Author's response to reviews

**Title:** Factors associated with success of VBAC, a case control study in three teaching Hospitals, Ethiopia

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**Author's response to reviews:** see over
Dear Editor:

From Malede B. Fanta, Ethiopia

I am author of a study entitled ‘Factors determining success of VBAC in three teaching hospitals in Ethiopia, a case control study’ under a process of review for publication at BMC. Last time you have sent me to respond to the comments given from reviewers. First of all I would like to thank BMC online and both reviewers for their valuable and constructive comments which they have given to our article. I have spent a reasonable duration of time to make to the feedbacks and comments given from reviewer’s corrections. For some comments I have sent my justifications in the following cover letter. I am grateful for your support given to me so far, and looking forward to see this research article published at this renowned publication site.

Response and corrections made as per Dr. Tigistu Adamu’s comment, first reviewer

Major revisions

A. The inconsistencies were traced and corrected specially on still birth

B. The Unknown part on fetal position did not necessarily mean it was not recorded.

   Rather, if the attending physician documented unknown on the chart, it meant that he couldn’t appreciate it, because of probably high station or other reasons. So we wanted the sub analysis with these kinds of variables too.

C. The comment on this section is accepted and corrected. The data was collected in the way that you commented the variables to be categorized. But I have put them on the large table in this manuscript so that it will not take much space

Minor revisions
• The reference number is corrected
• The summary of the protocol the hospitals use is put in the methods section
• The cervical dilatation cut off at admission was >3cm and ≤3 cm
• The Explanation on HIV on discussion was as you said confusing and taken out
• The abbreviations are used in full name

Discretionary revisions

• Comments on the first and second bullet are accommodated
• The comment on the IRB that is the office that gives clearance in the university.
• The charts which were excluded were those on which no clinical history and decision note was written and those only with delivery summary.
• There is an analysis on those with history of VBAC success and first time ones.
• The comment on Unknown positions is commented above.
• The issue of augmenting those with cesarean scar have been a safe procedure in many centers with good evidences. But in the center where this study is conducted this is not practiced and that was in response to that.
Response and corrections made to Dr Tegbar Yigzaw’s comment, second reviewer

Major revisions

1. Regarding the editorial revision, I have gone through all the manuscript and tried to correct all the errors.

2. On the abstract section, I have put the statement in a way it indicates the direction of association.

3. On the background section, I have put a statement which explains the gap this study tried to fill on the 12\textsuperscript{th} paragraph (there are factors associated with high success of VBAC. But they vary from center to center and from study to study. So knowing these factors here would help for joint physician–patient decision on trial of labor).

4. For 4\textsuperscript{th}, 5\textsuperscript{th} and 6\textsuperscript{th} comments on the methods section, I have put the case and control selection mechanism, the case ascertainment and the protocol used in all hospitals which is the same.

5. For the 7\textsuperscript{th} comment on the number of eligible participants and missing data, because the study’s objective was to identify the factors determining success of VBAC we didn’t calculate the VBAC rate and the number of eligible participants. As it was mentioned on the limitation there was no a separate log book where the mothers with previous scar was documented, we tried to trace these mothers from the OPD log book based on the
documented physician assessments. Finally we collected the patient’s charts and reviewed the chart whether the women was allowed VBAC and include in the study. If there were missed charts or if there was nothing documented on the chart except delivery summary, we dropped it and look for another until the minimum sample size was fulfilled.

6. The number 8th comment is accommodated on the variables section

7. The 9th and 10th comments are accommodated.

8. The 11th comment is included in the response number 5. We didn’t hold record of missing charts because we have collected charts till all the sample size was obtained.

9. The 12th comment is accommodated and we have put important references on the discussion part.

10. Regarding the 13th comment, the intention was to say to develop a physician –patient decision tool when offering VBAC. There is a protocol in the hospitals which generally puts inclusion criteria for allowing VBAC. But the likelihood of failure and success on individual basis is not put in the protocol and it depends on these factors.

11. The minor comments all were taken and corrected.