Reviewer's report

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

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Reviewer: elizabeth M Stringer

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Overview

Stillbirth, especially in developing countries, is not routinely reported. The papers that have been published focus on institutional deliveries and we know that a significant number of stillbirths occur in the community. This paper is novel in the sense that it uses a new methodology to determine stillbirths in the community. Although the authors could not determine the cause of stillbirths in 50% of the cases, this paper can serve as a basis for which continued research can be done to capture prevalence and etiologies of stillbirths that do not occur in facilities. This is an important paper to delineate strengths and weaknesses of this tool so that perhaps it can be improved upon with future studies.

Major compulsory revisions

1. Abstract. The first sentence of the abstract could be better written. The conclusion of the abstract states that “the burden of stillbirth is high and a substantial portion is attributed to maternal disease and obstetric complications in rural Bangladesh”. The authors should comment on this methodology in determining stillbirths rather than a generic statement for the first sentence of the conclusion. The last sentence of the conclusion has “causes” written twice and needs to be edited.

2. Background, First paragraph

The authors mention intrapartum stillbirth and then switch terminology to macerated. This needs to be consistent. The authors should also emphasize that stillbirths are especially difficult to measure in community settings.

3. Background, Second paragraph

The authors mention levels of stillbirth, which needs to be defined. Are the authors referring to stillbirth rates?

5. Methods. The authors present data using a hierarchical algorithm and non-hierarchical, but do not explain how they arrived at the non- hierarchical algorithm.

6. The discussion needs to be shortened.
7. Discussion, Third paragraph

The authors state that “verbal autopsy conducted at the community-level is an essential tool to understand the causes of stillbirths in low resource settings.” I am not sure that the results allow the authors to conclude this given the issues surrounding misclassification. I think the authors should discuss more about the feasibility of this methodology given their current results of potential misclassification as well as the inability to detect a cause in almost half of the stillbirths.

8. Discussion, Fifth paragraph

The misclassification information is a very important point and gets lost in the discussion and should be presented in the results.

9. Discussion, Ninth paragraph

The authors seem to present a laundry list of different maternal diseases that occur during pregnancy, but may not be relevant to this manuscript. It is suggested that this is tied into the current study better or removed.

10. Discussion, Tenth paragraph

The authors should just focus on those interventions known to improve intrapartum stillbirths and can combine this with the ninth paragraph.

11. Conclusions: Again, the authors should address whether this methodology should be scaled up given the inherent weaknesses with it.

Discretionary revisions

1. Methods, second paragraph The authors used the WHO neonatal verbal autopsy tool. Does this tool include objective information obtained from antenatal records such as blood pressure?

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

**Quality of written English:** Needs some language corrections before being published

**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.