Reviewer’s report

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

**Version:** 0  **Date:** 25 Nov 2016

**Reviewer:** Andrew Kotaska

**Reviewer's report:**

I enjoyed reading your paper and believe it is a helpful addition to the literature available on ECV. Some suggestions:

1. That only 2 emergency C/S were required is an important finding. I would include it in the abstract.

2. The main weakness of the paper is your declaration that a difference of 99g in EFWt between fetuses with and without FHR abnormalities is significant. It is true that the difference is statistically significant, however as is often the case with statistical methods for continuous dependent variables (T-test), the difference is neither clinically significant nor helpful to clinicians. The result: (OR 0.99, CI: 0.99-1.00; p=0.009) shows this clearly. Amazing that statistics can show a P=0.009 for an OR of 0.99!

3. The difference in birthweight is greater, however you must ensure that you have excluded both emergency C/S for abnormal FHR, since their birthweights were low and will skew the data. They should not be included because the reason for their small size is iatrogenic premature delivery.

4. I am interested as to why you did not include the significant difference in AFI in your conclusion? Do you regularly fast women prior to ECV? is there a chance that they are therefore dehydrated at the time of the procedure, as this is a recognized spurious cause of oligohydramnios. Your findings suggest that ensuring adequate hydration and avoiding iatrogenic (relative) oligohydramnios might help avoid abnormal FHR. I would also be very interested to see the correlation between AFI and success of ECV.

5. If you are not publishing other findings elsewhere, I would also be very interested in the eventual delivery mode according to whether the ECV was successful or not. This would include the number of women with aperisitent breech who laboured and who had a successful breech vaginal delivery. This also has implications for the correlation with abnormal FHR in labour as this is more common in vaginal breech deliveries.
6. On page 6 line 25, I believe "outlet" should be "inlet"

7. On page 7 line 40 and 45, I believe you need to add "abnormalities" after FHR.

8. On page 9 line 54, I believe you can present your actual results. Rather than "no more than 2 cases," you can say "In two cases, ECV led to FHR abnormalities requiring emergency C/S." The details of these two case are very interesting to read.

Thank you again for your important contribution.

**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.

Yes

**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 am able to assess the statistics

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