Author’s response to reviews

Title: The risk of cesarean delivery after labor induction among women with prior pregnancy complications: A subgroup analysis of the AFFIRM study

Authors:

Leslie Skeith (leslie.skeith@gmail.com)
Grégoire Le Gal (glegal@ohri.ca)
Johanna de Vries (jip.devries@vumc.nl)
Saskia Middeldorp (s.middeldorp@amc.uva.nl)
Mariëtte Goddijn (m.goddijn@amc.uva.nl)
Risto Kaaja (riskaa@utu.fi)
Jean-Christophe Gris (jean.christophe.gris@chu-nimes.fr)
Ida Martinelli (martin@policlinico.mi.it)
Ekkehard Schleußner (ekkehard.schleussner@med.uni-jena.de)
David Petroff (david.petroff@zks.uni-leipzig.de)
Nicole Langlois (nlangois@ohri.ca)
Marc Rodger (mrodger@ohri.ca)

Version: 1 Date: 29 Oct 2019

Author’s response to reviews:

We would like to thank the reviewers for their time and thoughtful review of our paper titled “The risk of caesarean delivery after labor induction among women with prior pregnancy complications: A subgroup analysis of the AFFIRM study”. Please see our responses below.

Reviewer 1

1) The term cesarean delivery is repeated frequently in the introduction. Please use CD abbreviation after its first use.

Response: We have changed this throughout the manuscript [changes to text in red].
2) All numbers from 1-9 should be spelled out otherwise the study provides excellent results and should be accepted for publication.

Response: We have made these corrections [changes to text in red].

Reviewer 2

This well written manuscript addresses the risk of caesarean (C/S) delivery after labour induction among women with prior pregnancy complications. The study followed a cohort of women taken from a database (AFFIRM) which includes patient level data form 9 RCTs. The authors concluded that the risk of C/S between was not deferent following labour induction and spontaneous labour in this cohort of women with high risk pregnancy. They also concluded that the risk of C/S is lower after labour induction for those women who received LMWH prophylaxis during pregnancy compared to spontaneous delivery. The study is a cohort study, so, the risk of selection bias must be considered. As it is demonstrated in table 1 the complications during previous pregnancy and during the AFFIRM study were different between the group of women who had induction of labour and spontaneous delivery. The authors need to consider an adjusted regression analysis to address the covariates that could affect the outcome (risk of C/S).

Response: Thank you for this summary and feedback. We did complete an adjusted regression analysis to address the covariates that could affect the risk of CD, but this did not provide any additional information to the study results possibly related to the small subgroups present. Because it adds complexity to the manuscript without providing any additional information on the covariates, we have decided not to include this. However, based on your feedback we have added further detail to the discussion to highlight the risk of selection bias, and have completed a statistical analysis in [Table 1] which highlights differences between the two labor groups. [Page 11 Line 22-Page 12 Line 2; Table 1].

Reviewer 3

The manuscript has valuable results, but needs minor edition as below

1) The authors should explain how the peripartum blood loss was estimated. There are several ways for the hemorrhage estimation (Line 9).

Response: The peripartum blood loss was visually estimated at the time of delivery, but the method of estimated varied according to the individual trial protocols and centers. We have now included this as a limitation in the discussion [Page 11, Line 18].

2) The title of table 1 is better changed to demographic and reproductive information. And it suggest that these factors be compared between the two groups statistically (induction and spontaneous labor).
Response: Based on reviewer feedback, we have changed the Table 1 title and compared the two groups statistically [See updated Table 1].

3) As the author mentioned, some important information are not presented. They include: reason for induction of labor, duration of induction, doses of oxytocin was used, bishop score condition, duration and doses of LMWH used, thus it is suggested these information present in a separate table and conclusion be revised according the data.

Response: Unfortunately, this information is not available to us, which is a limitation to the dataset that we have highlighted in the discussion.