Reviewer's report

Title: Neonatal and Maternal Outcomes following Mid-Trimester Preterm Premature Rupture of the Membranes: A Retrospective Cohort Study

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Reviewer: Zoltan Kozinszky

Reviewer's report:

The authors present a retrospective cohort study on pregnancy and delivery outcome after mid-trimester preterm prelabour rupture of the membranes with expectant management. The topic is important and a very scarcely studied field as the authors states in the ‘Background’ particularly in the recent literature. The current study focuses only the mid-trimester pregnancy which is extremely dilemmatic. Authors provide a very detailed description of the maternal and neonatal outcome of this high-risk pregnancy. Hence, I recommend the MS for publication after minor review. I have only some minor remarks that should be corrected before publication.

The authors should describe in a more detailed way why they excluded those cases where delivery occurred within 24 hours of pPROM. How many cases were excluded from the analysis?

lines 44, 129, and 137: Abbreviations IV and IM

line 68: abbreviation PLDP is not necessary to introduce

line 110: abbreviation BMI was not explained.

line 111: PT20210 is not explained fully

It is important to present the intrauterine infection/chorioamnionitis rate and pregnancy loss rate related to mid-trimester PPROM presented in the literature in the ‘Background section’.

In the ‘Results’ section: the authors does not present the amniotic fluid index at PPROM for the 44 cases, which is a soft prognosticator of the survival rate. It is surprising for me that the authors begin to administer corticosteroid not from the 23+0 weeks of gestation but from the 24+0 weeks of gestation. As authors state two infants delivered at 23+ weeks.

In addition, I am not a native English speaker but it is weird to read ‘mid trimester’ (between lines 83 and 87) in two words. In the literature one could read as midtrimester or mid-trimester. Sentence in the line 190 is confused and not correct.

It is a little bit pity that the authors do not present the whether there is a strong correlation between the latency period and gestational age at PPROM.

The authors do not mention in the ‘Discussion section’ the amniopatch (and/or amniinfusion) as one of the effective treatment option in non-infectious
mid-trimester PPROM.
line 217: the expectant management is a safe practice with careful monitoring, but unluckily does not improve a neonatal survival rate exponentially. The authors should emphasize this issue as well.

References:
The morphology of the citation list is not correct:
Lines 312, 332 and 341: the months are provided, whereas the months are not provided for 8 references.
Brackets, numbers and spaces are also not correct for some references.

1. Is the question posed original, important and well defined?
The research question is very important from clinical point of view.
2. Are the data sound and well controlled?
The data are well controlled.
3. Is the interpretation (discussion and conclusion) well balanced and supported by the data?
The discussion and the conclusion is well balanced and adequate.
4. Are the methods appropriate and well described, and are sufficient details provided to allow others to evaluate and/or replicate the work?
This is a descriptive study and all the details are sufficiently provided.
5. What are the strengths and weaknesses of the methods?
There are not weaknesses in the presentation of the results.
6. Can the writing, organization, tables and figures be improved?
The writing, organization and tables are excellent.