Reviewer's report

Title: Japanese trends in breastfeeding coverage in baby-friendly hospitals between 2007 and 2010: a retrospective hospital based surveillance study

Version: 7 Date: 10 February 2013

Reviewer: Maria Enrica Bettinelli

Reviewer's report:

Major Compulsory Revisions

In the paper there are no breastfeeding definitions consistent with the WHO definitions. Lack of clear and consistent definitions renders data collected on breastfeeding rates difficult to interpret. Precise and consistent definitions of breastfeeding are essential for breastfeeding research (to ensure appropriate conclusions are reached by policy makers about breastfeeding practice) and for breastfeeding monitoring (to ensure data is meaningful and useful for informing program implementation).

The WHO set of definitions includes ‘breastmilk’, whether expressed or from a wet nurse, and classifies breastfeeding in the following categories:

- Exclusive breastfeeding (EBF)
- Predominant breastfeeding (PBF)
- Complementary breastfeeding (CBF)
- Non-breastfeeding (NBF).

‘Exclusive’ and ‘predominant’ breastfeeding together constitute ‘full’ breastfeeding, see Cattaneo A, Davanzo R & Ronfani L 2000:89 (adapted from WHO 1991)

These data are collected throughout the hospital stay. The WHO definitions are conceptually appropriate, particularly in Baby Friendly Hospitals (BFHs).

Practices relating to early breastfeeding or breastfeeding initiation within hospital or other health facilities are also a substantial part of the infant feeding policies as the Global Strategy for Infant and Young Child Feeding - World Health Organization, UNICEF, 2002.

Methods

You should describe more in details the questionnaire and the type of statistical methods used to analyze data. It is important to know if there is a protocol for the supplementation (formula milk or glucose water) during the hospital stay according the WHO indications of Step 6 (Give newborn infants no food or drink other than breast milk unless medically indicated).

Results

The authors didn't describe the potential correlation between breastfeeding categories and delivery variables (type of delivery, length of stay and application
of labor induction, epidural anesthesia and episiotomy) in BFHs (and other Japanese maternities if known).

Breastfeeding coverage during admission: it is not clear the meaning of "during admission". The authors need to explain the increase of the use of glucose water and formula during the observation period (2007-2010) and the decrease of breastfeeding rates at one month (e.g. breastfeeding problems, lack of competent support in the community).

Discretionary Revisions

Introduction - last paragraph
I think it is better to omit the following sentence: "We conclude that implementing BFH activities at non-BFH delivery facilities can play an important role in increasing breastfeeding coverage in Japan's perinatal service system".

Discussion - Second paragraph
It is difficult to understand your conclusion: BFHs and other Japanese maternities have the same length stay! It is probable the difference between the facilities should based upon the difference in knowledge and competencies of the health workers about breastfeeding practices.

Discussion - Third paragraph
Reference n. 12, you should consider to cite Breastfeeding and the use of human milk Pediatrics, 2012

Discussion - Last paragraph
You should implement a tool to verify the adherence of BHIs to Ten steps as a self-assessment questionnaire.

Minor Essential Revisions
The term "coverage" should be replaced by "rate", the ten-step guidelines by "the Ten Steps to Successful Breastfeeding" and then "Ten Steps".

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

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests.