Reviewer's report

Title: Making stillbirths count, making numbers talk - Issues in data collection for stillbirths

Version: 1 Date: 21 September 2009

Reviewer: Russell Kirby

Reviewer's report:

In this paper the authors provide a rationale for why stillbirths need to count worldwide. The paper is a review article that attempts to summarize the information on timing and circumstances of death, associated conditions, and underlying causes, as well as the utility of a classification system to register stillbirths. The authors start the paper framing the problem of stillbirth in a global scale noting the absence of fetal mortality tracks in the Millennium Development Goals, while citing other relevant publications on the topic. The authors argue that simply counting fetal deaths (stillbirth rate) is insufficient for preventing stillbirths. It is necessary to increase political commitment, financial and human resources, consensus on definitions and reporting mechanisms, and information on the causes and associated conditions. The authors suggest a data set designed to respond to the information needs on the underlying causes of stillbirths that can adapted to the local conditions and different scenarios in developed and developing countries.

Another important aspect of the article is that it brings several important issues to discussion, such as the need for tools that could be implemented in both developed and developing settings while retaining most of the information possible even in scarce resource settings (e.g. use of verbal autopsy and adaptation to local indicators). The information provided in this paper could be used to design further studies in the area of perinatal mortality, classification systems, and prevention programs.

Critique: The authors make a very compelling case for why is critical to count stillbirths, and their underlying causes. They also make evident that a better classification system that can integrated into the current reporting mechanisms and definitions while allowing for continuous improvement and tracking of health care priorities will facilitate this process worldwide.

However, there are still insufficient arguments to support the use and utility of the dataset template (CODAC) they proposed (what makes it the optimal classification). Although, some may argue that this information was detailed in Table 1, it was only implicit in the text. Perhaps, reporting preliminary research findings and comparing to previous studies may strengthen the value of this paper.

Although the paper was grammatically well written, the style and structure of the manuscript are difficult to follow. There appears to be a section missing between the introduction and the discussion. While the purpose of the paper as described...
in the introduction is clear, the text that follows doesn't flow naturally from it. The
voice used by the authors is sometimes monotonous and limited description of
ideas.

Major required revisions: The authors should revise the text to establish a
consistent sequence from the beginning. For instance, the outline presented in
the intro is this: “we suggest a dataset to cover core needs in registration and
analysis of the different categories of stillbirths with causes and quality indicators.
We discuss the specific challenges of stillbirth registration, with emphasis on
implementation. We point out gaps that need attention in ICD, and review the
qualities of alternative systems that have been tested”. Instead, the order
presented in the discussion is: Gaps in ICD, Identification of SB, Datasets,
Causes and Conditions to be capture (which really should come before
datasets), and Classification. The latter is one of the strongest areas in this
paper, particularly the ‘basic virtues’ a system should have. The authors may
wish to expand on this section.

The authors also identified an important area in need of research - pilot testing
improved classification systems, and program evaluation studies utilizing
homogenous and inclusive definitions. The main question to be answered is:
Does better classification improve the prevention of stillbirths, and improve
perinatal outcomes? The summary should be framed to guide researchers
toward meeting this need.

Tables and Figures:

Table 1 contains a great deal of useful information, but requires better formatting
(or typesetting) to achieve clarity. Each of the classifications in the first column
should be defined if acronyms are used. The second column heading is not clear
to a reader not already familiar with stillbirth classifications.

Figure 1: at the bottom of the diagram, the endpoint ‘stillbirth mortality’ is
redundant. All stillbirths represent mortality. The figure summarizes a great deal
of information, but might need better formatting relative to the final printed page.

Figure 2: same issue re formatting. Units differ between weeks of gestation and
days of neonatal life – could the spacing be made consistent across the figure?
Some space could be gained by making the row labels smaller. The notes in text
boxes at bottom could also be smaller.

Figure 3 needs a Y-axis label.

References: some of the material not cited in journals may be difficult for readers
to access. If any of these items are available online, include URLs and date of
access. Examples include ref 72 and 86, but there are others.