PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Outcomes after injury prevention counseling in a pediatric office
	setting: A 25-year review
AUTHORS	Zonfrillo, Mark; Gittelman, Michael; Quinlan, Kyran; Pomerantz,
	Wendy

VERSION 1 – REVIEW

REVIEWER	Reviewer name: Indumathy Santhanam
	Institution and Country: Institute of Child Health, Madras Medical
	College, India
	Competing interests: None
REVIEW RETURNED	13-May-2018
GENERAL COMMENTS	Since the Bass paper appears to be the base, the reader needs to know a little more about the findings discussed in this review. In addition, the discussion section needs to be elaborated. The table in the results section is not sufficient.
REVIEWER	Reviewer name: Arif Tyebally
	Institution and Country: KK Women's and Children's Hospital,
	Singapore
	Competing interests: Nil
REVIEW RETURNED	14-May-2018
GENERAL COMMENTS	It is timely that an article like this is written as office based counselling is an extremely important yet neglected component of injury prevention
	2) Would be helpful if the results summarised in greater details in what aspect office based counselling helps. The last paragraph of
	the results section mentions that 13 of the 16 studies demonstrated positive effects for certain outcomes - it would be interesting to the reader to know specifically what these outcomes are. Similarly, it would be useful to state which outcomes did not change with office based counselling.

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Comments to the Author

Since the Bass paper appears to be the base, the reader needs to know a little more about the findings discussed in this review.

Response: We have added the following elaborative text to the to the introduction which now reads:

"In 1993, Bass and colleagues published a critical review of the literature regarding the effectiveness of IP counseling in the primary care setting.

Their study used a panel from an AAP injury panel to review journal articles from May 1964 to July 1991 focused on childhood unintentional IP counseling in the primary care setting. Twenty articles met inclusion criteria, 18 of which showed positive effects of counseling, and 15 for which physicians performed counseling. They found that the published evidence at that time demonstrated that counseling resulted in greater knowledge, less risky behaviors, and a reduction in injury occurrence."

Comment: In addition, the discussion section needs to be elaborated. The table in the results section is not sufficient.

Response: We have added the following elaborative text to the to the results:

"For fall prevention, 8 of the studies demonstrated positive changes on knowledge or behavior while 3 did not. Similarly, positive changes for poison prevention were seen in 7 studies, 1 did not demonstrate any changes in education or behavior, and 1 showed both positive and no effect for different aspects of poisoning. Regarding burn prevention and fire safety (including hot water safety, smoke alarms, fireguards, and fireplaces), positive changes in knowledge and/or behaviors were seen in 7 of the studies, while no effects were demonstrated in 4 of the studies that measured these outcomes. Changes in traffic safety knowledge or behavior were seen in 4 of the studies, with one additional study showing positive effects for some aspects of road traffic safety but minimal to no change with other aspects. Overall, 13 of the 16 studies had positive effects demonstrated for certain outcomes, while 10 showed no differences between study groups for other outcomes."

Reviewer: 2

Comments to the Author

1) It is timely that an article like this is written as office based counselling is an extremely important yet neglected component of injury prevention

Response: We thank the reviewer for their statement.

Comment: 2) Would be helpful if the results summarised in greater details in what aspect office based counselling helps. The last paragraph of the results section mentions that 13 of the 16 studies demonstrated positive effects for certain outcomes - it would be interesting to the reader to know specifically what these outcomes are. Similarly, it would be useful to state which outcomes did not change with office based counselling.

Response: We have added the following elaborative text to the to the results:

"For fall prevention, 8 of the studies demonstrated positive changes on knowledge or behavior while 3 did not. Similarly, positive changes for poison prevention were seen in 7 studies, 1 did not demonstrate any changes in education or behavior, and 1 showed both positive and no effect for different aspects of poisoning. Regarding burn prevention and fire safety (including hot water safety, smoke alarms, fireguards, and fireplaces), positive changes in knowledge and/or behaviors were seen in 7 of the studies, while no effects were demonstrated in 4 of the studies that measured these outcomes. Changes in traffic safety knowledge or behavior were seen in 4 of the studies, with one additional study showing positive effects for some aspects of road traffic safety but minimal to no change with other aspects. Overall, 13 of the 16 studies had positive effects demonstrated for certain outcomes, while 10 showed no differences between study groups for other outcomes."