Reviewer's report

Title: Pattern and predictors of care-seeking practices for severe neonatal jaundice in Nigeria: a multi-centre survey

Version: 1 Date: 8 March 2014

Reviewer: Tinuade Ogunlesi

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Minor Essential

(1) It is not obvious why authors included residential type and ownership in a study of care-seeking behaviour for neonatal jaundice. It appears parental education and occupation are more relevant in this instance.

(2) The questionnaire contained a lot of "medical terminologies". Were these interpreted or explained to the respondents?

(3) Page 5, Paragraph 2: Which "characteristics" of the respondents were explored? Sociodemographic? Cultural? Clinical?

(4) "awareness" is not entirely the same as "knowledge". It is important that the authors do not use these two distinct terminologies interchangeably for unequivocal understanding and interpretation of the findings. For instance, "have you ever heard about or seen an infant with jaundice?" tests awareness whereas "do you know the causes, manifestations, effects or complications of newborn jaundice?" tests knowledge. In many parts of the manuscript, the authors appear to use the two terms interchangeably and this is misleading since there is actually a part of the study which assessed knowledge as an entity.

(5) Figures need to be tidied up in Paragraph 2 of Results. Many percentages are stated and relating them to the objective of the study is a bit challenging. May I suggest the authors use sub-headings in this section to improve clarity.

(6) Page 7: first sentence - "to deliver in hospitals" should read "to deliver the index pregnancies in the hospitals"

(7) Please add percentages to the counts of the different interventions deployed for the previous infants with jaundice on Page 7.

(8) It is essential to find out what the 25% of the mothers with prior experience of infants with jaundice who would not seek hospital care believe with regards to the causes and effects of jaundice. That may just be the basis for their inability to appreciate the need to seek hospital care.

(9) Page 9: why the gap between knowledge and recognition of jaundice observed in Lagos?

(10) Page 10: from your study, what were these "vulnerable groups" on which educational campaigns should be focused?

(11) Page 10; Paragraph 2 - "autism" or "mutism". Autism is not a common
sequelae of newborn jaundice.

(12) The gain of making this study multi-centred moreso with diverse cultural settings is lost until the findings from the various settings are subjected to statistical comparisons. It is desirable to know if there are differences in the knowledge or care-seeking behaviours at the different settings. To this end, I suggest the constituents of Tables 2 and 3 be expressed in percentages and then be compared statistically. Therefore, some of the items in both Tables may need to be compressed for ease of interpretation. Why did the authors consider Rhesus incompatibility more important than ABO incompatibility? The last item in Table 2 is mis-labelled. "Planned substance use" may be better than "self-treatment". I doubt if the items listed are actually used to treat newborn jaundice in the community, rather they are items inadvertently used for newborn care which could precipitate jaundice.

(13) Table 2: what is the different between "relations" and "friends and neighbours" in the context of this study? "...effects of jaundice" should be replaces with "...effects of severe jaundice".

(14) Authors need to discuss why tertiary education had no effect on self-treatment with harmful substances and hospital care models in Table 4.

(15) What is the relevance of including residential types in the logistic regression models?

Discretionary


(2) Authors should replace "babies" with "infants"

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