Author's response to reviews

Title: Preeclampsia and long-term risk of cardiovascular disease: what do obstetrician-gynecologists know?

Authors:

May-Britt Heidrich (mb.heidrich@gmx.de)
Daniela Wenzel (wenzel.daniela@mh-hannover.de)
Constantin S von Kaisenberg (vonkaisenberg.constantin@mh-hannover.de)
Cordula Schippert (schippert.cordula@mh-hannover.de)
Frauke von Versen-Höynck (vonversen-hoeynck.frauke@mh-hannover.de)

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Author's response to reviews: see over
Re: Revision BMC Pregnancy & Childbirth

Dear Mrs Crow,

Please find enclosed our revised manuscript entitled “Preeclampsia and long-term risk of cardiovascular disease: what do obstetrician-gynecologists know?” for consideration for publication in BMC Pregnancy & Childbirth. Our specific response to the reviewers is included as a separate .doc file.

Preeclampsia is associated with an increased cardiovascular disease risk later in life. Appropriate follow up care and counseling of those patients is important. Our study examined the knowledge of obstetrician-gynecologists in German outpatient care setting regarding the future health risk of preeclampsia and knowledge of the current guidelines on treatment and counseling patients post preeclampsia. The majority of obstetrician-gynecologists and especially those that knew the current guidelines were aware of higher cardiovascular disease risk after preeclampsia. However, weaknesses exist in the follow up care and counseling of these patients. In our opinion this is an important study to show, that further educational activities are necessary to improve outpatient care of patients after preeclampsia and the implementation of current guidelines.

The article was prepared in accordance with the instructions to authors. The manuscript is not under consideration elsewhere. There is no conflict of interest.

If you have any questions, please feel free to contact me, and thank you for consideration of our manuscript.

Sincerely

PD Dr. med. Frauke von Versen-Höynck, MSc.
Leitung AG Molekulare Perinatologie
Telefon: +49 17615323428
Fax: +49 511 532 - 6081
E-Mail: vonversen-hoeynck.frauke@@mh-hannover.de
Carl-Neuberg-Straße 1
30625 Hannover
Germany

February, 12th 2013
Re: Response to reviewers regarding manuscript “Preeclampsia and long-term risk of cardiovascular disease: what do obstetrician-gynecologists know?”

We thank the reviewer for their thorough appraisal of our manuscript and thoughtful and helpful comments and suggestions. We have addressed each of these comments within the revised version of our manuscript. We hope that these revisions and clarifications have improved the manuscript and that it will now be acceptable for publication.

Reviewer comments:

The changes in the revised manuscript are denoted in red color.

Reviewer #1:

Comment 1: abstract:
1. The sentence ”The majority of the respondents were female (65.9%).” implies that male gynaecologists do not reply that often. However, the number (65.9%) has to be adjusted for the total number of male/ female gynaecologists that have been contacted. I suggest omitting the sentence since it is redundant with regard to the initial question.

We deleted the sentence and added information on the ratio of sex and respondents in the results section: “Of the contacted persons 135 out of 261 (51.72%) female physicians and 70 out of 239 (29.28%) male physicians responded.”

Comment 2: introduction:
The incidence of preeclampsia is 2 to 5 % only. Please correct it.

We changed the incidence to 2-8% and included two recent references. According to recent literature the incidence is higher in developing countries and thus this aspect was acknowledged.

Comment 3:
According to the national guidelines blood pressure monitoring should be performed post partum till normalization of the blood pressure. An exact time point is not defined. Please correct it.

We changed the sentence and included the following wording “…blood pressure monitoring post partum until normalization of the blood pressure…”

Comment 4: methods:
Please indicate the total number of obstetrician-gynaecologists working as practitioners in the Lower Saxony, if possible. Please describe in more detail on which basis the 500 physicians were elected to be contacted to take part at the study.

The total number of practitioners was included in the text and is 885 in Lower Saxony.

Comment 5: Conclusions:
One of the main messages of the study is that practitioners that stated to know the current guideline are more aware of the association between PE and CVD, and patients are advised and treated accordingly. Since this underlines the impact of guidelines on physician’s behaviour and treatment strategies I suggest emphasizing this in the conclusion part.
We changed the conclusion part and included an additional sentence to emphasize the importance and impact of guidelines.

Reviewer #2:
It might have been worse while to add some discussion on the question, how to improve the knowledge about the lifelong risks of these patients, not only regarding CVD but also diabetes and kidney disease.
We included additional notes about diabetes and kidney disease risk in the discussion section.