Author’s response to reviews

Title: Risk factors and outcome of patients with eclampsia at a tertiary hospital in Egypt

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Risk factors and outcome of patients with eclampsia at a tertiary hospital in Egypt

Dear Mr. Aronin,

Many thanks for potentially accepting our manuscript for publication in BMC Pregnancy and Childbirth. Our profound thanks go also to the reviewers for their valuable comments and suggestions. Please find below our responses to the points raised by the reviewers. We have uploaded a revised version of the manuscript including the necessary corrections. The changes in the manuscript have been highlighted with a yellow background.

1) The authors attribute high c-section rates to high complication rates in this study. Furthermore, they suggest that a higher rate of vaginal delivery should be encouraged in cases of eclampsia. Data regarding complications among women with c-section vs. vaginal delivery are not presented to support these conclusions.
This conclusion was omitted as data was not presented.

The same group of researchers is conducting now a large retrospective study to address that issue. Hopefully, we can submit it to BMC Pregnancy and Childbirth journal once finished.

2) The authors suggest that treatment with parenteral anti-hypertensives might improve outcomes. Again data to support this conclusion is not presented.

This conclusion was omitted as data was not presented.

3) Only 178 of 250 women received oral anti-hypertensive therapy before delivery. Should women be treated more aggressively with oral agents? This seems more likely to be accomplished than establishing a reliable supply of parenteral agents.

We agree that aggressive oral therapy should have been given in some cases. The only limitation was patients with disturbed conscious level. This part was added to the discussion section.

4) MgSO4 was clearly available - all patients received MgSO4. The hospital guidelines suggest use to prevent "further fits." Do hospital guidelines suggest use to prevent eclampsia? If not, should the guidelines be changed?

The hospital guideline suggests the use of MgSO4 to prevent further seizures and it was already given to all patients. However, in many occasions, MgSO4 was not available at the hospital and there was lag of time till it could be made available and be given to patients presented with severe preeclampsia. As a result, many patients have seizures during this time lag. In addition, we do not have sufficient data about whether the proper dose was given after delivery. We do not have infusion pumps, so we depend on clinical monitoring by the nursing staff. We have high work load at the hospital and relatively insufficient nursing staff, so improper dosing or early discontinuation of treatment are likely.

This explanation was added to the discussion section.

5) What percent of women had seizures prior to admission? The pathway to decreasing the rates of seizures among women prior to admission is different from interventions available once admitted.

77.6% (194/250) of women had seizure before admission. However, many patients were presented with severe hypertension and developed seizures before starting MgSO4 and anti-hypertensive therapy. This is another point related to our limited resources. As mentioned before, in many occasions, MgSO4 was not available at the hospital and there was lag of time till it could be made available and be given to patients presented with severe preeclampsia. As a result, many patients have seizures during this time lag. In addition, we do not have sufficient data...
about whether the proper dose was given after delivery. We have high work load at the hospital and relatively insufficient nursing staff, so improper dosing or early discontinuation of treatment are likely.

This explanation was added to the discussion section.

6) Of the 100 with seizures after delivery, how many were admitted to this facility after the seizure, (they were delivered elsewhere)? If the seizures were in this facility, then aggressive interventions to improve care PP are warranted (eg. BP control, MgSO4).

73 patients developed postpartum seizures before admission in our hospital. 27 patients developed seizures after admission. That can be due to delay in the use of MgSO4 and improper control of BP. We agree that aggressive interventions to improve care are warranted.

This explanation was added to the discussion section.

We hope that these responses would be satisfactory to the reviewers and the editorial team and the revised manuscript meet the criteria for publication in BMC pregnancy and childbirth journal.

I look forward to your response

Kind regards.

Yours sincerely,

Ahmad Mahran (corresponding author).