Reviewer's report

Title: Revising acute care systems and processes to improve breastfeeding and maternal postnatal health: A pre and post intervention study in one English maternity unit

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Reviewer: Lotta ML Mellander

Reviewer's report:

This is an extensive study of a very important subject – effects of intervention and change in an English maternity unit.

The study is also addressing the possibility of making an impact when the stay after delivery is as short as 24-48 hours as it is at present.

1. The aim was to describe the situation pre and post implementation and the effect on breastfeeding, maternal health outcomes and experiences of care. This is clearly formulated.

2 Discretionary revision: The content of the intervention is presented with some examples like introducing new postnatal records, revision of routine hospital systems and longer stay on delivery suite- to encourage skin to skin contact and initiation of breastfeeding as well as practical infant demonstrations. The multifaceted QI intervention entailed obviously so many things not specified, as it was a very extensive intervention.

Here it becomes a problem with the span of research areas as breastfeeding and maternal health might need different interventions and it would be interesting if the authors could hypothesise which of the interventions they thought could be of special importance for a positive outcome related to breast feeding and related to maternal health.

Then they could also motivate why the breastfeeding results are not published separately.

3. Major Compulsory Revisions. The survey of the women was conducted at 10 days and at 3 months post – birth for two groups of women before and after the implementation. Was it a questionnaire sent to the mothers or did they get them to bring home at discharge. Was it all yes/no questions? How many questions at each point in time. How were the forms collected from the mothers?

Between recruitment and day 10 in the pre intervention group 419 of 1160 mothers dropped out and at 3 months another 125 dropped out i.e. around 50% dropped out it was about the same in the post intervention group. This is not discussed and that could add to the paper.

Mode of birth was adjusted for within the analysis it is written on page 14- how
was that done???? Both related to breast-feeding and maternal health,
In this material did it not matter for the outcome after intervention? Could it not be
interesting to analyse C/S separately as it was around 30 % of all.
Parity is mentioned but does not show in results or discussion.

In the results part there are three tables on maternal health problem.
Where 11-13 problems are listed and analysed comparing the 2 groups –
Does difference mean that it is clinical significant? And how is it related to the
intervention. Is there a statistical risk here??

Maybe not all the tables have to be included,

There is not a single question to the mothers about if the child has any problems,
if they have been asked it would be nice to present them.

In the results part it would be interesting to show how many hours the mothers
stayed after delivery in the two groups. Did the intervention make them stay
longer??

4. Discretionary Revision : In the discussion maybe issues like antenatal care
related to breastfeeding could be moved to the background section.

Under limitations maybe also statistical limitations could be discussed as above.

What were the opinions of the staff after the end of the study?

**Level of interest:** An article whose findings are important to those with closely
related research interests

**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