Reviewer’s report

Title: Adverse pregnancy outcomes, ‘stillbirths and early neonatal deaths’ in Mutare district, Zimbabwe (2014): a descriptive study.

Version: 0 Date: 24 Nov 2018

Reviewer: David Ellwood

Reviewer’s report:

Thanks for allowing me to review this manuscript which gives a remarkable insight into adverse pregnancy outcomes which took place in the two hospitals. The high proportion of adverse outcomes is quite startling and gives the reader some insights into the problems facing the health system in Zimbabwe. I have a few questions and some comments;

1. What is the population of the region that is served by these two hospitals and what proportion of all births in the region took place in these two sites over this 6 month period? As these data only represent births in these two facilities it is hard to draw meaningful conclusions about any associations based on a relatively small sample. For example, I would assume that all caesareans actions took place in these hospitals, and many of the transfers in must have been for this reason. This will inevitably lead to a strong association of operative or complicated birth with adverse outcomes.

2. How many women in this region would have an early pregnancy ultrasound for dating purposes? I ask this because I am wondering if you are able to distinguish between very growth restricted babies and those who are pre-term?

3. There seem to be quite a number of ‘non-vertex’ births but I am wondering how many of these were in very preterm babies that were eaters already dead when they arrived in the hospital or else died in the intra-partum period. It would be interesting to see if the association with adverse outcomes remains if only term breeches were examined.

4. It seems that approximately 20% of births were excluded from the analysis due to missing data of > 20%. Does this mean 20% of the variables that were used in the multi-variate analysis? If some of the important variables were available then could they not have been included in the final analysis?

5. Were there any late neonatal deaths in this sample? You have used the WHO definition but that only includes neonatal deaths up to 7 days. Increasingly there is interest in later neonatal deaths.

A couple of minor comments is that the usual (correct) spelling of ‘fetus’ should be used throughout, and I am of the opinion that birth is a more acceptable term than delivery.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

No

**Are the conclusions drawn adequately supported by the data shown?**
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No

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I am able to assess the statistics

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