Reviewer's report

Title: The Effect of Systematic Pediatric Care on Neonatal Mortality and Hospitalizations of Infants Born with Oral Clefts

Version: 5 Date: 8 November 2011

Reviewer: Peter Mossey

Reviewer's report:

This is an excellent paper on a very important topic in the context of neo-natal mortality and the increased proportion of deaths in the first five years of life attributed to birth defects; and interventions that can contribute to achievement of the Millennium Development Goals (MDG) in a country that is making good progress towards these.

There are some predictable findings, but also some surprising ones and replication in different settings, particularly India, South East Asia and sub-Saharan Africa would be extremely valuable. I note the author’s response to the "intervention" criticism made earlier, and the following comments refer to aspects that might improve or clarify the information presented.

I have no "major compulsory" revisions, but I would like to suggest the following as "minor essential"

• In the methods section do the authors know what percentage of infants are born in hospital?

• Were the Pierre Robin cases confined to those that were "non-syndromic"?

• Historical controls are not absolutely ideal but in this context they are appropriate as randomisation is not a feasible option.

• It would be interesting to speculate whether the higher rate of prenatal CLP diagnosis among the intervention group might have some effect on its own? It should be emphasised that the greatest benefit differentially are in the associated group and therefore they stand to benefit differentially from this intervention.

• In Table 4 hospital re-admission states that 10% were due to surgery. It is assumed that this is surgery in addition to the primary surgery for cleft repairs? Please clarify.

• Effects of base line factors on mortality and hospitalisation: this states that infants with cleft lip only had the highest mortality risks and I find this surprising. I wonder if the authors have any explanation of why this may be.

• Also CLP had a higher mortality risk than CP. Again it would be interesting for the authors to speculate?
• The effect of ethnicity: it was noted that there were higher risks of neo-natal mortality in African CLP infants and while this was less than 10% of the sample it is an interesting finding. Is there any co-morbidity that explained this or any other explanation?

"discretionary"

• Cost benefit: it might be useful to mention that we should carry out a cost benefit analysis in a future study.

Level of interest: An article of importance in its field

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