study are not well defined.

A very important omission is that there is no comment at any point of contractions. Rapid frequent contractions often with no resting tone are classically associated with abruption - these can often be seen on a CTG and palpated by midwives/obstetrician - surely this might have been worth looking at.

Introduction

1. para 1 fetal/neonatal is correct English MER
2. p2 pathological is correct English (CE) MER
2. p2 s2 does not make sense as predictive factors of placental abruption are being investigated - needs explained MCR

Methods

1. It is not clear exactly where the babies were born e.g. was this all units in Japan or one area? You must state the overall number of deliveries reviewed and thus state the abruption rate MCR
2. p3 - how was placental abruption confirmed after delivery? e.g. was it presence of placental abruption - needs stated for both CS and vaginal delivery MCR
3. p3. there is no information about the mode of delivery of the women at this point MER
4. p3 chronic abruption needs defined MCR
5. p3 final sentence - this does not make sense as you cannot "confirm" the diagnosis until after delivery you would not consider giving a tocolytic at this point so this does not need stated.MCR
6. p4 the fetal monitoring definitions are flawed throughout the article and need revised made more accurate. persistent late decelerations are abnormal (not non-reassuring); severe variable decelerations is not a recognised definition - typical or atypical would be more appropriate and again if persistent atypical are abnormal ( not non-reassuring);prolonged deceleration needs further refined - <3 mins it is non-reassuring but >3 mins is abnormal and a bradycardia. Bradycardia is definitely abnormal(not non-reassuring)MCR
7. p6 the terminology of poor (cases) and good(controls) is not clear babies can
have ph <7 and be clinically well- reword MER

Results

8. p1 of 266 fetuses alive on admission it seems likely that some were delivered dead/born in such poor condition that they could not be resuscitated- this requires comment either way. MER

9. p3 again fetal monitoring definitions. Single late decelerations do not occur and if you mean plural then you must say decelerations.

10. p3 - mode of delivery for all required and outcome of delivery mode sub analysed MER

11. p4 unclear are the 43 academia patients the poor outcome group - I think the terminology and the English usage makes this a bit difficult to understand. MCR

12. p6 fetal monitoring definitions MER.

Comment

13. p4 FM definitions again MER

14. the conclusion is appropriate but offers no new information

Level of interest: An article of limited interest

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests.