Author’s response to reviews

Title: Care plans for women pregnant using assisted reproductive technologies: A Systematic Review

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This is a well-written systematic review of clinical practice guidelines (CPGs). The objective of this study was to "identify the recommended care plans for women becoming pregnant with ART," as outlined in existing CPGs. This is a useful endeavour. Care providers may have to refer to several different documents to receive guidance about the care of women with ART pregnancies. Here, there is an effort to consolidate this information and perform a needs-assessment of future CPGs for the care of this growing population.

The authors attempted to include published and unpublished studies, but included on English and French guidelines. The search strategy seems sound. The authors utilized the AGREE II tool, which is an internationally-accepted instrument used to assess the quality and methodological rigour of CPGs. Their analysis reveals CPGs of generally moderate quality; and outlines common methodological weaknesses, including details about study selection, methods for
formulating recommendations, approach to external review, and description of procedure for updating the guideline.

R/ Thank you for your careful review of our manuscript. Please see below our responses to your valuable comments/suggestions.

The recommendations in this diverse guidelines have been catalogued into five different categories, with supporting references included in Table 4. One suggestion to improve this table is to include information or values referenced within the recommendation. For example, recommendation 24 from Alexander, 2017, states that TSH elevations should be treated as outlined in "section VII." As interested readers may look to this document as a repository guidance for care plan, including the relevant values would be appreciated.

R/ Thank you for noticing this. Most of the recommendations in Table 4 have a reference value when available (see for example ASRM 2015) but we agree with you that Alexander et al. was missing this information. Following your comment, we have added the specific recommendations related to pregnant women in general to the Alexander reference (24). See table 4.

I would recommend a revision to include the following recommendation from the Okun, 2014 guideline in their analysis: "There is a role for closer obstetric surveillance of women who conceive with assisted human reproduction." This is a clinically important recommendation from one of the few guidelines written directly about pregnancies conceived by ART.

R/ Please note that this reference is cited in the surveillance section of the manuscript (Ref 18), page 13. Following your comment, in Table 4, we added recommendation 6 from Okun 2014 "There is a role for closer obstetric surveillance of women who conceive with assisted human reproduction."

As alluded to above, it is equally important that the authors have identified areas of deficiency in CPGs, including whether there is data/expert opinion regarding high-dose folic acid, low-dose ASA specifically in the ART population, or labour and delivery. A greater discussion by the authors about antenatal surveillance is warranted.

R/ Thank you for your comment. We have added this paragraph to the discussion: “Clear indications for directing women pregnant using ART to low- versus high-risk care do not exist. Furthermore, consensus regarding ideal care (including details such as types and timing of
screening tests, medication and supplement dosing and timing of delivery) of these women is lacking in both low-risk and high-risk settings.”