

experiences the outcome of interest.⁴ In particular, in a retrospective cohort, exposure occurs in the past and is ascertained from preexisting records, and follow-up time also occurs in the past. Both of these times are with respect to the study initiation, not to when the data were analyzed.³ In contrast, a cross-sectional study ascertains exposure and outcome at the same point in time, which, in this study, was delivery hospitalization. Relatedly, the outcome is measured as prevalent (eg, the prevalence results presented in Figure 2) rather than incident. A cross-sectional study does not measure the passage of people through time as a cohort study does. If hospital discharge data were linked within individuals across time (ie, linking records across multiple hospitalizations), then person-time may elapse, and a retrospective cohort designation might be more appropriate. In such a setting, if investigators examined the association between a variable that occurred during a first hospitalization (eg, administration of a drug or procedure) and an outcome during a subsequent hospitalization (eg, a morbidity that required hospitalization), then they would take advantage of the cohort nature of the study and could calculate, for example, 1-year cumulative incidence. However, this design is not relevant for the effects of exposures such as age, which is a variable for which contemporaneous outcome data are preferred. The aforementioned paper was based on discharge data from the delivery hospitalization, does not consider the passage of time, and thus meets the definition of a cross-sectional study. ■

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REPLY



We agree with the thoughtful comment from Drs Snowden and Klebanoff.¹ The discharge hospitalization data that were used are cross sectional and unlinked to previous or subsequent health data.² Given that we are not able to determine whether exposures occurred before individual outcomes, it is appropriate to characterize it as cross sectional. ■

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