Author's response to reviews

Title: Sudden Infant Death Syndrome and Prenatal Maternal Smoking: Rising Attributed Risk in the Back to Sleep Era

Authors:

   Mark E Anderson (manderso@dhha.org)
   Daniel C Johnson (daniel.johnson@uchsc.edu)
   Holly A Batal (hbatal@dhha.org)

Version: 3 Date: 15 October 2004

Author’s response to reviews: see over
October 14, 2004
Editorial Staff, *BMC Pediatrics Online:*

We appreciate the efforts of the Editorial Staff and the reviewer. We have made the recommended changes as noted, below. We originally submitted the manuscript to *BMC HSR* as we thought our manuscript fit an HSR theme well, but *BMC Pediatrics* is an acceptable alternative.

The comments delineated under #1 and #2 as well as the final comment “control for sleep position” are noteworthy limitations of the study and we have added these to the limitations section of the manuscript.

The reviewer has suggested that we include an analysis of the combined effect of alcohol and tobacco use, an ‘interaction,’ in our analysis. We considered this and other interaction terms and while we could ‘force’ this into the model, we noted that alcohol consumption was not a significant variable in the model and we therefore chose not to include it in interaction terms.

We excluded low birth weight infants from our analysis because other studies in the published literature had done the same; biologically, low birth weight may reflect a unique risk status for SIDS, although we were unable to find any literature to support this. These infants may also have been ‘doubly’ harmed by tobacco—low birth weight is a well-known outcome of maternal smoking in addition to increased SIDS risk. We did, however, perform a separate but similar analysis of the low birth weight infants and found a very similar odds ratio associating smoking and SIDS. While excluding the low birth weight infants from our study may cause us to underestimate the major relationship between SIDS and smoking, we found no literature to support this hypothesis, we did find other similar studies that excluded these infants, and we were reassured by our own sub-analysis that this was not true.

The reviewer has made a “minor” table comment regarding our modeling in Table 3. We actually presented our model in Table 2. The focus of our Table 3 and corresponding Figure 1 are to demonstrate changing PAR over the years of our study. While we can make the changes requested by the reviewer, changing our Table 3 in the manner recommended will alter its focus. We request that our Table 3 be allowed to remain in its current form.

Thank you for your continuing consideration of our manuscript.

Mark Anderson
Daniel Johnson
Holly Batal