Author's response to reviews

Title: Effect of Iron Content on the Tolerability of Prenatal Multivitamins in Pregnancy

Authors:

Patricia Nguyen (patricia.nguyen@utoronto.ca)
Alejandro Nava-Ocampo (Alejandro.Nava-Ocampo@sickkids.ca)
Amalia Levy (lamalia@bgu.ac.il)
Deborah L O'Connor (deborah_l.oconnor@sickkids.ca)
Tom R Einarson (t.einarson@utoronto.ca)
Gideon Koren (gkoren@sickkids.ca)

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Author's response to reviews: see over
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Dr. Lolu da-Silva
BMC Journals
RE: Manuscript 9662148561667526

Dear Dr. Lolu da-Silva,

Thank you for reviewing our revised manuscript entitled, “Effect of Iron Content on the Tolerability of Prenatal Multivitamins in Pregnancy”.

In general, we have found the reviewers’ comments most useful and have addressed them fully. The following is a point-by-point response to the comments, noting any changes that were made to the manuscript or addressing any questions or concerns raised:

**Reviewer: Anne-Louise Heath**

**Major Compulsory Revisions**

1. I remain to be convinced that the comparison reported in the paper is of iron content alone, because the 60mg and 35mg tablets were different in volume (392vs 576mm3), shape (round vs oblong), iron compound (sulphate vs fumarate) and regimen (1/d vs 2/d) as well as iron content. I suggest that Discussion paragraph 5 is reworked so that it addresses this issue explicitly, e.g. "The tablets differed in a number of ways in addition to iron content, namely: volume, shape, iron compound and regimen." Then discusses the extent to which each of these additional factors is likely to have impacted on differences in adherence between the two groups. This is particularly important because the smaller volume and less frequent tablet taking required for the 60mg tablet may have favoured adherence to the 60mg tablet in spite of its greater iron content.

**Response 1:**
As suggested by your medical editors, we have added a line stating that the pills were of different characteristics. The differences in the shape, volume, iron compound, and regimen of the 2 multivitamin tablets and their potential impact on study outcomes are addressed now in the Discussion in paragraph 5 and 6 as was suggested by the reviewer. Please note that the issue of regimen (1/d vs 2/d) was already discussed in the previously revised manuscript in Discussion paragraph 6.

**Discretionary Revisions**

2. Please clarify statement made in Results para 1 lines 12 to 14 - it is unclear why the number of people commencing supplementation with the 35mg tablet suggests that the baseline differences in constipation and issues with tablet size are negligible.

**Response 2:** As suggested, the statements were clarified as can be seen in Results, paragraph 1, lines 13-19. Please also note the corresponding changes made to footnotes of Table 1.
3. The revised table 1 shows substantial differences in baseline tablet swallowing difficulties between the groups - this is probably in favour of the 35mg group (the smaller tablet) but the possible impact on the results should be discussed.

Response 3: As noted in Response 2, the statements about swallowing difficulties from Table 1 have been clarified in the Results, and Table 1 has been modified to include some clarification information in the footnotes. Furthermore, the issue of differences in tablet shape or volume has been addressed in the Discussion as noted in Response 1.

4. Add the “[Proportion who had swallowing difficulties with tablet size before starting assigned multivitamin]” to table 4.

Response 4: As suggested, this information was added to Table 4.

The second reviewer, Leslie W Huson, did not have any major, minor, or discretionary revisions that needed to be addressed.

We appreciate the comments regarding our revised manuscript and have addressed the issues raised to the best of our knowledge. Each author has participated sufficiently to qualify as an author and they have all seen and approved the revised manuscript. Thank you for your help in improving the quality of our presentation.

Sincerely,

Gideon Koren MD, FRCPC, FACMT
Director, The Motherisk Program
The Hospital for Sick Children,
Professor of Pediatrics, Pharmacology, Pharmacy and Medical Genetics
The University of Toronto,
Professor of Medicine, Pediatrics and Physiology/Pharmacology
and the Ivey Chair in Molecular Toxicology
The University of Western Ontario