Reviewer’s report

Title: The natural history of pregnancies with a diagnosis of Trisomy 18 or Trisomy 13; a retrospective case series

Version: 2 Date: 11 September 2013

Reviewer: Deborah Bruns

Reviewer’s report:

Included below is my initial review and brief paragraphs responding to the cover letter and revised manuscript.

- Major Compulsory Revisions

  • It is not clear what the number of non-trisomy pregnancies were during the 2001-2012 period. This contextual data would assist interpretation of the presented prevalence data on ms 4.

  • This reviewer is interested in details about “A detailed structural anomaly scan was carried out in seventeen T18 (17/46; 37%) and six T13 (6/24; 25%) pregnancies to further investigate abnormalities detected on routine dating ultrasound scans” (ms 12) to further determine similarities and differences among the samples and existent literature. This additional data would be beneficial for readers.

The authors addressed the points above and added valuable information to the manuscript.

- Minor Essential Revisions

  The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.

  • This reviewer asks that the authors define “consultant–led antenatal care” (ms 7) for those not familiar with the Irish system of health care.

  • The gestation data, while helpful, does not fully describe the findings. For example, were any (all) of the earlier gestation deliveries due to a recommendation from obstetricians? This is frequently done in the United States as a frame of reference and impacts mean gestational age data.

The reviewer thanks the authors for providing the definition as requested and the reasons for early gestation delivery have been provided.

- Discretionary Revisions

  These are recommendations for improvement which the author can choose to ignore. For example, clarifications, data that would be useful but not essential.

  • The authors are encouraged to review the following articles on the topic:


• Is there data available for resolution of complications? For example, did infants receive ventilation or other forms of respiratory support? This reviewer expected such data to be shared based on the Abstract.

• This reviewer is unclear what the authors mean by “Had routine screening for fetal abnormalities been offered to pregnant women, unnecessary operative deliveries for T18 and T13 fetuses may have been averted.” (ms 18-19). Does the statement imply that emergency caesarian sections are not an option for neonates with t18 and t13? Prenatal or antenatal diagnosis, why shouldn’t neonates with these conditions be given every chance for a live birth? This reviewer’s opinion aside, this statement needs explanation.

• The authors state both of the following in their manuscript “Our aim was to study the natural history of pregnancies with a fetal or neonatal diagnosis of trisomies 18 and 13. In doing so, we aimed to provide clinicians with a better indication of the course of affected pregnancies, in order to assist with counseling and management and to improve the quality of care.” and “specific clinical guidelines for the management of pregnancies with a fetal diagnosis of T18 and T13 would be beneficial for healthcare professionals caring for affected pregnancies.” There is limited elaboration for clinical practice.

The reviewer appreciates the additions and changes the authors made to address some of the discretionary revisions listed above. There is still a need to review the Bruns (2011, 2010) articles as well as Cereda and Carey (2012) to convey the breadth and depth of the knowledge base on natural history of these conditions and implications for survival.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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.