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Outcome of ELBW Neonates: A Raveling Picture

We appreciate the efforts of the authors for presenting the comparison of the two cohorts of extremely-low-birth-weight (ELBW) babies, and to appraise the care of these babies with many modern and available modalities [1]. However, we wish to make a few comments:

- 1. It was concluded that survival of E2LBW neonates has improved whereas authors have stated many was of times that the overall survival was similar in two cohorts.
- 2. It was also observed that some important factors for mortality and morbidity were significantly higher, namely respiratory distress syndrome (RDS) and sepsis, in 2001-02 cohort [2].
- 3. Authors state that there was a significant decrease in mortality in 28 to 30 weeks neonates in 2009-10 cohort without comparing the baseline characteristics and interventions in two cohorts.
- 4. As both the groups had a similar rate (64%) of mechanical ventilation, it may not be appropriate to associate this to intraventricular hemorrhage (IVH) without any supporting data on determinants like hypoxemia, hypercarbia, peak inflation pressure and duration of ventilation [3,4]. However, higher use of high frequency ventilation may be related to IVH [5].
- 5. It is evident from the data that 2009-10 cohort had significantly more cases with maternal and obstetric complications, low Apgar scores and lesser birth weight. The absence of comparison of severity of illness at the time of admission is a major limitation to

reflect a reliable image of optimization or improvement in newborn care.

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AUTHOR'S REPLY

We thank authors for their comments on our article. We would like to clarify some of their queries:

1. The overall survival in this cohort of ELBW neonates did not change between the two epochs as clearly highlighted in the abstract; however, among neonates between 28 to 30 weeks, survival had significantly improved from 2001-02 to 2009-10.