Author’s response to reviews

Title: The effects of Vitamin C supplementation on pre-eclampsia in Mulago Hospital, Kampala, Uganda: a Randomized Placebo controlled clinical trial

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Author’s response to reviews: see over
The Editor
BMC Pregnancy and Child birth Journal

Dear Sir/Madam

RE: Submission of an article for publication

I would like to submit a clinical article entitled “To evaluate the effects of Vitamin C supplementation on pre-eclampsia in Mulago Hospital, Kampala, Uganda” to your Journal for publication.
This work was conducted in Mulago Hospital from November 2011 to January 2013 in the Department of Obstetrics and Gynecology. The management of the Hospital has granted us permission to publish this work in your Journal.
This article has not been submitted in any other journal for publication. There is also no conflict of interest to be declared by the authors.
I would like to state that this article has been read by all the authors and it represents the work which was conducted in the Hospital by the authors. I would like to state further that all the requirements of the authors have been met.
The following changes have been made.
  i.  The tables and the flow diagram have been added at the end of the document after the references.
  ii. The response to Editor has made and is included below

Response to Editor’s Comment
  a) The 10% prevalence of preeclampsia which was used was based on the literature. In the literature it is said that the prevalence of preeclampsia is variable and is between 2-10% of all pregnancies (1, 2) and could be higher in low resource settings. In addition, the Mulago hospital Department of
Obstetrics and Gynaecology reports in 2010 showed 12% prevalence preeclampsia. That is why we took the value of 10%.

b) The 10% loss to follow up did not affect the outcome because the women who were lost follow up had similar characteristics with those who turned up. With this I think there would have been no significant difference with the results I have presented.

c) Preeclampsia is a disease of primigravida but in this study they had a lower prevalence. It is possible that women of higher parity had a higher prevalence because the issue of primiparity in multigravida (change of partner) and women who had recurrent pre-eclampsia were not excluded.

d) All the babies were examined for prematurity and IUGR by the pediatrician. The prematurity were higher because of need to deliver women with severe preeclampsia to prevent further maternal and fetal complications. Secondly the criteria of <37 weeks increases the prematurity rate.

e) The high still birth rate in the intervention and control groups could be because of institutional delay especially for women who needed caesarean section as the waiting time was more than 30 minutes of the recommended waiting time. Prematurity and lack surfactant could have contributed.

References

Yours faithfully

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