European Journal of Obstetrics & Gynecology and Reproductive Biology 239 (2019) 67–68

Contents lists available at ScienceDirect

European Journal of Obstetrics & Gynecology and Reproductive Biology

journal homepage: www.elsevier.com/locate/ejogrb

Letters to the Editor – Brief Communications

Reply to: Introduction of a dedicated team increases the success rate of external cephalic version: A prospective cohort study

Dear editor,

We have read with great interest the article by Thissen et al. [1]. The authors address the important issue of external cephalic version (ECV) addressed from a prospective point of view with evaluation of a dedicated ECV team, revealing a significant increase in the success rate of ECV after the introduction of such tea,. The report is indeed enlightening. Yet, we would like to emphasize some issues which require further clarification.

First, the author state that only two studies have focused on the effect ECV performance by a small group of practitioners. By this, the authors neglect a large study evaluating a single operator experience of 6 years addressing modifiable predictors of ECV success [2,3].

Second, the author state that it is the largest study on this topic to date, with a long-term follow-up. It is worth mentioning the largest study by Melo et al. reporting 18 years of experience with over 2600 ECV attempts [4].

Bothering indeed, is the current study finding that tocolysis was a contributing factor to a lower success rate of ECV. The authors try to ease this finding by relating to the relatively high rate of multiparous women at this group. This in fact, is against all studies reporting the influence of Betastimulants tocolysis on ECV success rates [5]. The authors hypothesis should be again reevaluated as a logistic regression including parity was performed, reaching this conclusion.

This interesting topic of ECV warrants special attention with further delineation of modifiable factors that might increase ECV success rate. We encourage future studies in order to better characterize factors associated with ECV success rate as well as prospective randomized trials

Disclosure of interests

none

Contribution to authorship

All authors participated and contributed to data collecting, literature review and editing the report.

Details of ethics approval

N/A

Funding

None

Acknowledgement

none

References

[1] Thissen D, Swinkels P, Dullemond RC, van der Steeg JW. Introduction of a dedicated team increases the success rate of external cephalic version: a prospective cohort study. Eur J Obstet Gynecol Reprod Biol 2019, doi:http://dx.doi.org/10.1016/j.ejogrb.2019.04.002.

[2] Levin G, Rottenstreich A, Weill Y, Pollack RN. External cephalic version at term: A 6-year single-operator experience. Birth 2019;00:1–7, doi:http://dx.doi.org/10.1111/birt.12429.

[3] Levin G, Rottenstreich A, Weill Y, Pollack RN. The role of bladder volume in the success of external cephalic version. Eur J Obstet Gynecol Reprod Biol 2018;230 (November):178–81.

[4] Melo P, Georgiou EX, Hedditch A, Ellaway P, Impey L. External cephalic version at term: a cohort study of 18 years' experience. BJOG. 2019;126(4):493–9, doi:http://dx.doi.org/10.1111/1471-0528.15475.

[5] American College of Obstetricians and Gynecologists. External cephalic version. ACOG practice bulletin Number 161. Obstet Gynecol 2016;127(Febuary (2))e54–61 DOI: 10.1097/AOG.0000000000001312.

Gabriel Levin*
Amihai Rottenstreich
Department of Obstetrics and Gynecology, Hadassah University Medical Center, Jerusalem, Israel

* Corresponding author at: Department of Obstetrics and Gynecology, Hadassah University Medical Center, PO Box 12000, Jerusalem, 91120, Israel.
E-mail addresses: leving@hadassah.org.il,Levin.gaby@gmail.com (G. Levin).

Received 4 April 2019

http://dx.doi.org/10.1016/j.ejogrb.2019.04.017

Enoxaparin (or plus aspirin) for the prevention of recurrent miscarriage: a meta-analysis of randomized controlled studies

Sir,

The meta-analysis published by Lin et al. entitled 'Enoxaparin (or plus aspirin) for the prevention of recurrent miscarriage: a meta-analysis of randomized controlled studies' [1] in the December 2018 issue raises a number of points which require further consideration.

The authors identified three randomized controlled trials (RCTs) which were said to be of high quality and included in the meta-analysis. The pooled analysis, however, was based on two trials. The results of the third trial [2] were excluded. The explanation stated, 'Among the three RCTs, two studies have reported live births' [1]. However, the study by Clark et al. [2]

quotes the pregnancy loss rates in all three trimesters, allowing one to deduce the livebirth rate as 107 live births out of 143 pregnancies in the group randomized to enoxaparin and low-dose aspirin, compared with 111 live births in 40 pregnancies in the control group.

Additionally, the study by Yuskel et al. [3] is described by Lin et al [2] as an RCT. However, the original manuscript claims that it is a prospective observational study.

The study question was about enoxaparin specifically; therefore, trials of other low-molecular-weight heparin regimens were excluded. If, however, other low-molecular-weight heparins were included in the meta-analysis, there are two additional high-quality RCTs which could have been included. Schleussner et al. [4] undertook a multicentre RCT which assigned women with unexplained recurrent pregnancy loss to receive 5000 IU of deltaperin–sodium or multivitamin pills in a 1:1 ratio. There was no difference in the livebirth rate. The ALIFE study by Kaandorp et al. [5] reported on 92 patients randomized to receive nandaparin and aspirin compared with 81 women randomized to the placebo group. Again, there was no difference in the number of live births. In our opinion, evaluation using the Jalal scale shows that both of these studies are of high quality.

Obstetricians have long been troubled with the issue of detecting an adequate preventive treatment regimen for women with unexplained recurrent pregnancy loss. Anticoagulants, such as low-molecular-weight heparins, have become widely used to positively influence the outcome of subsequent pregnancies. However, as Lin et al. [1] and the other authors mentioned above have shown, there is presently little or no evidence supporting the empirical use of anticoagulants.

References

[1] Lin T, Chen Y, Cheng X, Li N, Sheng X. Enoxaparin (or plus aspirin) for the prevention of recurrent miscarriage: a meta-analysis of randomized controlled studies. Eur J Obstet Gynecol Reprod Biol 2018;234:53–7.
[2] Clark P, Walker ID, Langhorne P, Crichtone L, Thomas A, Greaves M, et al. SPIN (Scottish Pregnancy Intervention) study: a multicenter, randomized controlled trial of low-molecular-weight heparin and low-dose aspirin in women with recurrent miscarriage. Blood 2010;115:4162–7.
[3] Yuksel H, Kayatas S, Boza AT, Api M, Ertekin AA, Cam C. Low molecular weight heparin in unexplained recurrent miscarriage. Pak J Med Sci 2014;30:1232–7.
[4] Schleussner E, Kamin G, Seliger G, Rogenhofer N, Ebner S, Toth B, et al. Low-molecular-weight heparin for women with unexplained recurrent pregnancy loss a multicenter trial with a minimization randomization scheme. Ann Intern Med 2015;162:601–9.
[5] Kaandorp SP, Goddijn M, van der Post JA, Hutten BA, Verhoeve HR, Hamulyák K, et al. Aspirin plus heparin or aspirin alone in women with recurrent miscarriage. N Engl J Med 2010;362:1586–96.

Ido Solt
Chen Ben David*
Rambam Health Care Campus and Rappaport Faculty of Medicine, Technion – Institute of Technology, Haifa, Israel

Howard Carp
Sheba Medical Centre, Tel Hashomer, Israel

* Corresponding author.
E-mail address: C_Ben-David@Rambam.health.gov.il
(C. Ben David).

Received 10 February 2019

http://dx.doi.org/10.1016/j.ejogrb.2019.03.025