Author’s response to reviews

Title: Influence of different preoperative fasting times on women and neonates in cesarean section: a retrospective analysis

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TI: “Influence of different preoperative fasting times on women and neonates in cesarean section: a retrospective analysis”

Dear editor:

Our manuscript entitled “Influence of different preoperative fasting times on women and neonates in cesarean section: a retrospective analysis” has been carefully revised according to the reviewers’ suggestions again. The manuscript has been professionally edited for English language readability prior to resubmission to the journal. We have taken all of the comments of the two reviewers into account and wish to respond as follows:

Part A: COMMENTS OF REVIEWER #1

Thank you for making the suggested revisions in Round 1.

I strongly advise the following revisions and an editor review for grammatical correctness.
Answer: Thanks to the reviewer for giving us an opportunity to modify our manuscript again. As suggested by this reviewer, we have carefully revised the manuscript again. Before answering the question, we especially thank the reviewer. It is the selfless help of the reviewer that the quality of our manuscripts has been greatly improved.

Question (1): Background, Page 3, Line 2: Please edit first opening sentence. Without context it is not possible to determine what the 'program' is that women will enter and could be misinterpreted as contradictory - for example saying medically driven but then saying no medical indication for the procedure.

Suggest: The increase in incidence of caesarean sections worldwide is associated with multiple factors, however evidence suggests that a considerable proportion continue to be driven by convenience without an evidence based/medical indication for the procedure (1).

Answer: We would like to express our great appreciation for the comments of reviewer. According to the reviewer's suggestion, we used this more precise sentence recommended by the reviewer, which is shown on page 3, line 2 to 4, highlighted in blue.

Question (2): Background, page 3, Line 13 Does an individual have 'regurgitation and aspiration' after 'vomiting' or rather isn't this risk associated with an increased risk of aspiration during regurgitation and/or vomiting.

Answer: We very much appreciated this suggestion. According to the reviewer, we used this more precise sentence recommended by the reviewer, which is shown on page 3, line 13 to 14, highlighted in blue.

Question (3): Ethics Statement, Page 4, Line 6-9 Would suggest rewriting for clarity and grammatical correctness: All women agreed to participate in this investigation and signed the informed consent before participating in this study. The investigation received approval from Research Ethics Committee…..The protocol was conducted in accordance with the relevant guidelines and regulations.

Answer: According to the reviewer's 12th comment, we have removed these unnecessary contents.

Question (4): Inclusion criterion, Page 4: needs to include epidural block given that this is a stated criterion later on page 5, under Anesthetic methods.
Answer: We very much appreciated this suggestion. We have added this clause to the inclusion criteria, which is shown on page 4, line 10-11, highlighted in blue.

Question (5): Exclusion criterion Page 4 Change this to criteria - plural as criterion is plural. What does that mean 'placental implantation' - surely if pregnant women are being recruited you need to ensure she has a baby with a placenta that is implanted on the uterine wall.....

Answer: We have changed criterion to criteria, which can be seen on page 4, line 5 and 14, highlighted in blue. We also corrected this non-standard title “placental implantation” with 'placenta accreta' in text, which is shown on page 4, line 15, highlighted in blue. We very much appreciated this suggestion.

Question (6): Data Collection, Page 5 (page 11), Line 8-10: A general definition of vomiting is unnecessary for this article; reviewer 2's comments relating to a definition of vomiting related to volume that constituted a 'vomiting' episode; unsure of relevance of (from anaesthesia to birth: yes or no) - and what this related to?

Answer: We very much appreciated this suggestion. We have removed this redundant explanation. We also explained further the situation of vomiting, which is shown on page 5, line 3, highlighted in blue.


Answer: We mean: small for gestational age or large for gestational age. In the manuscript, we made modifications, which is shown on page 5, line 5 to 6, highlighted in blue.

Question (8): Anesthetic method: What is a traction response in relation to anesthetic? And state the 4 levels.

Answer: Visceral traction reflex : a muscular response to stimulation of a nerve-receptor organ in a visceral organ, also called splanchnosomatic reaction or visceral reflex, often manifested as nausea, vomiting, pain, slow heart rhythm, etc., is a kind of vagus nerve reflex caused by pulling the internal organs, often affecting the operation of surgery.

The anesthetic effects:
Level 1: poor analgesic effect, intense pain, tight abdominal muscles, serious traction reaction; Level 2: general analgesic effect, mild pain, abdominal muscle tension, slight traction reaction; Level 3: good analgesic effect, slight abdominal muscle tension, no traction reaction; Level 4: excellent analgesic effect, loose abdominal muscles, no traction reaction.

We have further explained your inquiry, which is shown on page 5, line 12-16, highlighted in blue.

Question (9): Page 9, Line 23: Correct: '….a risk of residual stomach contents which may lead to regurgitation….'

Answer: We very much appreciated this suggestion. We have rewritten this sentence, which is shown on page 9, line 20 to 21, highlighted in blue.

Question (10): Discussion: Page 11, Line 11: these retrospective results cannot be used to determine cause and effect. Would suggest wording such as: '..displayed and obvious decrease compared to group C, D and E, which suggests that prolonged fasting of women increases the risk of acidosis in the neonates.

Answer: We very much appreciated this suggestion. According to the reviewer, we used this more precise sentence recommended by the reviewer, which is shown on page 11, line 8 to 10, highlighted in blue.

Question (11): Firstly, this is a retrospective study, not a randomized controlled prospective study, and therefore there may be inherent bias within group allocation.

Answer: This is an important question. This is an unavoidable flaw and one of the limitations of this study. We have truthfully stated this shortcoming by using the more precise sentence recommended by the reviewer, which is shown on page 12, line 7 to 8, highlighted in blue.

Question (12): The first limitation contradicts the third comment, would suggest removing that statement relating to ethical issues with conducting RCTs unless further information is provided.

Answer: After discussion by the members of the research team, we decided to accept the reviewer’s suggestion removing that statement relating to ethical issues with conducting RCTs. We think this is indeed more appropriate.
Question (13): Conclusion: Insert 'to', to provide clarity around range.

Answer: We very much appreciated this suggestion. We have added the word "to" to increase the accuracy of the statement, which is shown on page 12, line 14, highlighted in blue.

Part B: COMMENTS OF REVIEWER #2

Design: I understood this was not a randomized trial. I asked the authors to clarify what influenced patient allocation, as this might introduce bias in the results. Physician's instructions? Patient preference?

Answer: Thanks you for reviewer’s comments on our work. We have pointed out in the title and background of the study that this is a retrospective analysis. Most of the cases receiving cesarean section are treated at the emergency department (The timing of the visit to the operation is uncertain depending on mother's condition). Therefore, the enrolled mother does not have a process of random assignment according to groups. We only analyzed the groups retrospectively according to different fasting conditions based on the collected data. We have expressed this limitation objectively in the discussion section, which is shown on page 12, line 7 to 8, highlighted in blue.

Design: This reviewer knows what vomiting is. The authors should define how vomiting was defined in their study, and how this information was collected. Patient recall? Prospective or retrospective? Retrospective analysis of clinical notes? Prospective collection by healthcare providers? This is again a possible important source of bias.

Answer: We apologize to the reviewer for not explaining this issue clearly last time. In this study, observation of maternal vomiting was defined as the incidence of vomiting from the time of anesthesia to the delivery of the fetus. This indicator is observed and recorded by an anesthesiologist. This data was collected at the time, but the analysis was retrospective. We've added the corresponding statement, which is shown on page 5, line 3 to 4, highlighted in blue.

Execution: Apgar score: in the internation literature, the 5' score is considered the best indicator of newborn adaptation. Please provide 5' scores.

Answer: This study used a 10-point scale of Apgar score. Because this system was adopted at the time (starting three years ago), there is a considerable difficulty to provide the results of the five-point system. Since accurate conversion cannot be carried out, forced conversion may lead to
deviation of the measurement index. We can only report it realistically according to the real data of the time.

Execution: Apgar score: it has a non-Gaussian distribution. No matter how large the sample size, the authors are just WRONG to provide mean +/- SD.”

Answer: Since this is the statistical data of measurement data, we chose the appropriate expression: (M ± SD).

(In the end)

Thank you very much for your great efforts on our manuscript. We would like to express our great appreciation again to the reviewers and the editing staff at BMC Pregnancy and Childbirth for the manuscript comments.

We look forward to hearing from you, and, as before, please address all communications regarding this manuscript to me as the corresponding author.

Thank you very much for your attention to our paper.

Sincerely yours,
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