Author's response to reviews

Title: Neonatal outcomes in obese mothers: A population-based analysis

Authors:

Anne-Frederique Minsart (aminsart@ulb.ac.be)
Pierre Buekens (pbuekens@tulane.edu)
Myriam De Spiegelaere (mdespiegelaere@ggc.irisnet.be)
Yvon Englert (yvon.englert@erasme.ulb.ac.be)

Version: 3 Date: 15 January 2013

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

Thank you for considering our manuscript for review. Here is our itemised response letter. The changes we have made to the manuscript are indicated in track changes mode. We thank the reviewers for all suggested revisions, and we have tried to follow all suggestions and are open for additional remarks.

Reviewer 1:

A well written paper about a problem that has been extensively explored in the literature. Here the authors provide additional details about perinatal outcomes relating to maternal obesity, and examine this in relation to mode of delivery.

Statistical approach is appropriate.

1) I am not confident that all papers examining the issues of neonatal outcomes relating to maternal obesity have been examined. For example, Mc Intyre et al, Medical journal of Australia, 2012 has significant details which have not been mentioned.

Response: Many papers have included neonatal outcomes in their analyses but few have specifically addressed this issue adjusting for multiples covariates on a population basis. We have added the following sentence in the Discussion section:

“Neonatal complications include hypoglycemia, jaundice, and respiratory distress (Kalk et al, 2009; McIntyre et al, 2012), and in a small study investigating specifically children on the newborn ward, children from obese mothers were characterized by a decreased need for oxygen administration and a shorter stay, and further investigation is required (Kalk et al, 2009; McIntyre et al, 2012).”

2) No discussion provided as to how screening for gestational diabetes is undertaken. No discussion as to how hypertension in pregnancy is diagnosed or categorised.

Response:

We have added the following sentence in the Discussion section:

“The item Diabetes in the birth certificates is defined as diabetes, either pre-existing or first recognized during pregnancy, regardless of the diagnostic criteria used, for ease of use. Universal screening by a glucose challenge test followed by an oral glucose tolerance test if the result exceeded 140 mg/dl was the usual procedure in 2009. The item Hypertension covers all forms of hypertension, either pre-existing or first recognized during pregnancy, and is defined in the birth certificates as a systolic blood pressure of at least 140 mmHg and/or a diastolic blood pressure of at least 90 mmHg. Several techniques and definitions may have been used across the country and we cannot preclude that this could affect our results.”

Reviewer 2:

Minor essential revisions.

1) Methods, p5, line 10 : Macrosomia was defined as birthweight>4000g. Question : Why not LGA ?

Response : Macrosomia was arbitrarily chosen as it is commonly used in many articles.

2) Table 1 : gestational weeks (at birthdate) are missing
Response: Thank you for noticing that, we have added the missing values.

3) Results, p6, line 5: …, while adjustment for maternal factors including age, parity, height and weight gain only explained 1.1% of the excess risk.
   Question: How this 1.1% is received?
   Response: $R^2$ has been omitted in the first columns to avoid overloading the tables; we have added « data not shown » at the end of the sentence.

4) Results, p6, line 9: Women in spontaneous or induced labor had also an excess risk of 45% and 34% respectively (Table 3).
   Question: How these 45% and 34% are received?
   Response: Thank you for noticing that. It should read 26% and 38% respectively and changes have been brought to the text.

5) Tables 2 and 3: « $R^2$ »; explanations to Tables.
   Response: “$R^2$, logistic regression pseudo-$R^2$.” has been added in the legends of tables 2-4.

Copy-editing:
We recommend that you copyedit the paper to improve the style of written English.

The manuscript has been revised by a professional native-English speaker.