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OPEN PEER REVIEW

# Different Placental Transfusion Strategies and Their Effects on Short - Term Hematological Parameters in Term Infants

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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.

More about open peer review: brieflands.com/knowledgebase/opr

## Contents

1 **Original submission** Referee 1 ..... 2
2 **Revision 1** Referee 1, Associate Editor ..... 3
**Authors' reply to reviewers** ..... 4
**Reviewer and editor comments** ..... 5

## 1 Original submission

1 comment · 20 Dec 2022

**Referee 1** Reviewer

MAJOR REVISION 20 Dec 2022

Thank you for submitting your study to this journal.
- Please explain your umbilical cord management strategies and describe your study design. It is not enough. It seems that your study was an RCT. How did you randomly assign participants to four groups?

- When did you check bilirubin and CBC to diagnose polycythemia and determine the need for phototherapy?

2

# 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.

29.12.2022

Dear Editor,

We thank to reviewers for their excellent suggestions for improving the manuscript. We revised our manuscript according to the recommendations of reviewer and Associate Editor and provide a point by point author response as below;

**Responses to Reviewer**

1. Please explain about your umbilical cord management strategies and describe about your study design .It is not enough. It seems that your study was RCT. How did you randomly assign participants into four groups?

As our unit protocol immediate umbilical cord clamping is abandoned since 2018. Deferred cord clamping for 60 seconds or umbilical cord milking for 4 times are the preferred umbilical cord clamping strategies in our unit. We did not randomly assign the infants, instead we just observed the data of infants who had been assessed in terms of bilirubin levels and complete blood count at birth and 24$^{th}$ hours of life. Their umbilical cord management strategy and laboratory findings were recorded and compared. All these were detailed in materials and methods section.

2. What time did you check bilirubin and CBC for diagnose of polycythemia and need for phototherapy?

We included the infants who were assessed for CBC at birth and 24$^{th}$ hours of life and for bilirubin levels at 24$^{th}$ hour prior to discharge. Polycythemia was defined as hematocrit values above 65% at birth and need for phototherapy was assessed according to Bhutani Nomogram. All of these were added to materials and methods section.

**Response to Associate Editor**

1. When you sampled for hyperbilirubinema?
You didnt determine was hyperbilirubunemia due to lysis or due to increased HB?

Infants included to study were the infants who were assessed for bilirubin levels at 24$^{th}$ hours of life. Infants with ABO / Rh incompatibility were excluded, so hyperbilirubinemia due to hemolysis were excluded. We aimed to determine if the cord clamping strategy was associated to polycythemia and hyperbilirubinemia. This was also detailed in methods section.

We hope that we could answered reviewers' suggestions adequately and look forward to your comments
Best regards

## 2 Revision 1

2 comments · 4 Feb 2023 – 4 Feb 2023

### Referee 1 Reviewer

ACCEPT 4 Feb 2023

Thank you for making the changes based on the reviewer's comments.
Your article is accepted for publication.

### Associate Editor

ACCEPT 4 Feb 2023

Dear Author,
I am pleased to announce that your manuscript is accepted.