Author's response to reviews

Title: Low Birthweight and Socioeconomic Factors in Mexico.

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Author's response to reviews: see over
Reply to reviewer’s comments:
Reviewer: AA Silva /1453583494439518_comment.pdf

About the general comment: “that the relation between socioeconomic factors and LBW is not new”, we would like to express that we did not want to say that the relationship was NEW, but that because of differences in the socioeconomic factors within groups of population (i.e. they are not homogenous), it was difficult to appraise them, besides the existence of limitations to find the best indicators to measure them.

1. We agree with reviewer’s general comments about the improvement in the edition of the document in English.

2. We also agree that some paragraphs are not clear enough and that they did not seem to focus on the topic of the paper, i.e. the relationship between socioeconomic factors and low birth weight.
Abstract: It was modified according to suggestions

1. - We agree with the need to focus in LBW and we reduced the extension of the introduction section.

2. - We know that neonatal mortality is closely linked to Preterm birth, but there are also other external factors (prenatal care, care delivery) that can lead to death in a LBW infant. On the other hand, although it is not directly linked with LBW there are evidences that the perinatal mortality curves intersect with birth weight and gestational age when comparing across categories of maternal factors. (Joseph KS et.al. BMC Pregnancy and Childbirth 2003,3:3)

3. - We know that the relationship between socioeconomic factors and LBW is not a controversial situation, what we wanted to say was that till now it is not clear how the mechanisms to produce LBW are carried out, and that there are conditions mainly from the social context in population groups that are present and determine outcomes in the newborn.

4. - Methods section was corrected about control selection, matching, sample size, logistic regression, our socioeconomic classification and the three used models.

5. - Discussion section was changed according to comments. We emphasized that there are differences between developed and developing countries, and that it is important to consider the results of the relation between the socioeconomic level and LBW in those countries. We did not want to compare them but to show that even in developed countries there are differences among groups and the persistence of LBW problem.

6. - We are aware that occupation is considered a proxy of socioeconomic level rather than income. We think that we made a mistake while translating and we wrote income instead of socioeconomic level.

7. - About the comment regarding education, our discussion tried to point out that in our findings the importance of education as a indicator of socioeconomic level was not clear enough. Women might have other factors like occupational stress (physical,
psychological and social), work load, under employment, double shift (formal work and house work), working and moving around in a very big city (Mexico city) etc. that could affect pregnancy outcomes (LBW).

8. Finally we agree that our findings can not be generalized to the whole country, since our study only contains information from three hospitals. However we think that the variables used in the socioeconomic level indicator can be replicated in other parts of our country.
1.- We agree with the reviewer’s general comments. The sample was chosen in three hospitals during the first semester in 1996. In relation to the way controls were selected, they were matched by date of birth, i.e. in the moment that the newborn was classified with LBW; controls were chose from the following newborns with normal weight in the same day.

2.- You asked if we considered SGA when we defined LBW, we are using the WHO definition (<2500grs.) There is an actual discussion about IUGR, Preterm birth and LBW, and all researchers agree to use LBW as a proxy of IUGR. LBW is considered a more reliable measure than IUGR and SGA, because of late and infrequent access to prenatal care, inadequate documentation of the last menstrual period date and unavailability of early ultrasound examination (Kramer MS. The epidemiology of adverse pregnancy outcomes: and overview. J. Nutr. 2003; 133:1592S-1596S.). (Savitz DA, Ananth CV, Berkowitz GS, Lapinski R, Concordance among measures of pregnancy outcomes based on fetal size and duration of gestation. Am J Epidemiol 2000; 151:627-633).

3.- In your question about why we grouped all parity >1 in one group, we agree that parity has influence in LBW but the risk is more important in primiparous women.

4.- We changed the categories of occupation (table1 and 4).

5.- In relation to Obstetrics & Gynaecology history of the mother, we clarified and added more information.

6.- In the data analysis and results section, we explained more clearly the way we did the logistic regression analysis and why we used three models.
1. - We agree about the need to improve the edition in English.

2. - The abstract and the introduction were tightened up.

3. - Methods section was described with more detail.

4. - We only reported confidence intervals.

5. - The categorization of socioeconomic level was corrected in table 1, as well as maternal age category.

6. - Although some of the included variables in each of the model were not statistically significant we preferred to leave them in the tables to show the reader the way the models were progressively built. As we are presenting three models in the same table if we had used footnotes the reader might find difficult to understand the adjusting variables.

7. - We took into account your suggestion to modify the discussion section. It was rewritten focusing in the relation to the objective.