Author’s response to reviews

Title: Fetal heart rate abnormalities during and after External Cephalic Version: which fetuses are at risk and how are they delivered?

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Author’s response to reviews:

Reviewer #1: we thank the reviewer for all his work and helpful comments

We do not advise overnight fasting. Since we prefer a full rather than an empty bladder, women with an empty bladder are encouraged to drink. Therefore, we included the sentence on page 3, Methods section:

“Since we prefer a filled bladder, women with an empty bladder were advised to drink before the procedure.”

On page 10, discussion, we added the following sentence:

“In our opinion, this small risk of emergency CS doesn’t justify a policy of overnight fasting. Therefore, we advise women with an empty bladder to drink before the procedure. This helps to lift the breech out of the pelvic inlet.”

Primary outcome was to identify which fetuses are at risk for FHR abnormalities during and after ECV. Secondary outcome was to identify a possible relationship between FHR abnormalities during and after ECV and the occurrence of fetal distress during labor and mode of delivery.

The success of ECV was therefore not the first purpose of this article. We intend to describe this item in a subsequent article.
Reviewer #2: we thank the reviewer for all her work and helpful comments.

We repeated the analysis with estimated fetal weight by ultrasound.

Estimated fetal weight (per 100 gram) was significantly associated with the occurrence of FHR abnormalities.

Univariate level: OR 0.90, CI: 0.87-0.94

Multivariate level: OR 0.90, CI: 0.87-0.94

Therefore we made changes in the text on page 5, Methods:

“Because fundal height, EFW and birth weight are highly correlated, only EFW was put into the multivariate logistic regression model”

And changes on page 6, Results:

“Multivariate analysis (Table 2) shows that FHR abnormalities were associated with longer duration of ECV (OR 1.13, CI: 1.05-1.21; p<0.001) and with lower estimated fetal weight per 100 gram (OR 0.90, CI: 0.87-0.94; p=0.01).”

And changes on page 8, Discussion and on page 10, Conclusion from birth weight into EFW.

And changes in the Abstract and table 2.

We excluded the few vaginal breech births, since a breech baby is more prone to umbilical cord occlusion and fetal distress by its position. So this would cloud our results.