TO THE EDITORS: It gives us great pleasure to read the systematic review and meta-analysis entitled “Perinatal outcomes in pregnancies complicated by maternal cardiomyopathy: a systematic review and meta-analysis” by Eggleton et al.1 We appreciate the authors for conducting this meta-analysis on a large population of 2,291,024 women pooled from 13 primary studies. Communication strengthens knowledge, and so we would like to point out certain observations that will help in further comprehending the results.

We appreciate the authors for conducting an extensive search of the published articles on cardiomyopathy during pregnancy. Various search engines (PubMed, Ovid Embase, Ovid MEDLINE, the Cochrane Library, and ClinicalTrials.gov) have been used to search systematically. However, we would like to inquire why different durations of search were assigned for different databases (eg, June 1, 1997, to August 25, 2022, for PubMed and January 1, 1974, to August 25, 2022, for Ovid Embase). The recent Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram has included a third column to the right consisting of the “identification of studies via other methods,” such as citation searching.2 We are quite interested to know if any such articles were included in the review through manual citation searching aside from the data obtained from searches in the designated databases.

All the forest plots have been so nicely designed and flawless. They have depicted the intent of the study. Separate forest plots have been constructed depicting the outcomes studied in this meta-analysis. According to the objectives mentioned in the study, preterm delivery, growth retardation, stillbirth, and neonatal mortality have been extensively assessed, and data have been shown by separate forest plots. However, no statistical evaluation was performed for the neonatal intensive care unit admissions (even though it was one of the objectives mentioned). We will be obliged if you can share some data on this aspect as well.

It is highly appreciable that the authors have thought to explore this new area of research, which needs great attention in modern-day medicine. Better medical and obstetrical care can strive to improve the outcomes of pregnancies complicated by cardiomyopathy through a multidisciplinary approach.

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The authors report no conflict of interest.

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