Author's response to reviews

Title: Association between pregnancy intention and optimal breastfeeding practices in the Philippines: a cross-sectional study

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Author's response to reviews: see over
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Dear Tinuade Ogunlesi,

I would like to express my gratitude in peer reviewing my manuscript. In response to your comments, attached herewith are my answers to your comments/questions.

I hope you find everything in order.

Sincerely,

Valerie Gilbert Ulep
Methods

1. Seventeen households were selected from each remuneration area. Did the authors survey every child aged 6 to 36 months in each of the selected households? For instance, where a single mother has two children aged 6 months and 24 months, how did the authors handle the data for that family?

   All children under 5 years old were captured in the survey. However, we only included the youngest child of mother in the analysis since they are the only birth order with detailed health information. Thus, if a mother has two children aged 6 months and 24 months, only child aged 6 months was included.

2. Were there specific reasons for extending the age of inclusion to 36 months? Risk of recall bias is expectedly remarkable at such times!

   The secondary data recorded all children under 5 years old at the time of survey. However, we decided to exclude children aged 3-5 years old due to higher risk of recall bias. Initially, we wanted to limit it to 12 months (1 year old) but the small sample size may compromise the precision of the study. Similar to any study utilizing retrospective data collection, possible recall bias may have occurred but we are pretty sure that this bias is non-differential in nature (rate of bias is similar across groups). Thus, we can assume that it has a very small impact on the validity of our estimates.

3. Breastfeeding is conventionally described as prolonged when it is done beyond 12 months. Why did the authors choose 6 months as the cut-off point for adequate duration of breastfeeding in the present study?

   The 3 studies we found used 6 months as cut-off point to describe the prolonged of breastfeeding duration. What we wanted was to crudely compare our results with the existing three studies of different authors. Thus, in order to have better comparable discussion and arguments, it was necessary for us to use similar cut-off point. It is also noteworthy that there is no global standard that establishes cut-off point for breastfeeding other than exclusivity.

4. Why did the authors exclude exclusivity of breastfeeding from this study? Generally, breastfeeding practices are described in terms of time of initiation, exclusivity for up to 6 months and duration of breastfeeding.

   We do not want to put too much hypotheses and research questions into just one technical paper. Moreover, we are pretty confident that there is no existing study associating pregnancy intention to exclusivity of breastfeeding. Thus, it deserves a separate study. Through this study, we
were able to get funding for a related study looking at exclusivity and pregnancy intentions using hospital and population data.

5. Utilization of pre-natal care services and delivery services provides access to health information concerning breastfeeding. Therefore, irrespective of whether pregnancy was wanted, unwanted or ill-timed, counseling received during prenatal care and delivery might influence breastfeeding practices. Surprisingly, details of prenatal care and delivery were not included in the statistical models used in this study.

With respect to utilization of pre-natal and delivery care services, we did not include them in our statistical models because pre-natal care services may act as intermediate variables in the causal pathway of pregnancy intention and breastfeeding practices rather than confounding variables (Gipson Framework). Epidemiologic concepts stipulate that intermediate variables should not be controlled because these may lead to estimation errors.

6. Why did the authors adopt varying p values to define statistical significance under varying situations? P values less than 0.05 are generally used to accept or reject the Null hypotheses.

Varying p values were used under varying situations. For crude/bivariate analysis (screening of possible confounders), we used 0.25 as p value (recommendation of Lemeshow) in order not to exclude a lot of possible confounders. Since we are still in the initial stages, setting the p value at 0.05 would definitely exclude a lot of possible confounders in. In the manuscript, we included the algorithm of building regression model.

For the screening of effect measure modifier, we used 0.15, with the very reason that we want to be conservative. According to Rothman, higher cut off should be use during stratified analysis.

7. In Table 1, I expected to find a comparison of the mean ages of mothers in the two groups (early and late initiation of breastfeeding as well as short and prolonged breastfeeding) using at least the Student’s t-test.

Done

Discussion
Revised based on your suggestion

Reference
Revised based on your suggestion
Minor essential revision

INTRODUCTION
Paragraph 2 Line 2: The authors alluded to “……..Three studies…..” without providing appropriate references.
Done

Authors claimed the response rate was 99% but no supportive figures were provided eg how many out of how many?
Added numerical value of total sampled women with reproductive age

Method of assessing socio-economic status was not referenced hence reproducibility may be difficult. How was scoring done?
Highlighted the reference number. We used principal component analysis (described in methods)

RESULTS
How many babies were products of “wanted”, “unwanted” or “ill-timed”?
Included in results part

Paragraph 2 Lines 2 and 3: Authors referred to a comparison of “urban with urban” dwellers. This is wrong and should be corrected.
Included in results part

Paragraph 3 Line 1: How did the authors arrive at the conclusion that “parity and socioeconomic status were probable effect measure modifiers”?
Using chi test for homogeneity
No data were presented to support Paragraphs 3, 4 and 5.
done

In Table 1, the total number of respondents in each category (late initiation of breastfeeding and short duration of breastfeeding) should be clearly stated on the respective column.
done