Author’s response to reviews

Title: Are preterm birth and intra-uterine growth restriction more common in Western Australian children of immigrant backgrounds? A population based data linkage study.

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Version: 3 Date: 26 Jun 2019

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1. The discussion on the table 1 does not effectively discuss the big picture findings of the table. For example, table 1 shows the comparison of the age distribution of women between the groups. <20 years of age is considered to be a “risk factor” in pregnancy studies. A more thorough description indicating the big picture of how the ethnic groups differed with respect to the variables in table 1 are expected. The goal is to describe the demographic distribution of the study population. For example, AI women had 27.2% of the population fall into the <20 category compared to the Foreign born and ANI ethnic categories which varied from 1.9% to 5.6% of study population being <20 years of age. This is important to describe. Additionally showing the distribution with marriage as well is important. All Foreign born and ANI ethnic groups had higher proportions of married women 90.1% to 92.4% compared to 62.8% for AI women.

Response: Thank you, we have amended our discussion of Table 1 to better align with our results section of the demographic differences between the groups.

2. There is still some concern with the interpretation of the data in tables 2-4. For example, the authors refer to a non-statistically significant RR of 1.59 as "slight". A slight increase would be a much smaller increase, example an RR of 1.05. For several of these
calculations the authors have very small sample sizes for example 11 cases in the FB-LIC extreme preterm. I would caution the authors that given the extremely small sample sizes and wide confidence intervals that they should still be more cautious in interpreting these findings, and refrain from describing them as strongly as they have in the text.

Response: Thank you for raising these important points. We have amended the Results section to reflect but, more importantly, in the discussion we have now drawn attention to the lack of strength of evidence for some of our findings, particularly relating to preterm birth, because of the small sample sizes, and recommended more caution in their interpretation.