Reviewer's report

Title: Perinatal outcomes of infants with congenital limb malformations: an observational study from a tertiary referral center in Central Europe

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Reviewer: Jan Jaap H.M. Erwich

Reviewer's report:

This manuscript describes a single center experience over 13 years on congenital limb malformations which had been detected antenatally. The number is around 10 cases per year. Knowledge on natural history or perinatal outcomes of antenatal detected fetal malformations is important for counselling parents, and any series published, esp on relatively rare conditions, is worthwhile. However, this report has several flaws, and it is not clear what new information it contributes to this goal. This paper describes no more or no less, their patients on what happened.

1. I agree totally with the authors (pg 11 ln247) that there is a selection bias and possible false conclusions. Referral policies from peripheral clinics, differences in counselling and decision-making for termination of pregnancy (TOP), huge differences in genetic testing opportunities between 2004-17 are factors that possibly influenced policy and outcomes.

2. Classification in LLM/ULM/BLM is descriptive and it is not totally clear how this coincides with diagnosis.

3. What is the take-up rate of routine screening ultrasound, is there any data on the cases missed? First diagnosis postnatally? Syndactyly, polydactyly or oligodactyly are not rarely overlooked, and although perhaps minor, may guide a syndrome diagnosis.

4. Is there a cooperation with EUROCAT? In that case, report from this registry may be more worthwhile.

5. Outcomes of live-born, related to diagnosis is not complete and not clear described.

6. A higher incidence of preterm labour is puzzling. Is it indeed related to polyhydramnions, or iatrogenic?

7. pg 3 ln 60 needs reference.

8. pg 4 ln 82 omit "immense", "large" is already in ln 83.

9. pg 5 ln 98 "inclusion und(typo) exclusion" criteria? These are not described elsewhere.

10. pg 6 ln 133 20 lost to follow up, but if these were TOP, it should have been known?, so these were not TOP?
11. pg 7 ln 151, 21 had unknown sex, that is not registered or indifferent genitalia?

12. pg 7 ln 154, 2 live born after unsuccessful TOP, this raises questions on gestational age, method of TOP. It is good that you are honest about this, but reading it, it raises questions that perhaps need some explanation.

13. pg 7, ln 157, fetal syndrome was identified, was a geneticist involved? Procedure?

14. pg 8 ln 188, yes, but see comment 10, then the follow up should be known?

15. pg 10 ln 227 recurrent preterm delivery? Why so in this group?

16. pg 10 ln 232 why preterm delivery with isolated clubfeet?

17. table 2, mean umbilical cord pH and mean apgar scores are meaningless. If they say anything, they are a result of intrapartum management, which is not discussed here.

18. fig 1, this is already in the text, can be omitted.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

No

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

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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