Letter to the Editor

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The Umbilical Cord Nomogram in 11-15 Weeks of Pregnancy

Dear Editor,

Dr Ozdemir and her colleagues aimed to establish umbilical cord nomogram of the first and early second trimester and to determine its relationship with other fetal biometric parameters in their study published in Perinatol. Journal 2007; 15(2): 51-55.[1] I would like bring the authors' some recommendations about the study methodology and data analysis process.

1. The authors gave information on study methodology as "this prospective cross - sectional study was performed in Department of Perinatology of Education and Research Hospital Between September 2003- March 2005, among 14000 pregnant women who underwent antenatal examination 128 consecutive pregnant women which is appropriate for our criteria included in our study". The authors also stated the exlusion criteria for the subjects. It is not clear that if all eligible pregnant women of those 14.000 pregnant women were included the study or a random sample of pregnant women were included? If a sample of pregnant women were selected by a non-random way (even they have inclusion criteria and they don't have exluison criteria), there would be selection bias in the study and the Authors should discuss it as a study restriction in the manuscript. In addition, it would be convenient using "cross - sectional study" term instead of using "prospective cross - sectional study" to define study type.[2]

2. Gravida number distribution and parity number distribution were summarised with means and SDs in the manuscript. I suggest to the Authors to summarise the data with percentages (classifying data if necessary) since the distributions are quite heterogenic distributions.

3. It was stated in the manuscript that "the correlation between the umbilical cord and the age of the pregnant woman is shown by this formula: The cord diameter = 0. 69 x gestational week – 4.76 (r: 0.84.5)". I think, the regression formula has been written incorrectly. Regression formula should have been written as: The cord diameter = 4.76+ gestational week x 0. 69 since gestational week and the cord diameter were positively correlated. In addition, there is no information about the statistical method related this formula in the study. The authors should give information about it in material method section as "simple lineer regression analysis was used to predict cord diameter".

4. Correlation coefficient can be between (-1) and (+1). The correlation coefficients are not shown in the manuscript properly. Coefficients should be written (r=0.85) instead of (r=0.84.5), (r=0.77) instead of (r=77.4), (r=0.82) instead of (r=81.5).

Sincerely

Gönül Dinç

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Response to the Letter to the Editor From Dinç: the Umbilical Cord Nomogram in 11-15 Weeks of Pregnancy

Dear Editor,

We appreciate both for your contributions to and critics about our article" Fetal Nasal Bone Lenght Nomogram In Gestational Weeks 11 and 15 " (Perinatal Journal 2007, 15; (2): 51-55). We also would like to request the following corrections to be published in your journal as a response to those commentaries.

1. In this study, stratified random sampling method was used for randomization. Gestational weeks were principally used for stratification. We should have reported the type of randomization in the statistical analysis section of method , and it should be noted that the study is a cross-sectional study. "Prospective cross-sectional" term was erroneous.

2. We used descriptive statistics for demographical variables such as gravida and parity to define the selected sample. They were not fundemental statistics affecting the goal of the study. We can suppose the number of gravida and parity as discrete scales. In discrete scales; mean, median, and peak value can be used as a scale for central tendency and standart deviation and standart error can be used as a scale for variation.[1,2] It is cumbersome to convert discrete variables to nominal or ordinal variables since it causes data loss.[1] Additionally to reveal these numbers may cause bulk of data and cause difficulty for the reader to focus on the main theme of the article. For this reason, we did not agree to classify the data and the percentages in the findings section.

3. One variable is ordinal or a numeric variable without normally distributed and the measured scale of second variable is whatever, Spearman correlation test is suitable to search for a correlation between two variables.[3] In the study, this statement was declared a row before the last row of method section. More clearly "simple linear regression analysis" term can also be used.

4. We accept the critic about the value of "r" There should be two decimal places.

5. Additionally in conclusion part, in 2nd paragraph and in 2nd row, the number " 2.87±0.52" should be replaced with "3.02±0.35", and in 5th row "1.2mm" should be replaced with "0.7mm" similarly the corresponding values to these numbers in table 1 should be corrected (in table 1 in 11 th week row numbers should be written in order: "3.02", "0.35", "2.87", and "3.16" (Table 1). We request correction of these unwillingly made mistakes.

Table 1. The mean of umbilical cord diameter in 11-14 gestational weeks.

Gestational week	Diameter of umbilical cord			
	Mean	SD	5. Percentil	95. Percentil
11. Week	3.02	0.35	2.87	3.16
12. Week	3.66	0.53	3.42	3.90
13. Week	4.19	0.39	4.09	4.29
14. Week	5.03	0.32	4.90	5.16

Sincerely

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Kadın Hastalıkları ve Doğum Kliniği, istanbul

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