Author's response to reviews

Title: Fetal demise and associated factors following umbilical cord prolapse in Mulago hospital, Uganda. A retrospective study.

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1. We have reorganized the discussion section to avoid repetition of results.
2. We have reorganized the listing of variables into 3. Maternal, fetal and obstetric factors. This means we can still have interventions like knee chest position in the analysis. It is so important an intervention in UCP to leave out of the analysis.

We do not agree with the reviewer who felt the research question and objectives were not clear. If one reads the abstract, these are spelt out in the last sentence which reads- We set out to determine the incidence of fetal demise and associated factors following umbilical cord prolapsed (UCP) in Mulago Hospital, Uganda

Again we believe our title is more informative than that suggested by the reviewer. His suggested title might imply that we were studying incidence of cord prolapsed which was not the case.

The suggestions of the reviewer that we add more information on issues like maternal mortality in Uganda somehow do not relate to the topic of study. Cord prolapsed is a danger to the baby not to the mother, and it is a universal complication not related to racial, economic or geographical factors. That is why we wanted to study fetal outcomes which would only be different due to differences in management of the complication. We provided information on comparative outcomes in different settings.

Other comments by the same reviewer just show some deficiency of epidemiological principals. It is as if he has a template from which he raises the queries. An example is enquiry about primary outcome. Obviously it was fetal death. Another is the query about sample size estimation. This was a period incidence study and we clearly described in the methods section, the studied period. Being a retrospective study of files, it was possible to get all files for the period so no sample size estimation was necessary. Similarly queries about training of research assistants should not arise. All we needed was someone to look for completeness of information in the files.

We disagree on the need to combine table 2 and 3. One is for bivariate analysis. For the multivariate analysis, we only included the variables that had significant association with fetal demise. To the reader, a clearer picture is presented of the variables strongly associated with fetal outcome.