Author's response to reviews

Title: Does induction of labor for constitutionally large-for-gestational-age fetuses identified in utero reduce maternal morbidity? A historical cohort study.

Authors:

Françoise Vendittelli (fvendittelli@chu-clermontferrand.fr)
Olivier Rivière (olivier.riviere@audipog.net)
Brigitte Neveu (Brigitte.neveu@imm.fr)
Didier Lémery (dlemery@chu-clermontferrand.fr)

Version: 3
Date: 19 April 2014

Author's response to reviews: see over
To: The Editor in Chief of BMC pregnancy and childbirth

Clermont-Ferrand, April 19, 2014

Dear Sir,

We thank the reviewers for their comments of our study, "Does induction of labor for constitutionally large-for-gestational-age fetuses identified in utero reduce maternal morbidity? A historical cohort study by Françoise Vendittelli, Olivier Rivière, Brigitte Neveu and Didier Lémery (MS: 1017138821111671).

Modifications to the article are in red in the article.

Reviewer 1: Bukola Fawole:
She did not ask for any addition corrections.

Reviewer 2: Clare Tower
Reviewer's report:
The paper has been considerably improved and now reads with more clarity. I believe it should now be accepted for publication.
Major compulsory revisions - these have been fully addressed by the authors
Minor essential revisions - these have been fully addressed by the authors

Discretionary revisions - the paper would be improved with some comment in the discussion in relation to more severe perineal tears (3rd and 4th degree), and also perhaps to highlight that inductions did not increase CS rate (the increase in CS rate in the expectant management group was largely due to pre-labour CS - could this have reflected a reason why this group of women could not be inducted, or is this unknown from the database?)

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.

Answer to reviewer 2:

1) We have added a short paragraph in the discussion (page 12) about severe perineal tears.

2) This discussion precedes the section already added (page 12) at the reviewer’s request about the fact that induction does not increase the cesarean rate:
Nor did we find any difference between our two groups for the rate of cesareans during labor. This result varies in different studies: some find a higher cesarean rate in cases of induction of macrosomic fetuses [17, 20, 22, 38] while others do not [18, 19, 23]. A recent systematic review and meta-analysis concluded that the induction of labor in women with intact membranes for postdate or other indications (including 2 studies of suspected macrosomia and 1 of diabetes) reduces the risk of cesarean section (OR=0.83; 95%CI:0.76-0.92) [39]).

3) The medical reasons for cesareans are available in the database: previous cesarean or other uterine scar, pregnancy-related disease, etc. We do not have the surgical reports and we cannot obtain them from the medical files because the data base is anonymized. We see in Table 2 the factors that can explain the choice of a cesarean if woman does not go into labor, such as a previous cesarean with an unripened cervix (because according to French guidelines, labor induction by prostaglandins among women with a previous cesarean is contraindicated). This covariable was taken into account in the multivariate analyses. The overall cesarean rate was indeed higher in the expectant management groups (Table 3). We note, however, that our outcome measure was the cesarean rate during labor, that is, on an emergency basis (unplanned). The tables and the comments about them enable the reader to find all of this information. Accordingly, it did not appear useful to us to weigh down the text further.

In hoping that these changes satisfy the reviewers and you,

Respectfully yours.

Françoise Vendittelli