Author’s response to reviews

Title: Comparison of ropivacaine combined with sufentanil for epidural anesthesia and spinalepidural anesthesia in labor analgesia

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Author’s response to reviews:

Technical Comments:

1. Consent to participate

-- As your study is of retrospective design, consent to participate is not applicable to your study. Instead, please confirm who gave administrative permission to access and use these data in this section.

Reply: Thanks for your careful and professional review. The words “consent to participate” have been deleted, please check them in section “Declarations” of the revised manuscript.

2. Authors' contributions

-- Please include a statement in the Authors' contributions section to the effect that all authors have read and approved the manuscript, and ensure that this is the case.

Reply: Thanks for your careful and professional review. The sentence “All authors have read and approved the manuscript, and ensure that this is the case.” has been added to “Authors' contributions”, please check it in the revised manuscript.

3. Availability of data and materials

-- Please state 'The datasets used and/or analysed during the current study available from the corresponding author on reasonable request' in this section.

Reply: Thanks for your careful and professional review. The sentence “The datasets used and/or analysed during the current study available from the corresponding author on reasonable request” has been added to “A Availability of data and materials”, please check it in the revised manuscript.

4. Clean manuscript

-- Please put your responses to the reviewers'/editors' comments in the Response to Reviewers box in Editorial Manager. Please do not upload a separate letter. At this stage, please upload your manuscript as a single, final, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours. All relevant tables/figures/additional files should also be clean versions. Figures (and additional files) should remain uploaded as separate files. Please ensure that all figures, tables and additional SUPPLEMENTARY files are cited within the text.
Reply: Thanks for your careful and professional review. We have uploaded all the files according to your requirements, please check them.

Editor Comments:

1. Please kindly make clear which one is the standard protocol in your hospital between October 2017 to August 2018, CEA or CSEA?
Reply: Thanks for your careful and professional review. Both CEA and CSEA were routinely used in our department and the method was chosen according to the anesthesiologist's personal anesthesiology operation habits. CSEA has advantages of shorter onset time, better analgesic effect and high patient comfort and satisfaction. However the anesthesiologists are required to be more skilled and patient for CSEA since the fetal heart rate may be affected if the dose and drug speed are not well mastered. Therefore, some anesthesiologists still like to use CEA, especially some senior anesthesiologists. These statements have been added to the first paragraph of section “Anesthetic method”, please check them in the revised manuscript.

2. Considering the similarity of patients, what is the indication for a certain patient to receive CEA or CSEA? Please explain.
Reply: Thanks for your careful and professional review. CEA and CSEA block anesthesia belong to intraspinal anesthesia and each has its own indication. However in terms of labor analgesia, the impact on the patient's circulation and other aspects is very small since the dosage of CSEA injected into the subarachnoid space is only 1/5-1/10 of normal CSEA anesthesia. In addition, CEA and CSEA were performed in patients with normal coagulation function. Therefore, there is no obvious tendency in the selection of indications. These statements have been added to the first paragraph of section “Anesthetic method”, please check them in the revised manuscript.