Reviewer's report

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

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Reviewer: Clare Tower

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The issue of how best to manage large babies identified on ultrasound scan in terms of planning delivery is a question that remains unanswered. This study is a retrospective database analysis comparing induction vs continuing pregnancy when a large baby is identified on scan at 37-38 weeks. As such, I think it makes a valuable contribution to the literature in this area. However, as the paper stands it needs some considerable improvement before it publication, largely around making the presentation clearer, more concise and more discussion around the bias inherent in it.

Major Compulsory revisions

• The last sentence of the background section of the abstract does not make sense. It needs to state: ‘This study aimed to ……’

• The first sentence of the methods section does not make sense. In addition, the methods do not really summarise how the study was done – needs to state retrospective study on French database etc.

• Conclusion in abstract not correct – this states that identification in utero of large babies does not reduce maternal morbidity. I thought the study was comparing induction with not at 37-38+6 weeks, not identification

Introduction

• The introduction needs to discuss and define what exactly is meant by severe perineal lacerations –this would usually by 3/4th degree tears but there is no discussion of these tears at all in the manuscript (although they are in the table). Most obstetricians/gynaecologists would consider that this is where most of the morbidity lies.

The following sentence needs explanation: ‘Studies have focused on the utility of inducing labor retrospectively, that is, based on known birth weight [16,17].’ How can labour be induced retrospectively?

The English is poor in this sentence: ‘

: Some studies have examined the interest of inducing labor for fetuses with macrosomia suspected in utero [18-23].’ – What is meant by ‘the interest of’ – do you mean benefit of?
Methods

Please re-write the 1st sentence of the methods section entitled ‘definitions of variables and statistical analysis’. I was confused by this as it makes it sound as though the comparison is between induction of labour or spontaneous labour at the gestation given. Actually the comparison is induction of labour vs expectant management / continuing pregnancies at these gestations.

Results

Did the authors check the data was normally distributed before using means to describe the data?

Description of the cohort as a whole is extensive and is not particularly useful and pertinent to the study - if the authors want to include this, readers can generate this from the table and don’t need to have it stated in the text.

There is a large amount of data here, some of which is not relevant. What is the benefit to the study of stating the proportion of women that lived alone?

What is meant by gynaecological history – what history? How is this relevant?

You would assume the control group to have a longer gestational age.

Is there more information about the 25% or so that were induced in the control group – what was the upper limit for gestation for these inductions?

The type of operative vaginal delivery needs clarification. The rate of this type of delivery appears relatively high (indeed would be for the UK where is is around 10-15%).

Surely the increased spinals in the control group reflects the increased no of CS in this group?

The paragraph beginning: ‘We identified the following confounding factors’ makes very little sense to me and needs to be re-written. How did the authors define ‘confounding’ factors in this analysis (if this is what it was) – do you mean these were potential co-variates?

The sentence beginning ‘Nor did the adjusted risk of episiotomy…’ in the paragraph on perineal lesions should come before the subgroup analysis for primips/ multips, as this appears to refer to all the patients and is not subdivided.

This sentence: ‘Accordingly, the control group included more cesareans (31.2% vs. 21.6%) (p=.005)’ is at odds with ‘The crude risk of a cesarean during labor in the induction group was no higher than in the control group (RR=1.16; 95%CI: 0.88-1.53).’ This sentence is then followed by ‘after adjustment’ – adjustment for what? This analysis needs clarification.

What did the authors mean by ‘traumatic neonatal lesions’?

Are estimated fetal weights plotted on customized growth charts in France (is this routine practice) or is this something that the authors of the study did? Or were the clinicians acting on birth weight alone?

Please clarify: ‘threshold > 97th percentile to match the definition of the
international small-for-gestational age advisory board consensus statement of 2001’ – do you mean that SGA is defined as less than 3rd centile? It is not really ‘matching’ as this implies the same.

Remove the exclamation mark from p13

Can the authors shed any light on differences seen between studies, for CS rates for example?

The discussion does not include anything about bias inherent in retrospective analysis

Reduction/ no change in CS rates in induction groups have been observed in studies comparing expectant management vs induction for medical problems – eg hypertension, diabetes studies, study of Sarah Stock et al. I think this study is in general agreement with this – but this is not discussed.

There is also no discussion about the fact that women in the 37-38 week induction group seemed to have another indication for induction – eg polyhydramnios and the impact this has on interpretation of the results

The text generally is quite long and repetitive at times, and could be written much more concisely.

Minor compulsory revisions
Change: ‘reduce the onset of perineal tears’ to ‘reduce the occurrence of…’

Discretionary revisions
• Would be usual to use the terminology retrospective, rather than historical
• Remove the word ‘slightly’ from the first sentence of the abstract – this is vague. Also, remove from introduction.
• The discussion would be clearer if the first paragraph summarised the main important findings of the study.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
'I declare that I have no competing interests'