Reviewer's report

Title: Bubble CPAP to support preterm infants in rural Rwanda: a retrospective cohort study

Version: 2
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Reviewer: Angela Okolo

Reviewer's report:

REPORT OF THE REVIEW FOR BMC PEDIATRICS

Bubble CPAP to support preterm infants in rural Rwanda: a retrospective cohort study

POINTS FOR COMMENTS – The template

1. Is the question posed by the authors well defined?
   Yes the question posed is well defined

2. Are the methods appropriate and well described?
   The retrospective chart review utilised for this study was a reasonable approach as it allowed for the assessment of the reality of the situation on ground in these rural health facilities that lacked availability of specialist paediatricians who could have monitored more closely in real time the completeness of the documentation of data.
   Line 128 to 130:
   It would be more precise if the method of measurement of oxygen saturation were indicated.

3. Are the data sound?
   Yes, Data appear convincing.

4. Do the figures appear to be genuine, i.e. without evidence of manipulation?
   a. Yes the figures appear to be genuine.
   b. On table 1, the home deliveries were 10.3% of the 136 preterm or Very low birth weight infants and 4.4% of the 726 near term none very low birth weight, yet the Birth weight Unknown in the category of VLBW babies was 0 (0%) and 65 (9.0%) in the term and near term infants. Does it mean that the babies born at home were all brought to hospital in the first hour or two of birth for the VLBW and for a greater proportion of the larger babies there was a delay in presenting at the health facility and so birth weight could not be ascertained?
   c. Table 2
   Would transformation of the information obtained into a scoring system for the
rating of the degree of severity of the respiratory distress be have been more objective way of categorising the severity of the respiratory distress?

d. Is the format of presentation of tables with internal grids within the interior of the tables the recommended style?

5. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   YES

6. Are the discussion and conclusions well balanced and adequately supported by the data?
   YES

7. Are limitations of the work clearly stated?
   YES

8. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? YES

9. Do the title and abstract accurately convey what has been found?
   YES

10. Is the writing acceptable?
    YES

- The minor observations have been included in the Body of the comments above.

Discretionary Revisions
The comments made in relation to the tables are taken as discretionary revisions

Level of interest:
This article represents an issue of public health interest in Neonatal health particularly to developing countries’ policy makers and researchers. It serves as an example for introduction of policy change that supports task shifting. It clearly illustrates how mentorship and supportive supervision can greatly enhance the safe use of what would have been considered sophisticated technology for application at that level of care where there are no specialists. This is a commendable model for emulation and scale up if significant neonatal mortality reduction is to be addressed in low income countries.

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' below.