Reviewer's report

Title: Correlates and outcomes of preterm birth, low birth weight, and small for gestational age in HIV-exposed uninfected infants

Version: Date: 21 October 2013

Reviewer: NAN LI

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Major Compulsory Revisions
1. Data are from 1999-2002, which is 10 years ago.
2. Should use CD4 count instead of CD4%. The latter is mostly used for pediatric patients.
3. Since the authors restricted analysis sample for PTB to infants with Dubowitz assessment, why not also SGA. It could also suffer from misclassification if the gestational age was not estimated correctly.
4. In the result, it says “there was a trend for increased risk of PTB in women with BV diagnosed at 32 weeks (OR=2.1, P=0.06). I assume you use trend because it is borderline significant. ‘a trend’ is not an appropriate word to use here. In discussion, the authors mentioned they found this ‘trend’ which is consistent with earlier analysis, but BV was not significantly associated with PTB in multivariate analysis.
5. It would be more interesting to present multivariate result in table 2, instead of univariate
6. In discussion, the authors stated that “These data demonstrate that PTB, LBW, and SGA may be major contributors to mortality in HIV-exposed uninfected children,” I don’t see how can the authors make this conclusion based on the analyses.

Minor Essential Revisions
1. There is no page number in the manuscript

Discretionary Revisions
1. In this analysis, BMI at 32 weeks was associated with outcomes. Do you have weight gain during the pregnancy for patients? It would be a better indicator for pregnant women’s nutrition status.

Level of interest: An article whose findings are important to those with closely related research interests

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