Author's response to reviews

Title: Deaths of infants subject to forensic autopsy in Estonia in 2001-2005: What can we learn from additional information?

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Author's response to reviews: see over
Dear Dr Lang,

Your revised manuscript has now been reviewed by the handling editor.

We would be grateful if you could address the following comments in a revised manuscript and provide a cover letter giving a point-by-point response to the concerns:

1) While the authors have responded to most of the reviewers' comments, there are still issues regarding scientific rigor and a lack of explanatory analysis regarding Table 1. Please include some substantive research findings about the risk factors for child abuse as a cause of infant death. This is sort of promised in Table 1, which is useful, but the analysis of the data in Table 1 is weak and leaves the reader with no further insights into the odds ratios for these very risks. This needs to be done and included in a paragraph that replaces the current, more descriptive paragraph that is not very informative. This is the place where the authors need to carry out a more detailed statistical analysis to identify odds ratios for the various factors they list.

I have calculated the OR’s and the table looks like this:

Shall I rewrite the results and add the OR interpretation?
There was no difference in these characteristics between infants dying from diseases and dying from injuries. Most infants died during the first half year of life. The odds of dying from injuries were somewhat higher between 3<sup>rd</sup> and 5<sup>th</sup> months. Regarding the place of death, the majority of infants died at home. The odds of dying at the hospital or some other place were somewhat higher for those infants who died from injuries. Mothers' education was low in general, with more than a half of mothers having basic education. Only one mother had higher education.

2) It is not clear why the number of cases is different for each of the risks listed in Table 1.

The total (90 cases) was different for 2 variables: “age of infant” and “birth order”, which was an embarrassing mistake (in summing up the subgroups) and is corrected now. Also, the totals for “yes” for the variable “alcohol abuse in the family” were added.

3) The authors need to be clearer about the % of deaths that are subject to forensic autopsy. In the Methods section, they say all injury deaths, and in the results section, they say 22% of infant deaths. Does that mean that injury accounts for 22% of infant deaths? Please clarify.

It was added to the methods section previously according to one of the reviewers requests:

It should be mentioned that in Estonia, forensic medical autopsy is appointed if there is evidence of crime on a body or suspicion of crime, when the death is caused by external factors but no crime is suspected or in the cases of late postmortem alterations or if the identity of the deceased is unknown.[13] This means that all infant injury deaths undergo forensic autopsy.
We have now added a sentence:

This means that all infant injury deaths undergo forensic autopsy. In the case of study subjects, there was suspicion of injury (crime[K1]).

In the Results section, where it is stated:

The total number of infants deaths in Estonia in 2001–2005 subject to forensic autopsy was 98 or 22.1% of the total number of infant deaths (n=444) for the given time period.

We refer to the total number of infants deaths (including congenital malformations, illnesses etc), thus this is the “bigger picture”

Please highlight (with 'tracked changes'/coloured/underlines/highlighted text) all changes made when revising the manuscript to make it easier for the Editors to give you a prompt decision on your manuscript.

Please also ensure that your revised manuscript conforms to the journal style (http://www.pophealthmetrics.com/info/instructions/). It is important that your files are correctly formatted.

We look forward to receiving your revised manuscript by 3 August 2010. If you imagine that it will take longer to prepare, please give an estimate of when we can expect it.

Extended to 24 Aug.