We thank Obel et al. (1) for their interest in our paper (2) and take this opportunity to discuss the points they raise. Firstly, Obel et al. (1) suggest that a cutoff of the top 10 percent of Strengths and Difficulties Questionnaire (SDQ) scores would have been the most obvious choice for our analyses based on the availability of existing data relating SDQ scores to *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSM-IV) diagnoses and, furthermore, that our choice of the top tertile will include children with “normal behavior.” We specifically set out to examine the relation between fetal growth and behavioral problems in a general population sample and, as such, were interested in not only the minority of children (top ~10 percent) likely to meet diagnostic criteria. Inevitably, defining our outcome as the top tertile of SDQ scores means that we will include children with milder behavioral difficulties in our outcome group, which reflects the continuum of behavioral problems seen in the general population. Many children who have behavioral difficulties would not meet DSM-IV criteria for a recognized disorder. From an epidemiologic viewpoint, it is important to examine the relation between fetal growth and behavioral problems in terms of the full spectrum of problems seen in the general population rather than defining those with problems as the top 10 percent who are more likely to be seen in specialist clinics.

Secondly, Obel et al. (1) raise the possible influence of genetic factors on the association we observed. In our article (2), we discuss the possibility of residual confounding and highlight the fact that we adjusted for maternal confounding and highlight the fact that we adjusted for maternal size (height/weight) in an attempt to account for some of the influence of genetic factors on infant size.

**ACKNOWLEDGMENTS**

Conflict of interest: none declared.

**REFERENCES**


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DOI: 10.1093/aje/kwj304; Advance Access publication September 12, 2006