Author's response to reviews

Title: Risk Factors Associated with Preterm Birth among Singletons following Assisted Reproductive Technology in Australia 2007-2009 -- A Population-based Retrospective Study

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Author's response to reviews: see over
Dear Editor,

Thank you for your consideration. Below is our response to further comments.

1. Remove "national from title and text" and revise the limitations to acknowledge this important point made by Reviewer #4: Frances Gibson, Comment #2.5
"Importantly, the missing jurisdictions from the ?national? sample are the states of New South Wales, South Australia and the Northern Territory, and they account for more than half of the births nationwide. Each of these jurisdictions has a quite unique socio-demographic and economic context (and possibly health status) that could influence risk factors for preterm birth in both non-ART and ART mothers, as well as the uptake of ART conception itself (e.g. variability in cultural diversity, urban and remote indigenous populations, economic growth and possibly access to/availability of ART). The potential differences and similarities between the sample studied (non-ART and ART births) and the national population of births requires addressing, particularly given the word ?National? in the title of the paper."

Accepted.
The word ‘National’ has been removed from the title. The phrase ‘national population study’ has also been removed from the article.
The following text has been added into the discussion: ‘Therefore the results can be generalised to the nation with the unique socio-demographic and economic context of each State and Territory taken into consideration, especially in Northern Territory that has the highest percentage of Indigenous women who give birth and second highest smoking rate [24-26]’.

2. Include in the limitations the explanation for why caesarean section (planned/emergency) was not considered as a factor associated with preterm birth or at least mean gestational age, when examining differences between ART and non-ART births.

Accepted.
The following paragraph has been added into the discussion about limitation.
Although caesarean section is an obstetric precursor for preterm birth [17], this association was not investigated in this study. A caesarean section could result from emergency or various clinical complications, however in the data collection it was not possible to identify if an elective caesarean section was indeed planned or not and its indications. Future studies could examine this link.

3. Throughout the revised manuscript, the font size changes because the authors have
cut and pasted into the manuscript. This looks unprofessional.

Accepted, modified accordingly.

4. The authors response: "The factors will be studied in future research" does not seem like an adequate response to the Reviewer's comment that "While an underlying factor associated with infertility is proposed as the mechanism leading to a higher incidence of prematurity in singleton ART-births, obstetric management might also be associated (at least lower mean gestational age)."

We gave further consideration to the reviewer's comments. The lower mean gestational age is due to a higher incidence of preterm births in ART singleton births. It is not likely due to a limited access to obstetric care, as these women were more likely had private insurance, but more likely due to their higher incidence of pregnancy complications that were associated with preterm births.