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 and could be higher in low resource settings these references 31& 32 have been added. In addition an earlier study in Mulago hospital showed a prevalence of 21% (reference 33)
and, the Mulago hospital Department of Obstetrics and Gynaecology reports in 2010 showed 12% prevalence pre-eclampsia (reference 34). That is why we took the value of 10% since Mulago hospital is a referral hospital. These changes have been indicated in the manuscript and the references included.

b) Interim analysis was done when the accumulating data had accrued to half the estimated sample size. The Data Monitoring and Safety Board recommended continuation of the study. However, we have acknowledged that the sample size was small in the limitations of the study and caution should be taken during the interpretation of results because this study might have generated a type I error.

c) The data has been reanalyzed regarding prematurity. With consultation with the pediatrician, data for premature babies have been identified and the results have been presented. There are no major differences between the incidence of prematurity and low birth weight.

d) The high still birth rate in the intervention and control groups could be because delay of the women to reach the hospital after labour has started and institutional delay especially for women who needed caesarean section as the waiting time on average was 4-6 hours. A comment about this has been made in the discussion.

Yours faithfully

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