Author’s response to reviews

Title: Maternal cardiometabolic markers are associated with fetal growth: A secondary exploratory analysis from the LIMIT randomised trial.

Authors:

Cecelia O’Brien (cecelia.obrien@adelaide.edu.au)
Jennie Louise (jennie.louise@adelaide.edu.au)
Andrea Deussen (andrea.deussen@adelaide.edu.au)
Jodie Dodd (jodie.dodd@adelaide.edu.au)

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Author’s response to reviews:

Dear Danielle Talbot,

Re: Maternal cardiometabolic markers are associated with fetal growth: A secondary exploratory analysis from the LIMIT randomised trial.” (BEND-D-19-00206)

Thank you for the opportunity to revise our manuscript in light of the Editor’s and reviewers comments.

We would like to thank the reviewers for their time and effort. We have attached a detailed response to comments, highlighting the changes in the revised manuscript.

We thank you for consideration and we look forward to your response.

Yours Sincerely,

Dr Cecelia O’Brien
Your manuscript "Maternal cardiometabolic markers are associated with fetal growth: A secondary exploratory analysis from the LIMIT randomised trial." (BEND-D-19-00206) has been assessed by our reviewers. Based on these reports, and my own assessment as Editor, I am pleased to inform you that it is potentially acceptable for publication in BMC Endocrine Disorders, once you have carried out some essential revisions suggested below:

1. Currently, the contributions of authors JD do not automatically qualify them for authorship for this secondary analysis. Please consider the list of authors as it currently stands with reference to our guidelines regarding qualification for authorship (http://www.biomedcentral.com/submissions/editorial-policies#authorship). In the section “Authors’ contributions”, please provide further clarifications on their contributions to the secondary analysis, and see our guidelines for authorship below. An 'author' is generally considered to be someone who has made substantive intellectual contributions to a published study. Authors are expected to fulfil the criteria below (adapted from McNutt et al., Proceedings of the National Academy of Sciences, Feb 2018, 201715374; DOI: 10.1073/pnas.1715374115; licensed under CC BY 4.0): Each author is expected to have made substantial contributions to the conception OR design of the work; OR the acquisition, analysis, OR interpretation of data; OR the creation of new software used in the work; OR have drafted the work or substantively revised it AND to have approved the submitted version (and any substantially modified version that involves the author's contribution to the study); AND to have agreed both to be personally accountable for the author's own contributions and to ensure that questions related to the accuracy or integrity of any part of the work, even ones in which the author was not personally involved, are appropriately investigated, resolved, and the resolution documented in the literature. Acquisition of funding, collection of data or general supervision of the research group, alone, does not usually justify authorship.

The authorship statement was in error and did not accurately represent the contribution of JD.

The authorship statement now reads:

‘JD and AD were responsible for undertaking the LIMIT randomised controlled trial. CO and JD formulated the aims and hypotheses of this exploratory analysis, interpreted and presented the results and wrote the manuscript. JL designed the analysis and performed the statistical analysis and assisted with the interpretation of the results. AD assisted in the interpretation and presentation of the results and review of the manuscript. All authors read and approved the final version of the manuscript.’
2. If you do not wish to publish the CONSORT checklist then please remove it from the file inventory and include a statement within the manuscript that original RCT adhered to CONSORT guidelines/methodology.

We are happy to remove this and the appropriate statement have been inserted to document the adherence to the CONSORT methodology.

Page 8, line 4

The research methodology (32) and clinical findings (33) of the LIMIT randomised con-trolled trial have been published previously. The conduct of the LIMIT randomised trial adhered to CONSORT methodology.(34)

3. Please remove the tracked changes and revised manuscript files from the file inventory, as they are no longer needed at this stage.

This tracked changes version of the manuscript has been removed.

4. We note that the current submission contains some textual overlap with other previously published works, in particular:  "The effect of maternal obesity on fetal biometry, body composition, and growth velocity" https://www.tandfonline.com/doi/abs/10.1080/14767058.2018.1543658?journalCode=ijmf20. This overlap mainly exists in the Methods sections. While we understand that this is work that you have previously published, and some of the same ideas are contained in these publications, please be aware that we cannot condone the use of text from previously published work. Please be sure to appropriately reference this source in your manuscript and reformulate overlap where possible.

I have compared and analysed both descriptions of the methods in the two independent manuscripts. The changes to the methods section are as follows:

Page 7

1st paragraph

Line 4

Rewording and truncation of description relating to the main LIMIT Trial.
The research methodology (32) and clinical findings (33) of the LIMIT randomised controlled trial have been published previously. The conduct of the LIMIT randomised trial adhered to CONSORT methodology.(34) Women with a BMI ≥25kg/m², singleton pregnancy, without a diagnosis of diabetes and between 10+0 and 20+0 weeks gestation were recruited between June 2008 and December 2011 from 3 public hospitals across metropolitan Adelaide. The women were randomised to either the ‘Lifestyle Advice Group’, receiving standard antenatal care and diet and lifestyle, or ‘Standard Care Group’ receiving standard antenatal care without additional diet and lifestyle advice. The intervention was delivered by a research dietician and trained research assistants. Further details regarding content of the intervention have been published (33, 35).

Previously:

The research methodology (32) and clinical findings (33) of the LIMIT randomised controlled trial have been published previously. Women were recruited between June 2008 and December 2011 from 3 public hospitals across metropolitan Adelaide. Eligibility criteria included women with a singleton pregnancy between 10+0 and 20+0 weeks gestation and body mass index greater ≥25kg/m² were randomised to either the ‘Lifestyle Advice Group’ or ‘Standard Care Group’. Women with a multiple pregnancy or women diagnosed with Type 1 or Type 2 Diabetes were excluded. Women who were randomised to receive the ‘Lifestyle Advice’ participated in a comprehensive dietary and lifestyle intervention, which included a combination of dietary, exercise and behavioural strategies. The intervention was delivered by a research dietician and trained research assistants. Further details regarding content of the intervention have been published (33, 34).
Now reads:

‘Women included in this analysis were those randomised to the Standard Care Group, who received their pregnancy care as per the local hospital guidelines.’

Previously:

‘Women included in this analysis were those randomised to the Standard Care Group, who received their pregnancy care as per the local hospital guidelines. This care did not include the routine provision of dietary and lifestyle advice, or information relating to gestational weight gain in pregnancy. This care did not include the routine provision of dietary and lifestyle advice, or information relating to gestational weight gain in pregnancy.’

Page 8
Lines 14-19


Now reads:

‘Women were offered a research ultrasound scan at approximately 28 and 36 weeks’ gestation, at which time fetal biometry, wellbeing and body composition measurements were obtained as previously described (37, 38). Estimated date of confinement was verified for all women based on last menstrual period and early ultrasound scan. All measurements were obtained prospectively by medical practitioners with specialist or subspecialist training in obstetric ultrasound whilst blinded to the woman’s research treatment allocation.

Previously:

‘Women were offered a research ultrasound scan at approximately 28 and 36 weeks’ gestation, at which time fetal biometry, wellbeing and body composition measurements were obtained as previously described (37, 38). The estimated date of confinement and gestational age was calculated on the early pregnancy ultrasound and menstrual period dating. Ultrasounds were performed by medical practitioners with specialist or subspecialist training in obstetric ultrasound, while blinded to the participant’s treatment allocation, and all measurements were obtained prospectively.’
Now reads:

'Mid-thigh fat mass (MTFM) and lean mass (MTLM), abdominal fat mass (AFM) and subscapular fat mass (SSFM) were measured using techniques that have been published previously (37, 38)'

Previously:

'Fetal body composition measures included mid-thigh lean mass (MTLM), mid-thigh fat mass (MTFM), abdominal fat mass (AFM), and subscapular fat mass (SSFM) using techniques that have been published previously'.

The following sentence was amended to be factually correct.

Now reads:

‘While the findings of the HAPO study found that a modest increase in maternal glucose levels was associated with an increase in birth weight (58) the HAPO Study included women with a normal BMI.’

Previously:

The following sentence was amended to be factually correct.

‘While the findings of the HAPO study found that a modest increase in maternal glucose levels was associated with an increase in birth weight (58) the HAPO Study did not recruit women with a BMI > 30kg/m2.’
Description of the adiposity measurements has not been reworded as we believe that these specific instructions for obtaining these research measurements should be consistent and unambiguous across manuscripts reporting these outcomes.

5. Please proofread and ensure that when you upload your revised submission that it is in the final form for publication. Please remove any tracked changes, colored text, or highlighting and include only a single clean copy of the manuscript. Should you wish to respond to these revision requests, please include the information in the designated input box only.

The manuscript has been checked and all tracked changes, colored text or highlighting has been removed. We have uploaded a single clean copy of the manuscript as instructed.

General comments

A point-by-point response letter must accompany your revised manuscript. This letter must provide a detailed response to each reviewer/editorial point raised, describing exactly what amendments have been made to the manuscript text and where these can be viewed (e.g. Methods section, line 12, page 5). If you disagree with any comments raised, please provide a detailed rebuttal to help explain and justify your decision.

At this stage, we ask that you submit a clean version of your manuscript and do not include track changes or highlighting.

This has been completed as per the requirements of re-submission.

Please also ensure that your revised manuscript conforms to the journal style, which can be found at the Submission Guidelines on the journal homepage.

The submission guidelines have been reviewed and our manuscript conforms to these guidelines.

Once you have completed and returned the form, your request will be considered and you will be advised whether the requested changes will be allowed. A decision will be made once we have received your revised manuscript, which we expect by 10 Jul 2019.