Reviewer's report

Title: Perception and practice of Kangaroo Mother Care after discharge from hospital in Kumasi, Ghana: A longitudinal study.

Version: 2 Date: 28 September 2011

Reviewer: Socorro De Leon-Mendoza

Reviewer's report:

Author's response to reviews
Title: Perception and practice of Kangaroo Mother Care after discharge from hospital in Kumasi, Ghana: A longitudinal study.
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Version: 2 Date: 17 September 2011
Author's response to reviews: see over

Second Reviewer's report
Reviewer: Socorro De Leon-Mendoza
Reviewer's report:
Please see attached:
1. KMC-Biomed article with comments
2. Reviewer's report referenced to the comments annotated in the article

Introduction
Please rephrase. Did you mean a paucity of data on the impact of potentially relevant interventions for the prevention and management of preterm births?
This change has been effected

Methods
Suggest you to just document the functioning equipment
This has been done
Average number of hours?
This change has been effected with “few” being changed to “four to six”
Is this standard protocol for both hospitals? Please indicate average discharge weight and average follow-up rate for specific weight groups before the study was conducted. This is to impress upon the reader whether the conduct of the study itself actually improved follow-up rates or not.
This is standard but the averages are not available because of poor record keeping.

Results
How many babies did not have their mothers to receive training and give consent and indicate why? Or should the statement read mother and/or legal guardian? This is impt because you are studying “perception and practice” and the legal guardian may significantly differ from that of the mother.
All babies had their mothers available to consent. The wording of this has been changed to reflect it.
Since all mothers were available to consent, then a statement in the results should state that, even if the method said mother or legal guardian
Besides experience, Is the nurse trained in KMC as well? Was she the only one training all the mothers recruited in the study?
Yes she is. The wording has been changed to reflect this.
Why was a written consent not possible? Even if the ERB gave approval, it would be useful to indicate the reason for verbal instead of written consent.
The explanation to this has been added to the text of the article.
Please indicate the rationale why this strategy was chosen
A sentence indicating why the strategy was chosen has been added to the text.
While in hospital at SGH? Table 1 does not support this statement.
Absolute numbers have been added to clarify this and make it easy to relate to what is in the table I.

These data should be in tabular form: Birth data, Recruitment data and Discharge data of both neonate and mother, as outlined in the study method. This is essential, since analysis of followup data has been weight-adjusted.

We are of the opinion that getting this relatively unrelated information into a tabular form will be very difficult. Also this information does not reflect the main objective hence we think it could still be in the text of the results.

The methodology outlined that these data were obtained at birth, at recruitment, at discharge and follow-up. If these are unrelated information, why were they obtained in the first place, and why are comments regarding these data stated, in the second place? If they were truly obtained as stated in the methodology, I do not understand why it will be very difficult. I agree that it is not part of the objective, but it was included in the method, the results discussed and even included in the conclusion.

It is important to include data regarding baby’s growth parameters during follow-up visits to support/not support the continued practice of KMC after discharge, as stated in the introduction.

The data is presented in the last two paragraphs of the results section.

Discussion

Please rephrase this statement. Perhaps you might say, “whereas giving water and other feedings are discouraged during breastfeeding, the few mothers who continued to do so at discharge (3.3%) subsequently discontinued the practice on follow-up visits and counselling (0.3%)

This has been effected

Please rephrase. Suggest: In KMC, very high exclusive….

This change has been effected

Were there other reasons in this statement further and which outcome measures support this
statement.ation in weight gain, since you included given by the mothers? This is to support the
preceding statement of KMC being beneficial to them
This comment has been removed as it is not supported by our data
Other growth parameters should be included in the data (comment # 14) to
support this statement
Unfortunately we do not have other growth parameters as that was not our
primary objective.
We have therefore removed this statement from the conclusion
Please explain this statement further and which outcome measures support this
statement
The statement has been removed from the conclusion