

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Obstetrics and Gynecology

ESPS manuscript NO: 22165

Title: Need for Reform and International Convergence of Intrapartum Fetal Monitoring: A Bird's Eye View

Reviewer's code: 03275163

Reviewer's country: 0

Science editor: Fang-Fang Ji

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

Date reviewed: 2015-08-22 22:41

| CLASSIFICATION | LANGUAGE EVALUATION | SCIENTIFIC MISCONDUCT | CONCLUSION |
|---|--|--|--|
| <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"/> Duplicate publication | |
| <input checked="" 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 type="checkbox"/> No | <input 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 type="checkbox"/> 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 cardiotocography (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

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."

AUTHOR'S RESPONSE

The author is very appreciative of the suggestions made by the reviewer which have already led to improvements and clarifications to the manuscript. This clinical review (not a systematic review) of 4000 words cannot be entirely comprehensive and expert reviewers who may have niche interest areas are likely to find deficiencies relating to those areas even if outside the intended scope of this focused review. The reviewer had previously referred to omission of work done by FIGO committees. The author had previously added reference No 11 on this. The work by FIGO has influenced the National Professional Organizations like NICE and ACOG. However, the latter guide and prescribe the practice of Obstetricians, hence more stress is given on the publications these national bodies. The author has further added references Nos. 14 and 15, repeated through the text, to direct the readers to the recent consensus documents by FIGO.

The reviewer has highlighted the importance of work and publications by expert groups over the years, but intrapartum fetal monitoring remains of a very debatable value. There are several reviews published describing the expert group thinking. The purpose of this review is not to repeat the prevalent views but debate controversies. Open access journals like the WJOG would be valuable in facilitating wider access to scientific publication in addition to the established journals of high impact factors.

The author appreciates that this clinical review has controversial grey areas which does generate a debate which can be uncomfortable. A few more modifications have been made in response to comments by other reviewers which may ease some of the debate. Of course the readers understand that there (or this) isn't the final/ definitive word on this subject.

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Name of journal: World Journal of Obstetrics and Gynecology

ESPS manuscript NO: 22165

Title: Need for Reform and International Convergence of Intrapartum Fetal Monitoring: A Bird's Eye View

Reviewer's code: 01209887

Reviewer's country: Afghanistan

Science editor: Fang-Fang Ji

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

Date reviewed: 2015-09-16 08:59

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| | | <input type="checkbox"/> 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"

AUTHOR'S RESPONSE

The author is thankful for pointing out spelling errors which have all been corrected in the new version of manuscript. The author is very appreciative of the favorable comment about the scientific content of the manuscript and the understanding that it



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covers a very controversial subject with many grey areas.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Obstetrics and Gynecology

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Title: Need for Reform 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

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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

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".

AUTHOR'S RESPONSE

The author appreciates the good suggestions and the favorable opinion of the reviewer.

Advantages of CTG:

The reported survey of Obstetric and midwifery staff in the manuscript suggests perceived inherent advantages of CTG. The following statement has been added on page 7 in response to reviewer's comment. "CTG generates an explicit confirmation and documentation of FHR which can be reassuring to patients and health workers, but has a potential to provoke anxiety as well".

Reviewer: But we also noticed many studies showing the association between CTG and poor neonatal outcome.

Author: This is correct. On page 6, the author has added a sentence, "Although there are studies showing good correlation between CTG and neonatal acidemia, the overall quality of available evidence of reliability of CTG can be summarized". The manuscript always alludes to "overall evidence". Unfortunately because of space constraint it is not possible to mention many individual studies in favor or against CTG.

Reviewer: It will be big argument about the “incompatible with scientific practice”.

Author: The author appreciates the sensitivity in this respect. Hence on page 9, the following change has been made in response to the reviewer's comments.

".....correcting the framing /confirmations biases and flaws – the compatibility of which with scientific practice can be debated."

Reviewer: Study of the artery pressure change and its relationship with heart

Author: The reviewer is probably referring to animal experiments. The author has made some additions although details of animal experiments are somewhat out of the scope of this review although has been addressed to some extent in authors previous publications. The author has made some additions.

Reviewer: Title - suggest to use “improve” to replace “reform”.

Author: Thanks for this suggestion. The title has been modified replacing "reform" by "improvement".

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AUTHOR'S RESPONSE

This is duplication of the previous reviewer's comments above in error. Hence the comments have already been addressed above.