Author's response to reviews

Title: Effects of propofol versus thiopental on Apgar scores in newborns and peri-operative outcomes of women undergoing emergency caesarean section: a randomized clinical trial

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Author's response to reviews: see over
Dear professor Warwick Ngan Kee,

Once again thank you for your critical analysis of our manuscript.

We have made adjustments and corrected the errors that you pointed out. Please see our responses and clarifications below. Additionally we have indicated the line in which the correction stands.

Major compulsory revisions

1. This was a non inferiority study. With the introduction of the relatively more expensive propofol into our system, there was an uncertainty among the anesthesia providers as to whether propofol was inferior to thiopental as an induction agent in pregnant mothers. We set out to see if this was true and if so, how would we handle the two drugs.

2. In our power analysis we determined that if there is a true difference in favor of thiopental or propofol treatment of 20% with regards to poor Apgar scores, then 150 patients are required to be 90% sure that the upper limit of a one sided 95% confidence interval (or equivalently a 90% two-sided confidence interval) will exclude a difference in favor of the standard (thiopental) group of more than 20%. Line 110-115

3. Even though anesthetics are delivered by different cadres in Uganda, the anesthetics in this study were administered by qualified anesthesiologists and final year residents in anesthesia (its a 3 year program post internship) using the protocol described in the manuscript
4. The conclusion has been edited to reflect only the factors studied and shown in the results section.

Other revisions

1. The description of the two induction agents has been revised. In regard to the placental transfer, the word “also” was used to mean than thiopental does cross the placenta as well.

2. Apgar scores were taken when the cord was clamped and this denoted 0 minutes. It is practice that when the baby is delivered, the obstetrician feels the cord until the pulsation stops and then clamps it. At this time the Apgar score was obtained.

3. With regard to the faster rate of improvement, an analysis was performed and there was indeed no statistical significance. We have corrected the paragraph. Line 247

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**Dear Malinee Laopaiboon,**

Thank you for reviewing our manuscript.

We have made the suggested corrections. We hope it’s to your satisfaction. Table 1

Signed by intent

Janat Tumukunde