Author's response to reviews

Title: Relationship between Maternal Obesity and Prenatal, Metabolic Syndrome, Obstetrical and Perinatal Complications of Pregnancy in Indiana, 2008-2010

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Author's response to reviews: see over
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I am resubmitting response to reviewers and a manuscript titled “Relationship between Maternal Obesity and Prenatal, Metabolic Syndrome, Obstetrical and Perinatal Complications of Pregnancy in Indiana, 2008-2010”, for consideration for publication with your journal. This manuscript is being solely submitted to *BMC Pregnancy and Childbirth*, and is not under consideration elsewhere until a final decision is made by the editors.

The resubmission has responses to the reviewers in bold under each item

**Reviewer 1**

**Reviewer's report**

**Title:** Relationship between Maternal Obesity and Prenatal, Metabolic Syndrome, Obstetrical and Perinatal Complications of Pregnancy in Indiana, 2008-2010

Version:3

**Date:** 29 April 2015

**Reviewer:** Dagfinn Aune

**Reviewer's report:**

This is a large population-based study of maternal BMI and various pregnancy complications. Most of the results are as expected, however, some modifications of the presentation of the results could make the results clearer. I think the results are interesting and should be published, but some minor errors below needs correction.

Line 40: sedentary lifestyles  **Response: This has been corrected**
Line 54: For Indiana, obesity is costly, and medical costs are projected to increase to $7 billion by 2018.

**Response: This has been corrected**

Line 66: Please clarify if weight and height was measured or self-reported and whether they relate to pre-pregnancy or early pregnancy anthropometric measures.

**Response: Clarification has been made that this is self-reported prepregnancy weight and height in the text.**

Line 96-101: different font than the remaining text.

**Response: This has been corrected**

Line 121: should the upper CI be 1.18 and not 1.118?

**Response: This has been corrected**

Line 222: however, the latter was observed only in crude analyses

**Response: This has been corrected**

Line 228-229: Some studies attribute this relationship to macrosomic infants necessitating ....

**Response: This has been corrected**

Line 235: delete “s” after is

**Response: This has been corrected**

Line 256-257: The data for infection from this study is in contrast to previous studies on the topic – Abenhaim et al, 2007, Sebire et al, 2001, Nohr, 2009. This needs a little more discussion I think.

**Response: A discussion on this issue has been added, and references have been added**

Line 265: suggest to rephrase the sentence with a different word than “detrimental”

**Response: This has been corrected**

Reference 18: different font than the rest of the text

**Response: This has been corrected**

Reference 45: grey font

**Response: This has been corrected**

Do the authors have data on preeclampsia as well, not only eclampsia? Any data on macrosomia, large/small for gestational age, intrauterine growth restriction, shoulder dystocia, congenital anomalies, neonatal jaundice, neonatal hypoglycaemia, admission to neonatal intensive care unit, preterm birth (not only previous preterm birth), induction?

**Response: This is a maternal complications paper, as such we focused on complications of the mother only. We have focused on infant outcomes in another publication in preparation. Yes it**
was confusing to report previous preterm birth. To avoid the confusion, and to focus on the theme we removed previous preterm birth in the tables and text has been corrected.

It is now clear that hypertension during pregnancy refers to pre-eclampsia.

Table 2: is the delivery type referring to the current pregnancy?

Response: This has been corrected

Table 2. I would switch the reference with regard to prenatal care so that the reference category is the non-user (No). Then it is clear that the overweight and obese women are more likely to receive prenatal care.

Response: This has been corrected

Table 3 and 5. Please provide the median BMI in each category of BMI.

Response: The median BMI in each category of BMI has been provided for tables 3&5

Table 4 and Table 6. For each outcome please make one line for the crude estimate and another line below it with the adjusted estimate. It’s better to have the ORs and the 95% CIs for each category on the same line rather than the OR above the CI. See below.

Underweight overweight obese

Crude 0.96 (0.61-1.50) 2.18 (1.90-2.50) 6.44 (5.69-7.28)

Adjusted 1.02 (0.62-1.66) 1.84 (1.59-2.14) 5.12 (4.47-5.85)

Response: This has been corrected, as advised

Level of interest: An article of importance in its field Quality of written English: Needs some language corrections before being published

Statistical review:

No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: I declare that I have no competing interests

Reviewer 2

Reviewer’s report

Title: Relationship between Maternal Obesity and Prenatal, Metabolic Syndrome, Obstetrical and Perinatal Complications of Pregnancy in Indiana, 2008-2010 Version:3

Date: 27 June 2015

Reviewer: Shama Munim

Reviewer’s report:
Overall a very well written paper.

Discussion part needs minor typos and rephrasing.

**Response: This has been corrected**

Table 3 and 5 can be omitted.

**Response: The tables have been left in to give distributions, to help the reader to articulate the odds ratios and confidence intervals, and the overall paper. The other reviewer suggested adding median, to the tables, which was done.**

Discretionary revision

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests: I declare that I have no competing interests

Kind regards,

[Signature]

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