PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Sudden Infant Death Syndrome (SIDS) and the routine
	otoacoustic emission infant hearing screening test: an
	epidemiological retrospective case-control study.
AUTHORS	Blair, Peter; Rubens, Daniel; Pease, Anna; Mellers, Diane; Ingram, Jenny; Ewer, Andrew; Cohen, Marta; Sidebotham, Peter; Ward Platt, Martin; Coombs, Robert; Davis, Adrian; Hall, Amanda; Fleming, Peter

VERSION 1 - REVIEW

REVIEWER	Fiona Bright
	University of Sydney Australia
REVIEW RETURNED	15-Mar-2019

GENERAL COMMENTS	Overall very well written study and sound methodology. Whilst this study does not provide anything particularly new to the field of SIDS research, given in reinforces the previously and consistently identified 'strongest predictors' of SIDS (e.g. bed sharing, circumstances, infants found prone etc), it does identify the challenges faced with developing new ways of identifying infants at risk of SIDS other than those already identified (prenatal smoking, bed-sharing etc.). Also, the study does offer important considerations for moving forward with SIDS epidemiological research, particularly identifying that a national prospective registry for monitoring and renewed campaign for the 'new generation' of parents and families who require the same important SIDS risk messages and awareness. I commend the authors for further attempting to identify a way of targeting infants potentially at risk of SIDS via the otoacoustic emission hearing screening test. The authors adequately address the study limitations and have made the most out of their data and results by providing a useful recent update of epidemiological characteristics for a specific SIDS population. My recommendation is to accept
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REVIEWER	Bernt Alm
	Dept of paediatrics Inst of Clinical Sciences University of
	Gothenburg Gothenburg, Sweden
REVIEW RETURNED	18-Mar-2019

GENERAL COMMENTS	This is an interesting approach to the enigma of SIDS. What if we could determine infants at higher risk at birth? But, this is of course only a part of the problem – the most important is of course what we can offer these children and parents. Warnings about smoking and tummy sleeping? I cannot imagine the anxiety we load on these families if this information is available and we don't know more about SIDS pathophysiology than we do today. We of course need to know what the difference in otoacoustic emissions stand for and be able to offer a treatment for this. As today, I can see multiple violations of screening criteria. Not that this research should not be done, far from it, but it is important that the ethical discussion is started now and not delayed, and the paper would benefit from it.
	In addition, if we suppose that the study is underpowered, then it is possible that we are looking for very small differences, which also casts doubt on the use of the method to screen for SIDS. However, since the study with 60 participants (Rubens 2007) found a difference, doesn't that imply that more power is not what is needed? The paper would perhaps have been better and cleaner without the epidemiologic part, instead focussing on the otoacoustic
	emissions?