Reviewer's report

Title: Predicting neurodevelopmental outcomes for at-risk infants: reliability and predictive validity using a Chinese version of the INFANIB at 3, 7 and 10 months

Version: 2 Date: 1 February 2012

Reviewer: Farin Soleimani

Reviewer's report:

Dear editorial

These are my comments to the “Predicting neurodevelopmental outcomes for at-risk infants: reliability and predictive validity using a Chinese version of the INFANIB at 3, 7 and 10 months”

Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

• Please attach your China's version and the administratation guideline.
• The results of US Scans must be come to result section (not in the method).
• In discussion section one of the reasons of low validity for 3 months infants is that the INFANIB is the neurodevelopmental scale of 4-18 months old and the validity of test increase with age.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

• The first paragraph in reliability section is better transfer to statistical analysis. An ICC>0.90 shows high reliability, 0.75-0.90 reveals good reliability, 0.50-0.75 displays intermediate reliability and <0.05 suggests poor reliability.

Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

• Revision of the result section of the abstract
• Determine that these psychometric properties accurate only in high risk infants in your discussion and abstract.
• Describe all your terminology in the method such as HIE, asphyxia, brain damage, intra cranial hemorrhage, maternal hypertension and so on.
• Describe on PDMS and the evaluated items with it.
• Does PDMS diagnose CP? As you say in the table 3 and 4. Abnormal in PDMS includes cerebral palsy or movement retardation (GMQ .79).
• What is the unclear diagnosis with INFANIB? As you have normal, transient and abnormal groups by this scale.
• Presence of CP or GMQ .79 on the PDMS-2 was considered as a motor development disorder. Abnormal and transient° on INFANIB assessment was
defined as positive for neuromotor developmental disorders and “normal” on INFANIB assessment was defined as negative for neuromotor developmental disorders. When the results were unclear, infants were followed up and rehabilitation was recommended without help from professionals; those infants were also defined as negative for neuromotor developmental disorders. The sensitivity, specificity, PPV and NPV were calculated accordingly.

- If you have rehabilitation by family in 12-24 months, how you had diagnosis for CP by <79 PDMS Score.
- The result section must be revised, because the data on tables have repeated in results.
- What's your mean of Apgar score of 0-3 mean as asphyxia and 4-7 as severe asphyxia?
  scores (0-3 within 1 minute of birth is defined as asphyxia, 4-7 is severe asphyxia)

WITH REGARDS
Dr Farin Soleimani

**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.