Reviewer's report

Title: Care Seeking for Fatal Illness Episodes in Neonates: A Population-based Study in Rural Bangladesh

Version: 1 Date: 3 December 2010

Reviewer: Peter Winch

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All revisions suggested below are essential. They are a mixture of major and minor.

#1

The Introduction section does not mention anything specifically about Verbal Autopsy studies. Do we expect patterns of careseeking documented in Verbal Autopsy studies to different from patterns documented in household surveys administered to recently delivered women? Why or why not? Could findings on careseeking from other VA studies be cited? The authors may also want to look at papers on VA methodology to see if they say anything about measurement of careseeking in VA studies, e.g.:

1. Ascertaining causes of neonatal deaths using verbal autopsy: current methods and challenges.
   Thatte N, Kalter HD, Baqui AH, Williams EM, Darmstadt GL.

2. Verbal autopsy methods to ascertain birth asphyxia deaths in a community-based setting in southern Nepal.
   Lee AC, Mullany LC, Tielsch JM, Katz J, Khatry SK, LeClerq SC, Adhikari RK, Shrestha SR, Darmstadt GL.

3. Using verbal autopsy to ascertain perinatal cause of death: are trained non-physicians adequate?
   Trop Med Int Health. 2009 Dec;14(12):1496-504

#2

In the Discussion, the authors should comment on the suitability of death audits as a way of obtaining further information on careseeking, beyond what can be obtained through VA, e.g.

Feasibility of community neonatal death audits in rural Uttar Pradesh, India.
The authors do not mention results of any intervention studies that promote, among other things, careseeking for newborn illness. There are several from Bangladesh, most notably:

Effect of community-based newborn-care intervention package implemented through two service-delivery strategies in Sylhet district, Bangladesh: a cluster-randomised controlled trial.


The first paragraph lists a number of common newborn care practices in rural Bangladesh. For each practice, the authors make a judgment about it viz. ‘harmful’, ‘inappropriate’, ‘crude’. It is preferable to omit these judgments, and just list the documented behaviors. If necessary, the authors can cite specific evidence of the benefit or harm for each practice after listing the behaviors.

In Discussion section, problems with illness recognition specific to newborns are not mentioned. For example, a newborn with sepsis may have normal temperature or hypothermia, whereas an older child would usually have fever. The atypical signs in newborns make it more difficult for parents to assess if careseeking is necessary.

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