



Authors' reply re: Implementation of routine first trimester combined screening for pre-eclampsia: a clinical effectiveness study. (Response to BJOG-20-1552)

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Response to the letter to the Editor, BJOG Exchange

Re: Implementation of routine first trimester combined screening for pre-eclampsia: a clinical effectiveness study

We would like to thank Professors Wright and Nicolaides for their comments on our clinical effectiveness study¹ and share their hopes for the wider implementation of a combined screening programme for preeclampsia prevention in our public health systems. We agree with their emphasis on the importance of accounting for the effect of aspirin when assessing predictive performance of the combined screening test for preeclampsia – hence our formal acknowledgment about this issue in our paper. We did not perform a similar analysis as the journal policy on article word limits precluded such inclusion and because our focus was on the effectiveness of the *screening programme* to reduce the rate of preeclampsia rather than the accuracy of the *screening test* to predict preeclampsia.

Nevertheless, it is reassuring to us to note that the calculations performed by Professor Wright support our assertion that routine NHS health systems are able to deliver effective screening which has only been previously seen in the context of research efficacy studies or randomized controlled trials^{2,3}. Our study illustrates not only the effectiveness of the preeclampsia screening programme, but also the ability to provide equity and access to care to black and other ethnic minority populations as well as those with social deprivation and comorbidities – who are all more likely to suffer from preeclampsia⁴. We believe that the scientific data now overwhelmingly supports the need to re-evaluate current service provision for preeclampsia.

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