Reviewer's report

Title: Malnutrition in pregnancy after bariatric surgery: three clinical cases of fetal neural defects

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Reviewer: Melinda A Maggard

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- Major Compulsory Revisions

1. While this is a short article, the English language of the text is still not acceptable. Patients are not “submitted” to bariatric surgery. They “undergo” or “receive” surgery. There are scattered commas in the background section that make no sense. Individually these are not major issues, but when they are frequent, it makes the manuscript difficult to read and at times confusing. Examples are as follows:

   - “Therefore, women are generally advised to avoid pregnancy for 12 – 24 months following bariatric surgery due to the risk for of foetal under-nutrition.” (lines 8-10, page 5). Is fetal under-nutrition a correct term?
   - “Diet and nutritional status before and during pregnancy, may influence early embryonic development.” Comma is not needed and is distracting.
   - “A multidisciplinary health care approach must be adopted with nutritional assessment, nutrient supplementation and follow up nutritional counseling before and after successful bariatric surgery, to reduce the related risks of fetal malformations.” (lines 31-33, page 6). Not sure why they add the qualifier “successful” bariatric surgery? I am not sure what they mean. And nutrition is used three times in this sentence.

2. Abstract Lines 10-11: “These procedures are considered once the patient has met the specific inclusion criteria and indicating the appropriateness of bariatric surgery.” This sentence is very unclear. Do the inclusion criteria indicate appropriateness? Not sure what point the authors want to make.

3. Authors state that they report multiple cases of VitB12/folate deficiencies (lines 1-2, page 6), but they actually only document one case with these abnormal lab values.

4. The write-up for case #3 doesn’t mention the type of bariatric procedure performed. The reader has to look to the table for this very pertinent information.

5. Time interval between bariatric surgery and pregnancy needs to be reported in table 1. Currently it is in the text only.

6. The abstract is one of the most critical parts of a manuscript. It needs to be able to stand alone. As written now, it is not clear in the abstract if the patients
had nutritional surveillance from preconception through delivery. Time from surgery to pregnancy is not provided. The types of bariatric procedures are not given – it is implied that they are all gastric bypass cases, which they aren’t.

- Minor Essential Revisions

1. The authors imply that bariatric surgery is an alternative option for “all’ patients who failed attempts at non-surgical weight loss. This is overstating the appropriateness of these procedures. There are many reasons why patients would not be considered candidates. Lines 6-8, page 3.

2. By-pass should be written as “bypass” throughout the manuscript.

3. Table 1. The pre bariatric surgery and pre-pregnancy weight should be listed in proximity to each other, not separated by multiple rows. Same comment for age…just hard to figure out the relationship between these variables.

4. The background section of the manuscript is wandering and doesn’t tell a clear story.

5. No nutritional values are provided for Case #3, so is this patient even useful to report?

6. Table 2. Should the Vitamin A level be listed as “0.1”, now it is listed as “0,1”

7. Table 2. All non-standard abbreviations should be provided for the table. NV=normal value range.

8. Table 2. How were clinical signs assessed and determined? How were “clinical supplements” defined? Any were acceptable?

9. Table 2. Need to be clear who experienced the clinical sign –neonate. Table is hard to follow b/c both maternal and neonatal outcomes are provided, and they aren’t clearly labelled.

10. Conclusions. It is not clear me what the general point is of the following paragraph. “It is difficult to meet the increased nutritional requirements after malabsorptive bariatric surgery. Moreover, there is no mechanism to protect the embryo from the deficiencies which may be inherent to the procedure. Therefore, rapid weight loss after conception may lead to a lack of fundamental nutrients required for the embryo development.” Are the authors trying to make a statement about the timing of the post-bariatric surgery pregnancy? (lines 20-23, page 5). In general the conclusion fails to present a clear logical flow of ideas.

11. Conclusions. “Lifelong nutritional education and lifestyle changes in patients following bariatric surgery are essential for a successful outcome.” Pregnancy outcomes or weight loss outcomes? This is not clear. (lines 9-10, page 7)

Quality of written English: Not suitable for publication unless extensively edited

Declaration of competing interests:

I declare that I have no competing interests.