Author’s Response

Dear Sir,
Dr. Anita Saxena’s Response

Thank you for your comments on our article “Birth prevalence of congenital heart disease: A cross-sectional
observational study from North India” published recently. Kindly find answers to your queries and comments:

First, the aforementioned prevalence was extracted from hospital-based data. Community-based data could better elucidate the true prevalence of congenital heart disease (CHDs): We agree that this is hospital-based data, but this hospital caters to the general population, and community prevalence is unlikely to be much different.

Second, the estimated prevalence was related only to live births and did not include macerated or malformed babies who might have CHDs: We agree. It is well known that CHDs are more common in aborted fetuses.[1]

Third, in spite of making significant progress in increasing institutional births in India, the rate of home delivery is still substantial (37.7%). Therefore, a good number of babies with CHDs born at home are expected to abscond medical registration: We agree, however as mentioned for the first point, the hospital caters to community population, so we do not expect much difference in prevalence. In fact, babies with critical CHD are more likely to be missed in the community as the diagnosis of CHD may not be made in many.

Fourth, consanguineous marriages (CMs) are still culturally preferred in India with an estimated prevalence of 12.3%. Parental consanguinity, in particular, first-cousin marriage between parents, has been noticed to be one of the important risk factors for the occurrence of CHDs in India. Interestingly, only 18.7% of people surveyed in India were aware of various health hazards associated with CMs: We agree with these statements, but these are unrelated to our study.

Fifth, due to the limited diagnostic precision of echocardiography, cardiovascular magnetic resonance (CMR) has recently expanded its role in the diagnosis and management of CHDs and acquired heart diseases in the pediatric patients. It provides much diagnostic information to guide decisions. I presume that conducting large-scale studies in India employing CMR could better delineate the true prevalence and pattern of CHDs in the pediatric population: We would not agree on this, echocardiography is the gold standard for diagnosing CHD. CMR is difficult to perform on newborns, is far more expensive and requires a longer time for acquisition. No study has shown the superiority of CMR over echocardiography when screening for CHD.

REFERENCE

1. Allan LD, Crawford DC, Anderson RH, Tynan M. Spectrum of congenital heart disease detected echocardiographically in prenatal life. Br Heart J 1985;54:523-6.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.