Reviewer’s report

Title: Preventing childhood obesity in UK primary care: a mixed-methods study of HCPs knowledge, beliefs and practice

Version: 1 Date: 13 April 2011

Reviewer: Katrina Turner

Reviewer’s report:

The aims of the study are well defined. They were to explore 1) obesity-related knowledge of UK HCPs and 2) the beliefs and current practice of general practitioners and practice nurses in relation to identifying infants at risk of developing childhood obesity. The researchers conducted a survey with UK HCPs and held in-depth interviews with GPs and practice nurses. These methods are appropriate and the researchers present some interesting findings. However, I feel various issues need to be addressed before the article is suitable for publication. I have listed my comments below.

Discretionary revisions

Title of the article

1. There should be a ’ after HCPs.
2. I suggest the title should be changed so that it reflects the researchers focus on obesity prevention in infancy.

Abstract

1. Background – it is not clear why the researchers wanted to explore obesity-related knowledge of UK HCPs.
2. Method – the number of GPs, practice nurses etc surveyed should be given so that the reader can consider whether there were enough GPs, nurses etc to make meaningful comparisons between the groups when analysing the data.
3. Results – the authors should describe how confident and knowledgeable each professional group were, as well as making comparisons across the groups and stating, for example, GPs were less confident about giving advice than health visitors. It may be that overall, both GPs and health visitors felt very confident about giving advice but GPs were simply less confident.
4. Keywords – the authors could indicate that this was a mixed method study, infancy maybe a more appropriate word that child.

Introduction

1. Background – in this section I feel there should be more discussion about obesity in infancy and less discussion about childhood obesity. I appreciate that obesity in childhood and infancy are linked, but the reader needs to have a sense of how common obesity is among under one year olds and what research has
been undertaken to date to explore practitioners’ views and experiences of addressing obesity during a child’s first year to fully appreciate the value of the paper and how it adds to existing knowledge.

2. Background – the authors state on page 5 that primary prevention during infancy clearly presents an even greater challenge than preventing managing childhood obesity. Why does it present an even greater challenge?

3. Primary obesity prevention - I think there are more articles published on practitioners rather than parents’ views of obesity prevention in primary care, so question the accuracy of the first sentence in this section.

4. Primary obesity prevention – define what are ‘early years settings’.

5. Primary obesity prevention –again I feel there is too much focus on childhood obesity.

Major compulsory revisions

Method

1. Sampling and recruitment –the authors should define what is meant by ‘sites’ and explain why they had 5 sites with high rates of childhood obesity and one with low levels.

2. Data collection and analysis –Although the authors detail the benefits of using the Obesity Risk Knowledge Scale, I do question the employment of this tool when it assesses the impact of obesity on adults rather than infants or children. Obesity in adulthood differs significantly from that among children and infant in terms of implications.

3. Interviews – how were interviewees sampled? Why were data from interviews conducted with the health visiting team not presented here? What impact do the authors think conducting the interviews by telephone rather than face to face have on the quality and validity of the data collected? What qualitative research skills and experience did the health visitor and paediatrician have prior to conducting the interviews? What do the authors mean when they state (page 8) they ‘looked beyond the spoken word in order to understand meaning’? What did this entail?

Results

1. Survey –I think descriptive as well as comparative findings should be detailed in the text, e.g. on average, how confident GPs were at providing infant feeding advice, as well as whether they were more or less confident that other professionals. The authors should state when the survey was conducted.

2. Interviews – did the authors reach data saturation having interviewed 18 practitioners? If not, what defined how many practitioners were interviewed? The researchers present some interesting findings and I wonder if they should present the qualitative material in a separate paper, particularly as the focus of the survey and the interviews were not the same. The authors should indicate when the interviews were held, as recently there has been much attention in the media about whether babies should be weaned at 4 or 6 months.
Discussion

1. Although the authors interviewed practitioners who had been included in the survey, they need to treat the survey and interview data as two separate data sets and therefore cannot say ‘despite their greater knowledge about obesity risk, GPs and nurses etc (first sentence on page 16).

I feel the strength of this research lies in the qualitative material and would encourage the authors to consider publishing the qualitative data independently of the survey material, particularly if there is more qualitative data to analysis and present, i.e. data from interviews with members of the health visiting team.

Level of interest: An article of limited interest

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