Reviewer's report

Title: Levels, Timing, and Etiology of Stillbirths in Sylhet District of Bangladesh

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Reviewer: Cande V. Ananth

Reviewer's report:

The authors report data on levels, timing and etiology of stillbirths in a resource-poor setting in Bangladesh over a 3 year period (2003-05). The study is based on an exceptionally well done survey of a population-based enumeration of all births in the district of Sylhet, Bangladesh. The authors have done a remarkable job of summarizing their findings of stillbirths with respect to underlying etiologic classifications of stillbirth and timing. The paper is very well written, and the data presented clearly and in a convincing fashion. I have noted a number of comments below that may help improve and strengthen the paper.

Major issues

1. I think the major issue that's lacking in this paper is the distribution of antepartum and intrapartum stillbirths by gestational age. These data would really not only strengthen the paper, but will provide new insights to understanding how gestational age is related to this adverse perinatal end-point.

2. Given that the net fertility rate is fairly high in developing countries, I suspect that a non-trivial proportion of women included in this cohort would have gotten pregnant (and delivered) more than once during the 3 year period. This issue is crucial to the approach to data analysis, and need to be incorporated in both the descriptive section of the data and during formal statistical analyses.

3. The authors don't explicitly mention whether the births were all singletons or if multiple births were included. If the latter, then I'd suggest that the data (at least the initial description tables) be shown separately (especially table 2) for singletons and multiples separately. Thereafter, the analysis could be restricted to singleton births alone.

5. The paper lacks a section on "Statistical methods" and one is sorely needed.

6. One of the major causes of stillbirths is chromosomal abnormalities. I wonder how many of the "unexplained stillbirths" may have a chromosomal abnormality as an underlying etiology in this cohort. For lack of data (on genetic tests), can the authors at least speculate on this plausibility?

7. Please provide explicit definitions for pregnancy-induced hypertension and (severe) anemia, and state if these conditions were based on a clinical diagnosis. If not, how were these diagnosis made?
Minor issues

1. Page 7: I remain somewhat unsure that fetuses from pregnancies complicated by placenta previa and, to an even lesser extent, from those complicated by vasa previa, would suffer from intrapartum hypoxia. Clearly, there is an established association between hypoxia and placental abruption, but I fail to see the connection between previa and hypoxia. This argument is even less convincing for women that had vaginal bleeding (in the absence of abruption or previa) and hypoxia.

2. Table 2: The columns labeled "Completed VA interview" (n=1,584) and "Complete VA interview with mother -- Total" (n=1,554) need clarification. Why are the "n's" different for these groups? Perhaps a footnote providing the clarification would help.

3. Table 3: Please consider the following comments:
   a. Please do not estimate the proportion of "missing data" for each attribute; simply note the number of missing cases for each covariate.
   b. For a variable with 2 levels (e.g., sex), it may suffice to note the "n's" and proportion for just 1 level (e.g., "Female sex").

4. Table 4: I did not completely understand the column "Non-hierarchical" in this table. For instance, why isn't there data for the "Unexplained" cause? Perhaps a clarification as a footnote might help.

I enjoyed reading this interesting paper, and hope these comments are helpful.

Cande V. Ananth
Professor and Director
Division of Epidemiology and Biostatistics
Department of Obstetrics, Gynecology, and Reproductive Sciences
UMDNJ-Robert Wood Johnson Medical School, NJ, USA

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests.