Reviewer's report

Title: Healthcare costs among survivors of neonatal necrotizing enterocolitis in a Medicaid cohort

Version: 1 Date: 26 May 2013

Reviewer: Jonathan Blau

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Major Compulsory Revisions
1. The following statement is not accurate and should be corrected: “This does not imply that the findings of this study are not applicable to the overall NEC population, but simply explains a caveat that should be remembered while interpreting the results of this study.”

Studying a Medicaid-only population certainly cannot be applied to the overall NEC population, and this must be addressed. Since Medicaid is offered to those under a certain income level, these patients cannot be compared to those with private insurance. It is well defined in the literature that mothers of lower socioeconomic status are at higher risk for insufficient prenatal care and preterm birth. Therefore, these mothers are at higher risk of having newborns who develop NEC. A Medicaid-only cohort is therefore at higher baseline risk of NEC than those with private insurance. This is an important distinction and should be addressed.

2. The authors should discuss the risk factor of having a PDA in their results and discussion. Many questions arise regarding the finding of the NEC patients having a higher incidence of PDA, as is well-documented in the literature. What were the percentages in both groups of surgical ligation vs. medical treatment?
Recent publications on NEC have addressed the issue of whether NEC patients had a hemodynamically significant PDA at the time of NEC onset. This would shed further light on the authors’ description of PDA as the “most common birth defect” in the cohort. Surgical ligation of PDA would greatly increase healthcare costs and would contribute to better understanding of the authors’ question.

Minor Essential Revisions
1. TPN-dependence after NICU discharge and at the follow-up time intervals might be discussed. This comparison between medical vs. surgical NEC vs. controls would be of significant interest, just as the other outcomes (NDD, failure to thrive) are discussed. This might illustrate another significant expense of survivors of surgical NEC.

2. The references are not uniform. Some of the journals cited are all capitalized and others only have the first word capitalized.

Level of interest: An article of importance in its field
Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare that I have no competing interests