Author’s response to reviews

Title: Surgical and medical second trimester abortion in South Africa: a cross-sectional study

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Version: 3 Date: 8 September 2011

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Re: MS: 1779924162492697
Response to Editorial Board member
Thank you for the good news that you have decided, in principle, to accept our manuscript. Below we respond to the remaining comments from the Editorial Board member.

1. They lack a recent by comparing medical and surgical abortion in Finland (long term safety included) by Mentula M et al.
   • We believe that the Editorial Board member is referring to Mentula MJ, Niinimäki M, Suhonen S, Hemminki E, Gissler M, Heikinheimo O. Immediate adverse events after second trimester medical termination of pregnancy: results of a nationwide registry study. Hum Reprod 2011;26(4):927-32. We agree that this is an important study to include since it documents the safety of medical abortion in the second trimester, and we now mention it in the discussion section. It is important to note, however, that this study did not compare medical and surgical abortion in Finland, since medical induction is the standard technique in this country (and account for 95% of all second trimester abortions).

2. The text on p.6 about the four hospitals not included was deleted by the referee suggestion. However, I would like to get it back as it is useful for generalizibility of the results.
   • This text was added back.

3. Classifying abortions before D&C as ?minor complications? is somewhat odd. As well they could be part of efficacy. If the authors want to retain that classification, at least they may want to comment it.
   • We believe the Editorial Board member is referring to our classification of fetal expulsion before D&E as a minor complication. In Grimes 2004 (reference 6 in the manuscript), fetal expulsion after cervical priming but before the surgical
procedure was classified as an adverse event. These complications were also
defined in the analysis for the Cochrane review on this topic, and we have added
the reference here. In addition, as we note later in both the results and
discussion sections of the paper, women found this generally to be unpleasant.

4. There are abbreviations in the tables, which should be explained in a
foot-note: D&C, TOP, IG range,

• Abbreviations in the tables have been given a superscript and explained in a
footnote below the table in which they first appear as follows, TOP replaced by
Abortion:
1 Dilation and evacuation
2 Inter-quartile
3 Not Applicable

5. The important finding of delay in medical services, changing first trimester
abortions into second trimester abortions could be pointed out also in
Conclusions.
• This has been added to the Conclusions.