Reviewer’s report

Title: The MOVE-trial: Monocryl® vs. Vicryl Rapide™ for skin repair in mediolateral Episiotomies: a randomized controlled trial.

Version: 0 Date: 25 Oct 2016

Reviewer: Zdenek Rusavy

Reviewer's report:

Odijk et al. present a well designed and properly performed randomized controlled trial comparing two types of material commonly used for episiotomy repair. The topic is original, the article is well written and data well presented. However I have some concerns regarding citations and interpretation of the results.

Major comments:

1/ The type (RCT) and setting (when and where performed) of the study is not provided in the Abstract.

2/ it should be disclosed in the abstract that all other layers of episiotomy repair were sutured by the same material.

2/ line 53: the referenced study does not deal with childbirth perineal trauma and its repair. It is an RCT comparing episiotomy suturing techniques. The numbers provided are based on the West Berkshire perineal management trial (Sleep 1984) and an RCT concerning care of the perineum in the 2nd stage of labor (McCandlish 1998)

3/ line 58: The scope of the present study is three months. Data regarding persisting perineal pain 3 months after vaginal delivery with mediolateral episiotomy should be presented preferably (65/306, 21.2%) (Necesalova 2016).

4/ lines 106-111: Since all layers apart from the skin were sutured the same way using the same material, why did the authors expect any difference in the pain scores after the childbirth. Furthermore, Morano et al (2006) suggested a continuous knotless technique for episiotomy repair using a single thread. Why did you not compare the two materials in the repair of the whole episiotomy (single thread).

5/ line 109: Why was Vicryl Rapid 3-0 used for the repair instead of Vicryl 2-0? Vicryl 2-0 is frequently described for episiotomy repair including the skin closure (Kettle 2002, Morano 2006, Kindberg 2008, Karbanova 2014,...). Your results could have been affected by the caliber of the thread. Karbanova et al. (2014) used Vicryl 2-0 for the repair and reported a self-reported
dehiscence rate in the mediolateral episiotomy group 13/262 (5%) after 10 days compared to 22% in this study. This should appear in the discussion section.

6/lines 160-161: The response rate is quite low. Both age and race/background affect the quality of healing a perception of pain. Is that not a possible limitation of the study? The pain scores, healing complications and dyspareunia rates are worse than described previously (Karbanova 2014, Necesalova 2016). The young women with no problems were possibly less likely to complete and send the questionnaires.

7/ Table 4: Consider shortening the table and moving some of the information in the text (e.g. intercourse 10 days etc.)

8/ lines 260-266: The results of the study should be compared to another study concerning mediolateral episiotomy with a similar follow-up (Necesalova 2016)

9/ Self-reported dehiscence can be anything from a patient’s perception of a change in shape of their external genitalia to a complete dehiscence of the suture. The latter being undoubtedly more clinically significant. Do you have any data on the secondary suture rate of the two episiotomies?

10/ reference 24 is a pilot study on healthy volunteers from 2003. Its potential of questioning a traditional, widely used and effective tool for pain assessment is very limited. Consider removing the reference.

Minor comments:

1/ line 81 Consider adding ...skin after a vaginal delivery with mediolateral episiotomy in ....

2/ line 85 Consider providing the total number of deliveries/vaginal deliveries in the study period

3/ line 89 The women were technically nulliparous at this stage of the trial

4/ line 97 please provide the mode of delivery in the inclusion criteria (any vaginal delivery, excluding forceps)

5/ line 205-206 the sentence is rather difficult to understand, consider rewording

6/ consider shortening the discussion

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes
Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

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