Author's response to reviews

Title: Association between adverse pregnancy outcome and imbalance in angiogenic factors and oxidative stress biomarkers in gestational hypertension and preeclampsia.

Authors:

Cornelius A Turpin (corneliusturpin@yahoo.co.uk)
Samuel A Sakyi (sasakyi.chs@knust.edu.gh)
William KBA Owiredu (wkbaowiredu@yahoo.com)
Richard KD Ephraim (kdephraim@yahoo.com)
Enoch O Anto (odameenoch@yahoo.com)

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Author's response to reviews: see over
Dear Editor,

Comments from the three reviewers were very constructive and my responds to them has really enhanced the clarity of the manuscript. Their comments were basically about the study design, how the participants were selected and the statistical analysis. The study design was a prospective cohort study and has since been revised to enhanced clarity. The 235 women were the initial number of women who patronize antenatal services at the O&G department of KATH that were FOLLOWED not recruited. It was only those who developed GH and PE during their periodic visit and gave informed consent that were recruited into the study. 50 other aged-match pregnant women who did not developed neither GH nor PE were selected as controls. Some too were lost to follow ups. Finally, 50 GH, 50 PE, and 50 NP were used in the study.

All other pertinent issues that they raised has duly be dealt with and rectified appropriately, moreover, they have been included in the point by point responds to reviewer comments. We hope our manuscript will be given the necessary consideration.

Thank you

Yours Faithfully,

Samuel A. Sakyi
Reviewer# 1

Abstract:

i. Hypertensive pregnancy is replaced by hypertension in pregnancy
ii. Level of significance for each of the three analytes has been stated in the result section of the abstract
iii. The p-value for PLGF and T-AOC has also been stated
iv. Conclusion has been revised to support the results

Responds to specific comments:

1. Contradicting statement in the abstract and background has been rectified
2. Ethical consideration has been re-positioned under the method section
3. The study design was a prospective cohort study and has been revised to enhanced clarity. The 235 women were the initial number of women who patronize antenatal services at the O&G department of KATH that were FOLLOWED not recruited. It was only those who developed GH and PE and gave informed consent that were recruited into the study. 50 other aged-match pregnant women who did not developed neither GH nor PE were selected as controls. Some too were lost to follow ups. Finally, 50 GH, 50 PE, and 50 NP were used in the study.
4. Statement with regards to ensuring 100% recovery accuracy of information has been revised.
5. Ideally a digital sphygmomanometer should have been used, but the experienced personnel tend to be accustomed to the mercury sphygmomanometer.
6. Ages has been reported to ± 2 decimal places
7. Statement on the type of statistical analyses that were used has been revised to include only those that applies to this manuscript.
8. The statement “The significantly shift of the balance in favour of sFlt-1 and 8-epiPGF2#” has been revised to enhanced clarity
9. The word “are” has been inserted between biomarkers and word the…….
10. Reference number 18 is now complete
11. Conclusion has been revised to support the results
12. Gestational age at baseline for the normal pregnancies has been included
13. Proportions in table 3 tell us the frequency of antepartum and postpartum obstetric characteristic and adverse complications
Reviewer # 2

Responds to comments:

1. The study design was a prospective cohort study, it has been revised under selection of participants to enhanced clarity. The 235 women were the initial number of women who patronize antenatal services at the O&G department of KATH that were FOLLOWED not recruited. It was only those who developed GH and PE and gave informed consent that were recruited into the study. 50 other aged-match pregnant women who did not developed neither GH nor PE were selected as controls.
2. A brief description of the place of hypertensive disorders in pregnancy among other obstetric problems in KATH has been included.
3. Obstetric definitions PPROM and placenta praevia, and IUGR has been revised
4. Ethical consideration has been placed at the end of the study methods
5. The computed p-values for each analytes has been stated in the results.
6. Acronyms/ abbreviations defined under figures and tables has be removed.
7. A sentence on the analytic procedure has been stated in the abstract
8. “Oxidative stress levels” has been replaced with “oxidative stress marker levels”.
9. Conclusion has been revised to support the results

Reviewer # 3

1. The study design was a prospective cohort study and has been revised to enhanced clarity. The 235 women were the initial number of women who patronize antenatal services at the O&G department of KATH that were FOLLOWED not recruited. It was only those who developed GH and PE and gave informed consent that were recruited into the study. 50 other aged-match pregnant women who did not developed neither GH nor PE were selected as controls.
2. Limitations of the study have been stated with regards to sample size and discussed
3. Statistical analysis has been included in the abstract
4. The aim of the study has been clearly stated at the end of the “Background”.
5. Obstetric definitions has been modified to make them suitable for use in a developing country like Ghana
6. Adverse outcome, as used in this study is well defined in the background and statistics section to enhance appreciation
7. Categorization of level of education presented in table 1 has been revised
8. Ethical consideration has been placed at the end of the study methods
9. Table 5 has been included as correlation for GH in addition to PE group.