Author’s response to reviews

Title: A cluster-randomized field trial to reduce cesarean section rates with a multifaceted intervention in Shanghai, China

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Dear Editor,

Thank you and the reviewers for the useful comments. Our responses are as follows:

Reviewer #2 Barry S Schifrin, M.D.:

Comment 1: You are to be complimented for your perseverance in the revision of the manuscript.
Response 1: Thank you very much for your suggestion and patience.

Reviewer #3 Manuel C Vallejo, MD, DMD:

Comment 2: Define the modified Robson Classification System categories in the methods section.
Response 2: Thank you for your suggestion. We have defined the modified Robson classification system categories in the Methods section (Line 233-258, page 10-12): “Five basic obstetric characteristics were used by the modified Robson classification system to categorize all subjects admitted for delivery: parity (nulliparous, multiparous with or without a previous CS), onset of labor (spontaneous labor, induced labor, or CS before labor), gestational age (preterm birth or full term), fetal presentation (cephalic, breech, transverse or oblique lie), and number of fetus (singleton or multiplets). In order not to miss significant information for the success of induction and its contribution to the CS rate, the modified Robson classification divided induced labor and CS before labor into two groups for nulliparous and multiparous women, respectively (Group 2, 3, 5 and 6). On the other hand, the number of women with transverse or oblique fetal lie was small but the CS rates for non-cephalic presentations were very high. Thus, these groups were combined into one (Group 8). Moreover, subjects who lacked at least one of the above five obstetric characteristics were placed in the unknown group (Group 99). After the appropriate expansion and reduction in certain categories, the total number of groups remained at 10, plus the unknown group. Specifically, Group 1 (nulliparous, spontaneous: abbreviated as NS): Nulliparous women with singleton cephalic pregnancy, ≥ 37 weeks in spontaneous labor; Group 2 (nulliparous, induced: NI): Nulliparous women with singleton cephalic pregnancy, ≥ 37 weeks in induced labor; Group 3 (nulliparous, cesarean: NC): Nulliparous women with singleton cephalic pregnancy, ≥ 37 weeks who were delivered by CS before labor; Group 4 (multiparous, spontaneous: MS): Multiparous women without a previous CS, with singleton cephalic pregnancy, ≥ 37 weeks in spontaneous labor; Group 5 (multiparous, induced: MI): Multiparous women without a previous CS, with singleton cephalic pregnancy, ≥ 37 weeks in induced labor; Group 6 (multiparous, cesarean: MC): Multiparous women without a previous CS, with singleton cephalic pregnancy, ≥ 37 weeks who were delivered by CS before labor; Group 7 (previous cesarean: PC): Multiparous women with a previous CS, with singleton cephalic pregnancy, ≥ 37 weeks; Group 8 (breech: BR): All women with a singleton pregnancy with a breech, transverse or oblique lie; Group 9 (twin: TW): All women with multiple pregnancies (twins or higher-order multiples); Group 10 (preterm: PT): All women with a singleton cephalic pregnancy, < 37 weeks [35]).

Comment 3: Consider including surveys as supplementary files.
Response 3: We have included the surveys as Additional file 4 and added relevant information in the manuscript (Line 413-414, page 19). Data were abstracted in the same way for both the baseline survey and evaluation survey, thus, there was only one data extraction form in our study.

Comment 4: How were the surveys validated?

Response 4: A data extraction protocol and a manual of operation were developed prior to data extraction. Research staff were specially trained by senior professional staff. Each person reviewed 5 standard cases and the completed forms were examined by the trainer. Only after the trainer approved the quality of the data extraction could the research staff start the work. The completed data extraction forms were double checked by the data manager for completeness before it was entered into the database, which had a built-in logic check function to confirm the consistency of the related variables and plausible values.

Reviewer #4 Anna Locatelli:

Comment 5: The paper is acceptable in the present form, thank you for the relevant contribution with your work

Response 5: Thank you very much for your suggestion and patience.

Editorial requests:

Comment 6: Could you please provide the number of the Ethics approval, and add it to the manuscript? In addition, we would be grateful if you could provide the approved file of Ethical Committee.

Response 6: We have added the number of the Ethics approval in the methods section (Line 124-125, page 5) and have provided the approved file of Ethical Committee.

We hope that these revisions have met with your requirement. Thank you very much for your time.

Sincerely,
Jun Zhang