

Review of: "Delayed vs Early Umbilical Cord Clamping in 100 Preterm Infants: an RCT from Bhavnagar, Gujarat"

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Potential competing interests: No potential competing interests to declare.

1. The English language needs plenty of corrections. It will be good to get a Professional to do this. I have given many examples of these below.
2. The study concept is good and of interest in our country.

Specific Comments

1. How was the sample size of 100 preterms calculated? What was the main outcome measure used? In this study only preterm birth numbers were used for sample size calculation??? If one had taken RDS or IVH incidence and calculated it would have had Power. Now at the end of the study only 30 or so study patients could be followed up and only 1 IVH.

"hemoglobin, iron stores- As our main outcome for the study, and also the base for the sample size estimation, hemoglobin level at 4-month was chosen" This was not the basis for sample size calculation in this study!

2. The Methods section of the Abstract is very sketchy, it should include what details were collected, who collected the samples and who supervised {to confirm whether protocols were followed} and the statistical methods applied, how long were babies followed up etc.

3. There are 2 objectives to this study 1. To assess safety, feasibility.....2. To compare DCC with ECC. Kindly make it clear. Which is the control group? ECC?

4. Make corrections to the English language wherever necessary. For ex. "before completed 37 weeks' gestation" should be written as "before completion of 37 weeks of gestation" or just say "preterm birth" and add the definition of preterm birth.

5. "which women in labor with 100 singleton pregnancies before completed 37 weeks gestation" should be rewritten as "in which 100 women in preterm labour"

6. "There were no significant difference" should be "differences"

7. "The requirement of blood transfusion is reduced with delayed cord clamping upto the first four month of age significantly wi" should be written as "The requirement of blood transfusion is reduced significantly with DCC...."

General Comments

8. The conclusion should be rewritten with proper grammar.
9. It will be good to state how many of each morbidity was avoided {like numbers needed to treat} by DCC rather than just generally stating that the morbidities were not significant because for the mother who has to take a decision the risk needs to be stated against the benefits.
10. "Advantages of delaying clamping of the umbilical cord and subsequent increase in placental transfusion include higher haematocrit levels, higher red blood cell flow, lower risk of intra-ventricular haemorrhage, less respiratory distress, less need for blood transfusion and less requirement for respiratory support, lower risk of Necrotizing Enterocolitis, lower risk of late-onset sepsis." All the statements in this above para are not true. IVH is increased with DCC.

It should also be categorically stated that all this is true in term infants and could be extrapolated to preterm infants. {some of these have been proven in preterm infants as well}
11. "no other benefit of DCC is that along with hemoglobin the Oxygen is also received by the baby and so asphyxia is prevented or minimized" Give references.
12. is there a secondary objective which is not stated? This objective differs from that given in the Abstract. Kindly synchronise the objectives. It confuses the reader! Where is the comparison objective????
13. Make the Consort diagram acceptable.
14. How was preterm birth confirmed? Early ultrasound scan corroborative evidence?
15. Telling the study patient not to reveal randomization code cannot be considered professional/ blinding and should not be mentioned. It is not a blinded study so no need to include blinding para. Am not sure which is the control group as well, in this study.
16. "All neonatal diagnoses were reported in the study protocol. " What does this mean?
17. Was there no informed consent taken and when was information about the study given to patient?
18. Table 1: what is 1 minute Apgar score given as 47 and 45%??????
19. What does X2 in Table 2 stand for?
20. Discussion needs to be rewritten. Only compare the present study with other studies for the various parameters of your results and stress on your objectives in relation to other studies.

