Reviewer's report

Title: Reduction of late stillbirth with the introduction of fetal movement information and guidelines - A clinical quality improvement

Version: 3 Date: 1 April 2009

Reviewer: Karin Sjostrom

Reviewer's report:

I find this paper interesting and I do recognize that the authors have put a lot of work into it, making a good effort and having good intentions within this research area. However, there are many question marks regarding the way data is presented, and furthermore there are parts of the paper which are difficult to understand. The most striking problem when reviewing this paper is that information of the study design and method is put here and there and are accordingly difficult to read. My main concerns are about design and analysis since I am not sure that results may not be random.

Major compulsory revisions:

The design and method are described in the background on p 5,6, 7-9 and even in the Results on p. 9. I would strongly recommend the authors to sum up everything about methods and subjects in the method section. Describe the number of subjects carefully with exact exclusion and inclusion criteria and make e.g. a flow chart of the subjects included and excluded. For non-Norwegian readers it is of importance to know a) how maternity care is arranged in Norway b) description of the 14 centres and the number of pregnancies and (still) birth at each hospital c) the total number of births in Norway and the frequencies of stillbirth say over a period of five to ten years. Since stillbirth is fluctuating over months and years, for many reasons that we unfortunately are ignorant of, the authors may by chance have caught an intervention period in which stillbirths are rare. A decrease by 3/ 1000 to 2/ 1000 may have happened by chance. Since these numbers are lacking it is difficult to draw any conclusions of the importance of the intervention per se.

The presentation of the main result in the Result part is confusing. You must use a computer to find out which populations you have used to get the figures. I strongly recommend you to use a very exact language when referring to your different populations.

Furthermore maternal obstetric risk data are lacking for comparisons between groups a referral to neonatal units is not a valid outcome factor

Minor essential Revisions

The question(s) or aims could be better defined both in the abstract and at the end of the introduction or background part. E.g." We intend to examine two cohorts of women with DFM before and after a quality improvement of FM
information to both women and health professionals”

Discussion: In the background you describe many previous ways of maternal FM counting. It is all good, but I would recommend you to put detailed information of different managements of FM counting to the Discussion part and there further develop your thoughts about your own method which is in fact good.

References: I don´t think it is OK to use a submitted study as a reference i.e. nr 4. Write instead: In a previous not yet published study we found that …..

Discretionary revisions: Language improvement and in some instances shorter sentences.

**Declaration of competing interests:**

I have studied FM counting only in an experimental design. I have collaborated with a co-author who came to the opposite result as compared to these authors but I stand in no dependence to this person. There are no economical competing interests.