Author’s response to reviews

Title: Adolescent deliveries in Rural Cameroon: an 8-year trend, prevalence and adverse maternofoetal outcomes

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Version: 3 Date: 07 Sep 2017

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Response to Editor’s comments

Editor’s comment: In the discussion section you made many considerations about the risk of perineal tears and also some recommendations about performing episiotomies in adolescents. However, there are a strong differences regarding parity on the group of adolescents in comparison with adults. As you know tears are associated with parity and this is a confounding factor that can explain the differences. In sum, my suggestion would be to temper your comments about this association and to delete the recommendation about performing episiotomies.

Authors’ response: Thank you for your pertinent comment. Indeed, increasing parity has been demonstrated to be protective against perineal tears. This has been highlighted under; discussion section, paragraph 2, line 4 – 6 which now reads: “In addition, nulliparity, a condition which is relatively common in adolescent than adult women, has been shown to increase the risk of potentially severe and devastating fourth degree perineal tears by seven folds [15,16]”. Also, in the publications of Fouelifack et al [1], the parity in adults was significantly higher than for their adolescent counterparts. Meaning we expect a lesser likelihood of adults in this study to develop perineal tear compared with adolescent. But the contrary was reported by the authors. A break in this relationship might be associated with the timely episiotomy in the adolescent group as highlighted by the authors.

However, the authors agree with the Editor on taking off the recommendations about performing episiotomies as the evidence to support this is naïve. This recommendation has been deleted accordingly.