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OPEN PEER REVIEW

Infantile Prognosis of Neonates Conceived by Assisted Reproductive Technology: A Prospective Study

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

1 comment · 30 Oct 2022

Associate Editor

MAJOR REVISION 30 Oct 2022

Dear Author
Mothers older than 40 and younger than 20 are confounding factors, so you have to limit the age of mothers.
ART has different techniques; it is better to separate their complications.
You have to compare the complications of each GA in the ATR group with the same GA in the NC group.

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Professor Ziaee
Handling Editor of Iranian Journal of Pediatrics
We appreciate you and the reviewers for your precious time in reviewing our paper and providing valuable comments. It was your valuable and insightful comments that led to improvements in the current version. The authors have carefully considered the comments and tried our best to address every one of them. We hope the manuscript after careful revisions meet your high standards. Below you will find the point-by-point responses. All modifications in the manuscript have been highlighted in yellowish color.

Reviwers' comments	Response to reviwers
Reviwers 1	
In the group of neonates born following artificial pregnancy, the rate of prematurity was higher than in the control group. Given that many complications of prematurity are also more frequent in the group of preterm neonates than in the population of term neonates, how has the researcher attributed the increase in the reported complications, all of which are a direct reflection of prematurity, to artificial delivery? It seems that the increase in the other outcomes is due to the direct effect of prematurity rather than artificial pregnancy. To control for the direct effect of the method of pregnancy, all confounding variables, including gestational age, maternal comorbidities, the reason for neonatal admission, etc., should be similar and controlled in both groups so that the difference obtained .can be attributed to the method of pregnancy	Given that the observed complications are a reflection of prematurity, the analysis was performed again taking GA into account. The results can be .seen in Table 3
.The English text needs to be edited again	Native English language editing was done by native English speaker. Now I hope our manuscript have achieved enough scientific merit for publication.
The references are old, and of the 29 references only 3 references are .from the last 3 years	References were revised and we added some latest article.
Reviwers 2	
Mothers older than 40 and younger than 20 are confounding factor that you have to limit the age of mothers	Mean age of mother is reoported in Table 1. So mean age in ART and NC groups were 31.8±5.9 and 30.8±5.5 respectively.
ART has different techniques it is better to separate their complicatins	Complications were reported in subdivided techniques (IVF/ IUI). This reported at the main text of manuscript.
You have to compare the complications of each GA in ATR group with the same GA in NC group	Complications were reported base on GA categorization.

2 Revision 1

0 comments

No public comments in this round.

3

Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Reply to reviewer

It is estimated that more than 7 million children have been born by ART worldwide (representing 4% of all births). However, consistent evidence from epidemiological studies suggests that singletons born from ART have a higher risk of congenital malformations when compared with singletons conceived naturally. Still, most of these findings were established using data obtained at birth or in the neonatal period and from relatively small populations or from different sample sources (population versus ART clinic-based sample, which can lead to substantial heterogeneity).

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2- Pandey S, Shetty A, Hamilton M, Bhattacharya S, Maheshwari A. Obstetric and perinatal outcomes in singleton pregnancies resulting from IVF/ICSI: a systematic review and meta-analysis. Hum Reprod Update 2012;18:485–503.
3- Sagot P, Bechoua S, Ferdynus C, Facy A, Flamm X, Gouyon JB, Jimenez C. Similarly increased congenital anomaly rates after intrauterine insemination and IVF technologies: a retrospective cohort study. Hum Reprod 2012;27:902–909.
4- Qin J, Sheng X, Wang H, Liang D, Tan H, Xia J. Assisted reproductive technology and risk of congenital malformations: a metaanalysis based on cohort studies. Arch Gynecol Obstet 2015;292: 777–798.
5- Heisey AS, Bell EM, Herdt-Losavio ML, Druschel C. Surveillance of congenital malformations in infants conceived through assisted reproductive technology or other fertility treatments. Birth Defects Res A Clin Mol Teratol 2015;103:119–126

Therefore, this controversy shows, significant correlation between ART and birth anomalies isn't a scientifically and clinical confirmed fact. In our study anomaly were only seen in one case of ART group and there isn't any significant correlation between two groups. We believe data gathering process was designed correctly.

3 Revision 2

1 comment · 20 Jan 2023

Associate Editor

ACCEPT 20 Jan 2023

Accept