Reviewer's report

Title: Management of Neonatal Hyperbilirubinemia: Pediatricians' Practices and Educational Needs

Version: 2 Date: 6 December 2005

Reviewer: Thomas B Newman

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General
The paper is much better. The authors have satisfactorily addressed most of our concerns. A few final suggestions:

1. I would include the month and year of the survey in the abstract, since that is all many readers will read, and things like use of TcB measurements are probably changing fairly rapidly.

2. I don't think studies (refs 3 and 4) have shown that compliance with guidelines prevents kernicterus.

3. Page 4 line 9 -- put discussion of refs 6 and 7 in separate sentences -- as is looks like the 54% adherence to the guideline was part of ref 6.

4. Middle of page 9: "a small or moderate degree of belief" is enclosed in quotes, which is misleading. Unfortunately the question does not distinguish between strength of belief and strength of risk factor. For example, I believe to a very high degree that jaundice noted at the time of discharge is a risk factor to a small degree. Of course you're stuck with how the question was written, so just report it accurately. I would make the heading to Table 3 include the actual question: "Table 3: Pediatricians' answers to the question: 'Do you believe that the following factors..."

5. There is an undercurrent of disapproval of some of the respondents' answers that is not justified. Since TSB peaks at 3-5 days and most babies get jaundiced, it is in fact totally reasonable (and what I do) to order TSB levels selectively based on degree of jaundice and risk factors.

6. Lack of use of TcB levels is probably more related to the price of the instruments than to concerns about accuracy.

7. As noted in our previous review, the apparent low threshold for concern about kernicterus and willingness to do an exchange transfusion at TSB levels well below those recommended by the AAP are the most important results of the study and should be highlighted.

8. I'm still not happy with the figures. Figure 2 now matches figure 1 and is better than it was, but both of these figures are displaying numbers that add to 100%, exactly as do the numbers in Figure 3. So why not make Figures 1 and 2 match Figure 3? The trouble with the current format is that it would fit better if what were being plotted were the proportion at
each level in whom the treatment was recommended. Some readers may thusly misinterpret the figures.

9. Last page of text: Is BMC part of BMJ journals?

P.S. Dr. Petrova’s e-mail address looks like it has a v replaced by an r by mistake.

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

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

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Discretionary Revisions (which the author can choose to ignore)