Reviewer's report

Title: Perinatal outcomes in a South Asian setting with high rates of low birth weight

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Reviewer: Zulfiqar A Bhutta

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This is an important paper on a poorly researched area and given that it represents time series, the data are particularly interesting. The analyses also indicate that in the population area studied in India, there have been significant improvements in maternal care and maternal mortality over a period of 19 years.

The authors should expand a bit further on the following points in the discussion and methods description

1. How was the robustness of data collection in the Kaniyambadi area ensured over such a long period, especially as in the earlier phase a significant proportion of births were not in facility settings? It would help to get a description of surveillance systems and protocols in place and any salient publications from these periods that have documented such methods.

2. There are two methodological issues that merit greater discussion, even though the authors allude to them briefly

   a. There is great uncertainty about gestational age assessment based on maternal dates alone. However, given the higher proportion of births in facilities in the latter part of the study period, it is possible that many of these women would have had antenatal care and early ultrasound examinations (which is now widely available in India). What was the correlation between these two measures in this subset (USS assessed gestation and maternal dates)? In the event that there is good correlation, the confidence in the data from India will significantly increase.

   b. The SGA definition used for analysis relied on Canadian standards. It is unclear why local standards were not used (e.g. those derived by Ghosh & Bhargava et al)?

3. Can we get a sense of expected versus actual births in the population to assess completeness of capture? How events such as stillbirths were recorded, which are difficult to differentiate from miscarriages/abortions? This information is important in order to make sense of the perinatal mortality statistics from this region.

4. Finally there is a question of external validity to all of India given the fact that the data represent a community with 87% hospital births. How representative are these data to rural India and populations with much less facility births?
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