Reviewer's report

**Title:** A randomised clinical trial of intrapartum fetal monitoring with computer analysis and alerts versus previously available monitoring

**Version:** 1  **Date:** 31 January 2010

**Reviewer:** Zarko Alfrevic

**Reviewer's report:**

Major compulsory revisions

1. It is, in my view, a bad practice to choose a primary outcome (on which sample size calculations are based) that will not be available for all participants, therefore, not allowing an intention to treat analysis. This is not a double blind trial, therefore, it is quite possible that the clinicians who clearly have a vested interested to prove that this technology works may not try hard to get the adequate samples from cases in the intervention arm with suspected acidosis. Why not death or serious adverse neonatal outcome (encephalopathy) assessed by clinicians blinded to the type of monitoring used?

2. Can the authors prespecify the planned subgroup analysis - by centre, by STAN availability etc etc.

3. It is quite possible that alerts may work for CTG, but not STAN or vice versa. By lumping them together the true effect of this technology may remain hidden hidden. This should be a study of Omniview + CTG with use of STAN as a secondary outcome. Trying to answer to many questions with one study will answer none.

4. Who will analyse the data after 1,500 cases and why 1,500? Any stopping rules? What if the authors who have vested interested in the results don't like the results after 1,500 cases? Why not conduct a separate feasibility study first?

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'