November 11th-, 2020

Michael Marsh
Editor-in-Chief
BJOG

Dear Editor:

I wish to submit an original article for publication in *BJOG*, titled “Delayed umbilical cord clamping effects on caesarean delivery neonates under general anaesthesia: A prospective cohort study.” The paper was coauthored by Qian Hu, Han Rui Zhong, Peng Bai, Xue Xiao, Teng He, and Bin Zhou.

In this study, we assessed neonatal outcomes following delayed umbilical cord clamping (DCC) after caesarean section under general anesthesia. Our study population included neonates born by caesarean delivery under general anesthesia after 35 gestational weeks. They were divided according to whether they received early cord clamping (ECC) (Group A; n = 29) or DCC (Group B; n = 21). We compared umbilical arterial blood gas analysis indicators, Apgar scores, resuscitation procedure incidence, peak bilirubin, and neonatal morbidity in the two groups within five periods: Period 1 = anesthetic induction, Period 2 = skin incision, Period 3 = myometrium incision, Period 4 = delivery of the newborn, and Period 5 = cord clamping.

We believe that our study makes a significant contribution to the literature because firstly, we found that there were no significant differences in umbilical arterial blood gas analysis indicators, Apgar scores, resuscitation procedure incidence, peak bilirubin, or neonatal morbidity between the two groups. In terms of the different periods, the 1-minute Apgar scores were negatively correlated with the cord clamping time. The peak bilirubin level was correlated with Periods 2, 3, and 5. The peak bilirubin value was 9.712+0.006*Period 2+0.006*Period 3-0.026*Period 5 (R^2=0.313).

Further, we believe that this paper will be of interest to the readership of your journal because in caesarean section under general anesthesia, DCC may partially prolong the duration of neonatal exposure to general anesthesia drugs. However, our results also suggest that DCC is a safe and feasible technique for clinical application.

I affirm that our manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted and that any discrepancies from the study as planned has been explained.

This manuscript has not been published or presented elsewhere in part or in entirety and is not under consideration by another journal. Informed consent was provided by the parent of each participant, and the study design was approved by the appropriate ethics review board. We have read and understood your journal’s policies, and we believe that

neither the manuscript nor the study violates any of these. There are no conflicts of interest to declare.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,

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