Authors' reply to
Mackie, Fiona L; Morris, R Katie; Kilby, Mark D

DOI:
10.1186/s12884-021-03687-8

License:
Creative Commons: Attribution (CC BY)

Document Version
Publisher's PDF, also known as Version of record

Citation for published version (Harvard):

Link to publication on Research at Birmingham portal

General rights
Unless a licence is specified above, all rights (including copyright and moral rights) in this document are retained by the authors and/or the copyright holders. The express permission of the copyright holder must be obtained for any use of this material other than for purposes permitted by law.

• Users may freely distribute the URL that is used to identify this publication.
• Users may download and/or print one copy of the publication from the University of Birmingham research portal for the purpose of private study or non-commercial research.
• User may use extracts from the document in line with the concept of ‘fair dealing’ under the Copyright, Designs and Patents Act 1988 (?).
• Users may not further distribute the material nor use it for the purposes of commercial gain.

Where a licence is displayed above, please note the terms and conditions of the licence govern your use of this document.

When citing, please reference the published version.

Take down policy
While the University of Birmingham exercises care and attention in making items available there are rare occasions when an item has been uploaded in error or has been deemed to be commercially or otherwise sensitive.

If you believe that this is the case for this document, please contact UBIRA@lists.bham.ac.uk providing details and we will remove access to the work immediately and investigate.

Download date: 27. Jun. 2021
Authors’ reply to: Letter to the Editor in response to ‘Parental attachment and depressive symptoms in pregnancies complicated by twin-twin transfusion syndrome: a cohort study’

Fiona L. Mackie¹, R. Katie Morris²,³ and Mark D. Kilby⁴,⁵

Abstract

In this correspondence we thank the authors for highlighting the importance of our work, and agree with the limitations they have raised regarding performing this study.

Keywords: Twin twin transfusion syndrome, Parental attachment, Anxiety, Fetoscopic laser ablation, Mental health

Main text

Dear Editor

We thank Rameh et al. [1] for highlighting the importance of our work [2]. The limitations of our study, as stated by Rameh et al. are mentioned in our published article. The need to interpret our findings of the postablation and postnatal questionnaires with caution due to the low numbers was highlighted in our article. We agree that future research should explore the additional potential associations with anxiety, coping styles in times of stress, the parent’s own attachment style, and romantic attachment to their partner on parental attachment. Ideally these associations should be explored with validated assessment tools. Interviews with parents would give additional useful information and may improve follow-up data collection. Additionally future studies should be performed in larger cohorts which would require collaboration between treatment centres. We hope that our study will improve patient care by increasing health care professional and patient awareness of the need to risk assess and screen mothers and fathers going through a pregnancy complicated by twin-twin transfusion syndrome for mental health problems, and consequently enabling additional psychological support where needed.

Acknowledgements

Not applicable.

Authors’ contributions

FLM drafted the reply, RKM and MDK reviewed and revised and the reply. FLM, RKM and MDK have approved the reply.

Funding

Not applicable.

Availability of data and materials

Not applicable.

Declarations

Ethics approval and consent to participate

Not applicable.

© The Author(s). 2021 Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article’s Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article’s Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/. The Creative Commons Public Domain Dedication waiver (http://creativecommons.org/publicdomain/zero/1.0/) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

This reply refers to the comment available at https://doi.org/10.1186/s12884-021-03688-7.

* Correspondence: fionamackie@doctors.org.uk

¹Department of Obstetrics and Gynaecology, Worcestershire Acute NHS Trust, Royal Worcester Hospital, Charles Hastings Way, WR5 1DD Worcester, UK

Full list of author information is available at the end of the article
Consent for publication
Not applicable.

Competing interests
The authors declare that they have no competing interests.

Author details
1Department of Obstetrics and Gynaecology, Worcestershire Acute NHS Trust, Royal Worcestershire Hospital, Charles Hastings Way, WR5 1DD Worcester, UK. 2Institute of Applied Health Research, University of Birmingham, West Midlands, Edgbaston, UK. 3Fetal Medicine Centre, Birmingham Women’s and Children’s NHS Foundation Trust, Birmingham Women’s Hospital, Mindelsohn Way, Edgbaston, UK. 4Institute of Metabolism and Systems Research, College of Medical and Dental Sciences, University of Birmingham, Birmingham, UK. 5Centre for Women’s and Children’s Health, Birmingham Health Partners, Birmingham, UK.

Received: 18 December 2020 Accepted: 1 March 2021
Published online: 22 March 2021

References

Publisher’s Note
Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.