Administration of Magnesium Sulfate to Women with Premature Labor: The Effect on **Bleeding Time**

Dear Editor,

I read with interest the article by Yazdani, M, et al, on the administration of magnesium sulfate to women with premature labor and its effect on the bleeding time, published in the Iranian Journal of Medical Sciences.

I found it interesting but I would like to make some points regarding to this study:

- A. There are several methods for the measurement of bleeding time (BT). Those include Dock method, Ivy's method and standard method by Template.2 Although, the measurement of BT was the main outcome of the study, the authors did not mention the method used.
- B. The concentration of hemoglobin has been measured 6-22 hrs after delivery. In normal delivery, on average, the patient may have about 600 ml blood loss which is significant. In hemorrhagic episodes, to prevent the falsely high reading of hemoglobin caused by hemo-concentrations, it should be measured at least 24 hrs after the bleeding has stopped.3 Whereas, in this study hemoglobin was measured earlier.

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References

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Author's Reply

In reply to the above-mentioned questions, I have to declare that:

- A. In this study we measured the bleeding time by Ivy's method. Unfortunately, the technique was omitted in the revised version.
- B. The maximum blood loss in a normal delivery is almost 500 ml, according to the William's obstetrics textbook. In this study, it was between 150 to 350 ml. Hemoglobin concentration is routinely measured 6 to even 26 hrs after delivery. Although, it may have minimal effects on the result, it is unlikely to cause a significant effect on the bleeding time.

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