Author reply: No immediate increase in morbidity of infants delivered by term cesarean section for placenta previa: some concerns

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Received: 1 March 2016 / Accepted: 2 March 2016 / Published online: 25 March 2016
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We appreciate Dr. Matsubara and his co-authors' interest in our study [1]. Indeed, neonatal anemia is a concern in placenta previa newborns and may be influenced by the surgical technique used [2, 3]. Our study was not designed to assess neonatal anemia, which may or may not have been more prevalent in the placenta previa cases. Nevertheless, Apgar scores and perinatal mortality were comparable, suggesting that this was probably not a significant feature. Our point was mainly to direct attention to gestational age at delivery in these cases, as the major determinant of neonatal outcome rather than the placenta previa per se.

On the other hand, there is no doubt with regard to increased maternal hemorrhagic morbidity surrounding placenta previa pregnancies, during the pregnancy course and, dramatically so, during the cesarean delivery itself [4, 5]. We could not agree more with regard to the need of a specialized and experienced obstetrical team to insure maximal maternal safety. Although not necessarily always justified, it is routine in our hospital, as in many others, to have a midwife and a neonatologist present in all cesarean deliveries; thus, we did not focus our attention on this issue. However, the question raised by Dr. Matsubara et al. is indeed important, as we acknowledge the fact that the presence of a neonatologist is not a uniform protocol. We

feel that our study provides some reassuring data to the management of term placenta previa newborns and should stimulate further studies and reassessment of management protocols.

Compliance with ethical standards

conflict of interest The authors report no conflict of interest.

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