Author's response to reviews

Title: How Effective are the Components of Active Management of the Third Stage of Labor?

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Author's response to reviews: see over
11 February 2013

Dear Dr. Galal:

We would like to thank you and the Referees for your careful review of the revisions we submitted on 21 December 2012 for our manuscript ID 6178361217479288 entitled “How Effective are the Components of Active Management of the Third Stage of Labor?”.

Per your request, we have included below our response to the additional comment provided by Referee 2. We have copied this comment (as well as the original comment/author response) directly from the pdf you provided, and our reply is inserted just below. We have also made corresponding changes in our manuscript.

We hope these latest revisions will sufficiently address all outstanding concerns related to our manuscript. If not, please feel free to contact me with any additional questions.

Sincerely,

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ORIGINAL REFEREE COMMENT/AUTHOR RESPONSE:

2. The authors do not comment on the differences in timing of cord clamping and the potential to effect PPH (as well as infant wellbeing) until the discussion, although data are limited this should be mentioned in the introduction and commented on further in the discussion as there are differences between and within countries and it is topical and debated in most literature related to the third stage.

We did not mention early cord clamping at all in the discussion section of our paper. While we are aware that the timing of umbilical cord clamping (early versus delayed) has been found to have some impact on infant health and well-being, we are not aware of any evidence of a relationship between the timing of cord clamping and the incidence of postpartum hemorrhage. Our multivariate analyses supported this lack of evidence and we consistently found that inclusion of a control variable for the timing of cord clamping had no significant effect on the incidence of post-partum hemorrhage. As a result, we omitted early cord clamping from the final logistic regression model for this paper. Since the timing of cord clamping is not relevant to the issues we explore in this paper, we prefer not to include details about differences in AMTSL guidelines relating to the timing of cord clamping – either in the introduction or discussion sections.

CURRENT REFEREE COMMENT:

I understand the point the authors are making, however early cord clamping was introduced because of a theoretical concern that the use of a uterotonic may increase placental transfusion and in doing so increase the risk of jaundice and polycythemia for the infant. For the mother the theoretical risk is that use of uterotonic would cause constriction of the cervix and increase the risk of need for manual removal of placenta and this would then lead to an increased risk of PPH, also if you extend the length of the third stage by delaying cord clamping you may increase the risk of PPH just by lengthening the third stage but also because the uterus cannot contract as well with a placenta insitu. It is reassuring that timing of cord clamping does not affect PPH in your analyses, but this is a result in itself, it is evidence of a lack of effect not lack of evidence of an effect. As you know the third stage is the most dangerous time for women and reporting negative findings are as important when informing clinicians and women about risk. As timing of cord clamping is a concern to clinicians in terms of PPH risk a sentence to reflect the evidence of a lack of effect would provide reassurance. Please see references below


We thank the Referee for emphasizing the likely importance to clinicians of addressing the relationship between the timing of umbilical cord clamping and post-partum hemorrhage risk. In light of this, we made a few revisions to our manuscript. First, given potential interest in this issue, we decided to add a row to Table 1 summarizing the
frequency of early cord clamping per AMTSL group. We also revised the last sentence of the paragraph on pp. 9-10 that describes the results for this table. The sentence now states:

“There were few other demographic differences across AMTSL groups with exception of educational attainment, which primarily reflected country-level disparities; and obstetric practices such as the timing of umbilical cord clamping and receipt of epidural and labor induction/augmentation, all of which reflected site-level differences.”

Per the Referee’s suggestion, we also added two sentences to the end of the paragraph on pages 11-12 that describes the results from our multivariate analyses in Table 4. In addition we referenced the relevant Cochrane Review article that was suggested by the Referee (McDonald and Middleton, 2008). The new sentences state:

“Early clamping of the umbilical cord was also not significantly associated with hemorrhage risk in either clinical regimen and was thus dropped from the final regression models. These results were consistent with those from prior research.[23]”