



Correspondence

The birth weight of vaginal birth after cesarean section



Dear Editor:

I read the article by Li et al [1] with interest. However, I noticed that the data shown cannot fully support the conclusion of “the body weight of the baby has been shown to be a factor that can influence the success rate”. I suggest it would be better to say “the body weight of the baby is a factor that can probably influence the success rate”.

First, in Table 1 of the article [1], gestational weeks at the delivery of failure and success groups were 38.7 weeks and 38.2 weeks, respectively; the birth weights of failure and success groups were 3379.55 g and 3068.57 g, respectively, and $p < 0.01$. The birth weight of either group reflects the gestational week most likely, and all data are considered and represented normal physiologically. Although the different birth weights of both groups are statistically significant, but clinically not important at all. Therefore, it can not be directly translated to the conclusion.

Second, the single birth weights of newborn infants at 38 weeks' and 39 weeks' gestation were 3263 g (50 percentile) and 3400 g (50 percentile), respectively, in the USA, in 1991 [2]; in contrast, international standards for birth weights of newborn male infants at 38 weeks' and 39 weeks' gestation are 3070 g (50 percentile) and 3240 g (50 percentile), respectively, and those for newborn female infants at 38 weeks' and 39 weeks' gestation are 2970 g (50 percentile) and 3130 g (50 percentile), respectively [3]. Therefore, birth weight statistical calculation and comparison with mean \pm standard deviation or error by the authors is probably inappropriate. I would be interested to know if the sex difference influences birth weight as a confounding factor in the article and be discussed by the authors.

Third, I would be glad to see if the authors could report and compare the number of so-call macrosomia no matter what definition under birth weight greater than 4000 g or 4500 g [4]. When we

talk about “the body weight of the baby”, this is quite important to include macrosomia data because it is a factor influencing the pre-natal decision in planning vaginal birth after cesarean. And this will probably make and lead to be convinced, and reach authors' conclusion of success rate of trial of labor after cesarean.

Conflicts of interest

The author has no conflicts of interest relevant to this article.

References

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