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Title	A multicentre survey of parental perspectives and characteristics pertaining to neonatal visits to emergency departments
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Reviewer 1	Emily Bartsch
Institution	Department of Medicine, University of Toronto, Toronto, Ont.
General comments (author response in bold)	The authors developed and implemented a survey for parents who brought their neonates to the ED. They characterize the reasons for the index visit as well as the parents' experiences with the health care system beforehand. This manuscript is thorough and is valuable in addressing the important issue of limited ED resources. I believe this paper is suitable for publication, and have only some brief comments for clarity: 1. Methods - Participants: The exclusion criteria is unclear. What exactly constitutes "resuscitation" - CPR? I know this is recognized as a limitation in your study, but what is the rationale for excluding these cases? **These cases were excluded because it was not thought to be appropriate to approach families of very unstable neonates to complete a survey. We did not have a formal informed consent and there was concern that undue stress could be put on families. Staff and volunteers were asked not to approach families in the resuscitation area of the Emergency Department. We have added the rationale to the Methods subsection Participants and the exclusion sentences now read – "Families of neonates requiring resuscitation were excluded as it was not thought to be appropriate to approach them while their baby was unstable. Also excluded were those unable to read English or French sufficiently well to complete the survey."** 2. Analysis: Should the software read "R English language version 3.3.1"? **We reviewed the recommendations on how to cite R and believe that the wording in the Analysis section and the accompanying reference are correct. We would be happy to change it should CMAJ Open have a different expectation of how this is referenced. https://cran.r-project.org/doc/FAQ/R-FAQ.html#Citing-R** 3. You discussed that education has been at least somewhat effective in reducing unnecessary ED visits, and that this might be a viable option for some of the GI complaints reported in your study. Is there evidence supporting interventions other than education which may be applicable in this population? **In our review of the literature, we found some other studies of interventions, generally in the pediatric population versus in neonates specifically. The following are a few examples. Yang (J Paediatr Child Health 2012 Oct;48(10):931-5) looked at telephone calls after hospital discharge (from pediatrics hospital not from birth admission) and found a decrease in ED visits within 3 days of discharge. Heath (Hosp Pediatr 2015 May;5(5):241-8) also looked at phone calls after discharge from a pediatric hospital but was underpowered to assess a change in subsequent ED visits. Sturm (Clin Pediatr 2014 Sep;53(10):988-94) studied pediatric patients presenting with non-urgent problems to the ED and an intervention outlining other ways to obtain medical advice and showed decreased future ED visits.** **We did not mention these in our manuscript because they were not specific to neonates or infants and we could not directly tie such interventions to our results. We mentioned education because there is some evidence in the literature that it can work in this population but our results on jaundice suggested the opposite effect.**
Reviewer 2	Peter Fowlie
Institution	Ninewells Hospital and Medical School, Pediatrics, Dundee, Scotland
General comments (author response in bold)	Simple survey exploring who attends and why. An important question to address in order to assess service needs. The study appears to have been conducted well in a robust manner that will give valid results within the limitations openly discussed by the authors. Some minor points for consideration: • For readers not working in Canada, it might be worth including just a few lines describing the current service profile. Most born in hospital? Antenatal/post natal education currently provided? Early discharge after delivery to community support from some kind of HCP? Expected routine contact with primary care team after discharge? What level of training/expertise to those HCP have themselves? **Thank you for this comment. We have added the following information to the Introduction: "In Ontario most babies are born in hospital and subsequently followed in the community by a family physician, pediatrician or midwife within a few days. Ante/post-natal education is not standardized across institutions or practitioners."** • Huge survey – how did the team come up with a target size of 1500 returns? Not especially important in that sample size is so large i do not doubt it has captured the data accurately given other sampling limitations highlighted. **This target was chosen so that responses to the survey questions could be estimated precisely while being realistic about an achievable response rate. We noted that 1500 responses would permit us to estimate a proportion to within a 2.5% absolute margin of error.** • The survey "tool" seems to have been developed appropriately [brief description of methodology seems very reasonable]. Would it be worth giving the reader access to the survey questions perhaps via online supplement? **Please see response to Question 1 (iii, iv) above. The survey tool has been added as Appendix 2.** • The authors go some way to compare those who were eligible and went on to complete the survey with those who did not complete the survey and did not find much difference. However, the population of mothers who completed the survey seems very well educated and slightly older than i might expect the "general population " of mothers. Not sure about this but does not specifically seem to be raised in discussion. Is there any way this could be explored? What is the "average" age and education of mothers delivering in Ontario/Canada? If those attending ED are the more educated, older mothers generally whether they completed the survey or not, this might be important in targeting future interventions? **Detailed comparisons of the parents in our study to Ontario mothers and parents in the involved cities are provided in response to editor question #15 above.** • Given the duration of the data collection, was it possible to explore any seasonal variation in presentation. **This would be very interesting to look at, however, we did not collect the date of survey completion as part of ensuring that the data was anonymous and not able to be linked to any patient. Surveys were also returned to the coordinating site in large batches. Based on these two factors we are not able to explore seasonal variation in presentation.**

	Thanks you for letting me review this paper. I enjoyed reading it.
Reviewer 3	Krista Baerg
Institution	University of Saskatchewan, Pediatrics, Saskatoon, Sask.
General comments (author response in bold)	More information on the local resources would be helpful to know why neonates came to ED. It's not clear if the health professional advice was informal (from of friend), formal (from a health line), or a recommendation after assessment (referred by a GP or home visiting nurse). **Surveys were received from families at 5 large hospitals spread across Ontario. Local resources vary widely between cities. The survey contained a number of different possible health care providers that families may have contacted. We combined the responses into health care provider vs family or friend. This clarification has been added in Results, Pre-ED visit advice and family management. The sentence now reads – "In 86.4% of cases, this advice came from a health care provider versus family or a friend."**