Review of: "The ability of continuous-wave Doppler ultrasound to detect fetal growth restriction"

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The issue of the paper is an important topic in Obstetrics. IUGR and doppler study have been studied with new approaches in the last years. Try to achieve better diagnostic and prognostic tests with acceptable PPV and NPV is necessary.

The article is very weak and with many absent topics, and especially is not related to nowadays medical practice.

- umbilical artery doppler is tested by PI according to the literature. RI is more related to gynecologic findings.
- it is impossible to think about IUGR and doppler today without others measurements (how about MCA?). How about the difference between early and severe IUGR? Late IUGR is related to alteration in the CPR relation with a normal UA flow many times.
- It is impossible to consider UA flow as screening ! The only screening is uterine arteries flow.
- It is important to improve the fetal growth estimation during the third trimester. All the changes in the management to better decisions are related to pregnancy, and not to the post natal period. Besides, it is important to clarify the difference between SGA and IUGR.
- how about the measurement of AC? Nowadays one of the diagnostic criteria for SGA is AC < percentil 5.
- the cut off for UA measures is well established

I did not recommend the paper for publication. It is necessary to reformulate all the purpose. I can understand that is related to poor countries with high morbimortality, but still is important to create better guidelines for medical practice.