

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Obstetrics and Gynecology

ESPS manuscript NO: 22165

Title: Imperative for improvements and international convergence of intrapartum fetal monitoring: A bird's eye view

Reviewer's code: 00742373

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2015-08-21 11:01

Date reviewed: 2015-09-16 03:01

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The review titled "Need for Reform and International Convergence of Intrapartum Fetal Monitoring: A Bird's Eye View", written by Dr. Shashikant L Sholapurkar reviewed the recent literature on CTG study and raised a very interesting topic-reform and international convergence of intrapartum CTG. Intrapartum fetal monitoring has been widely used in obstetric clinic. It is a standard care during labor and delivery. The standard criteria to evaluate the fetal condition is defined by the National Institute for Health and Care Excellence. This review raised a very interesting topic because intrapartum CTG has been a routine care procedure with extensively studies but without improvement of the fetal/neonatal outcome. In addition, it actually increased the operative delivery rate. The author is intending to encourage a debate on CTG for its perspectives, possible deficiencies, remedies, and future developments. The review analyzed the reasons why there is moderate to low degree of association between different FHR parameters and neonatal acidosis. Suggestion of using one uniform speed of CTG tracing across the globe to reduce heterogeneity in description and interpretation is a good point. Suggestions: * Though the controversy of intrapartum CTG results



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and fetal/neonatal outcomes, the assuring of its clinical use is significant and definitely since its easy practice and clear demonstration of the fetal heart beat. Its advantage is very clear: both the healthcare workers or the pregnant women could easily and clearly hear the fetal heart beat during monitoring and its records are good and important document for review. All these advantages should be point out in the paper. * The author gave references showing no significant relationship between CTG and fetal/neonatal acid status or outcomes. But we also noticed many studies showing the associates between CTG and poor neonatal outcome. The significance should be assured in the review. * The author suggest to reform the evaluation of deceleration especially early deceleration. Page 10: "It would be greatly beneficial to reform the categorization of FHR decelerations in the USA and Europe avoiding the framing /confirmations biases and flaws, as these are essentially incompatible with scientific practice." It will be big argument about the "incompatible with scientific practice". It is clearly described in literature what early, delay, rapid, or variable deceleration meanings to clinical conditions. Sometimes negative relationship is a kind of scientific relationship. No further aggressive action in clinic is also based on scientific evidence. It is also a kind of scientific practice. Reviewer would strongly suggest to change a way to express. Furthermore, this review described the literature on deceleration of early, variable, rapid deceleration with no relationship of outcome. It is suggested to explain why there is such a relationship. This should include the pulse wave reflection. Study the artery pressure change and its relationship with heart rate will explain how and why these kinds of deceleration happen. * Title: suggest to use "improve" to replace "reform".



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<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

I have reappraised the revised form of the manuscript “Imperative for Reform and International Convergence of Intrapartum Fetal Monitoring: A Bird's Eye View”, ESPS Manuscript NO: 21116. The manuscript has been substantially changed and has improved quite a lot. I think it is now clear that it is an opinion paper rather than a review one. The manuscript also provides now a much wider and more profound analysis of the most important issues related with intrapartum fetal monitoring. I have now no objections regarding its acceptance for publication. However, I must confess that I still feel strange that one of the research groups that has published more extensively on cardiocography (CTG)/maternal and fetal heart rate monitoring has not been referenced at all, namely because they have been publishing for more than 20 years, in journals with high impact factor indexes, covering all aspects of the maternal and fetal heart rate monitoring, from basic physiopathology and statistical research methods science to the development of systems used in current clinical practice, also including research on maternal and fetal heart rate signals acquisition and processing (alone or in combination), development and validation of old and new systems for CTG analysis and



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interpretation, development and evaluation of international consensus and guidelines, randomized controlled trials, combined analysis of CTG and STAN, computer analysis of CTGs, medico-legal and educational issues. I did not feel comfortable with the review of the initial appraisal of the manuscript and I still do not feel comfortable with the revised form (that I recognize as much better than the initial one!). I must recognize that this is surely all about the potential conflicts of interest that I have declared in my initial appraisal of the manuscript: "The reviewer has been involved in FHR monitoring research for more than 20 years, has published more than 50 papers with impact factor and is co-author of a system for computer analysis of FHR tracings", to which I would like to add that "the reviewer does not receive any financial compensation, from the commercialization of the computerized system for FHR analysis, which is all converted into research applications."



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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a good manuscript about fetal monitor could be acceptable but several spelling error need to be corrected. 1. Abstract :Intrapartum fetal monitoring has been "critcized" for the lack of evidence: should be "criticized" 2. Intermittent auscultation (IA): in page 10 For example, in Netherlands where all home births receive "AI" only,; Should be "IA" 3. in the whole manuscript : "doppler" should be "Doppler"



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<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
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		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The manuscript: Imperative for Reform and International Convergence of Intrapartum Fetal Monitoring: A Bird's Eye View, by Mr Shashikant L Sholapurkar is a review of the evolvement and current use, advantages and disadvantages of the use of fetal heart rate tracing during labor. As stated in the title it is a Bird's Eye view and as such it is well written and gives an excellent review of the topic. I have very few comments though: 1. To the best of my knowledge continuous intra-partaum fetal heart rate tracing has reduced intrapartum death and this is not mentioned in the review. 2. The use of terms FHR,CTG and EFM is used interchangeable without a clear definition of either one, hence might cause confusion to the reader, I would suggest defining those in the introduction. 3. In the section : Common pitfalls in intrapartum fetal monitoring: paragraph 2 - the author mentions briefly several human factors that may affect interpretation of FHR and actions that need to be taken, though I completely agree with the author- these need to have references.