Author's response to reviews

Title: A qualitative study on the breastfeeding experiences of first-time mothers in Vientiane, Lao PDR

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Author's response to reviews: see over
Reviewer 1

Thank you very much for your detailed and valued comments. We have addressed the comments as outlined below and feel this has greatly improved the quality of the paper.

Major Compulsory Revisions
In addition to these comments there are multiple comments throughout the text to be considered.

1. Is the question posed by the authors well defined?
The research question is clearly defined and the sample is unique.

2. Are the methods appropriate and well described?
Given this is a qualitative study it is difficult to determine the rigor with which participants were enrolled and informed about the study purpose. Possibly a flow diagram outlining which methods of data collection were used for each group and the numbers participating would be useful.

Thank you for this suggestion, we have added a flow chart (Figure 1)

There is some ambiguity in the methods and results. The abstract states the following:
“A qualitative research design was chosen in order to obtain rich, in-depth information. Two districts in Vientiane were selected, and in each district three key informant interviews, two focus group discussions with six participants each and eight in-depth interviews were conducted. In addition to this, one key informant interview was conducted at the national level with a member of the Centre.”

However the text states the following:
“In total, 6 FGDs with 36 participants were carried out.”

And further on:
“In addition to first time mothers, we purposively identified key informants for individual interviews (N = 6) based on discussions with local public health staff and who were thought to be likely to be able to provide the most insight. Key informants included representatives of the Ministry of Health, health staff and respected female elders. In addition, one interview was conducted at the national level with a member of the Centre of Mother and Child Health (MCH), identified through a written request to the Centre.”

It is unclear whether the information is for the mothers from the focus groups or the in-depth interviews. Was the doctor a male or female and part of the research team? Could this have influenced answers (limitation)?

Thank you for this, it was not clear, we have rewritten to the relevant sections in the abstract and methods and added Figure 1. The doctor who was part of the research team was male and we have added this under data collection.

In the last paragraph of the discussion where we discuss limitations we have added:

A possible third limitation is that one of the researchers was a male which may have inhibited some of the women. Nevertheless, the male doctor is an experienced and
trained doctor and qualitative researcher used to working with women although no discomfort was observed.

3. Are the data sound?
The data appear sound however there appears to be little development of themes for which the presentation of the data pertains to. It appears that the headings have been developed first and then the data slotted in under each heading which is not methodologically appropriate for qualitative data.

Thank you for this, we have followed Miles and Huberman (1994) and developed themes from our initial literature review, to clarify we have added under the data analysis section:

Coded data was grouped into the key themes guided by the literature and included in the semi-structured question guide [17]. While the qualitative analysis used a pre-decided framework based on key themes identified in the literature, this did not exclude the possibility of new themes emerging [17, 18]

4. Are the discussion and conclusions well balanced and adequately supported by the data?
Some assumptions have been drawn from the data which are not in keeping with the information found in the analysis. See in text comments.

Thank you for these detailed comments we have addressed each of these and edited the paper

5. Are limitations of the work clearly stated?

Paragraph 2
The MOH reference is not available, we have reworded to say:

In the Lao People’s Democratic Republic (PDR), a lower –middle income country in South East Asia with high maternal and child mortality, the Ministry of Health has promoted BF since the mid-nineties [13].

We have deleted one of the references to the UNICEF 2009 study

Under Study design, second sentence we have rewritten as suggested to read: The qualitative research methods used were the established methods of focus group discussions (FGDs) and in-depth interviews.

We have also added:
. . .the Human Research Ethics Committee of the Melbourne University, Australia and the Ethics Committee of the University of Health Sciences

We have removed personal references in the methods section and used the passive voice.
We have rewritten the section under sample, edited the methods section and added more detail on the informed consent.

The Patton reference has been corrected.

We have corrected the description of Table 1 and introduced the table but have kept the table:

Table 1 summarises the age of the first-time mothers included in the in-depth interviews, the age of their baby at the time of the survey, the mother's level of education and employment, place of delivery and district.

We have added that the number of women who gave birth in hospital was 13.

We have clarified:

Most of the mothers started attending ANC either in the first trimester or at the beginning of the second trimester.

We did not ask what the mothers meant when they said they felt they had “done the best for [their babies].”

Under reason for initiation we have added:

Another first-time mother claimed an advantage of BF was than it saved money which would otherwise have been spent on milk formula.

Rarely was advice reported as being given by the first-time mothers’ fathers.

Under Reasons for exclusive breastfeeding we have rewritten the section to read:

Only five of the 16 first-time mothers included in the in-depth interviews (two from Sisattanak district and three from Haxayfong district), reported EBF for the first six months (IDI-1, 7, 10, 12, 16). According to the two mothers from Sisattanak district, family and workplace support had helped them maintain EBF (IDI-1, IDI-7). According to one of these mothers, although her mother had suggested she should give water to her infant, she decided to follow her doctor’s advice to EBF instead (IDI-16). The mothers from Haxayfong district did not mention specific family support in maintaining EBF but worked either in the home or on the family’s nearby agricultural plots. The 11 first-time mothers, who did not EBF for six months, were aware of the recommendation to EBF for the first six months. The main reasons given were difficulties with BF or based on advice from family, friends, elders or health staff they had decided to feed their babies complementary foods. Some also reported finding it difficult to manage both work and EBF.

Under working situation we have clarified:

Despite expressing breast milk multiple times each day however, she also gave water to her baby not realising that this meant she was not EBF.

We have clarified the nature of the hot bed the first time we mention it by adding:
followed the cultural tradition of lying on a ‘hot bed’ of embers postpartum, typically for 10-35 days. The ‘hot bed’ is a traditional practice in the immediate postpartum period in which hot embers are placed under the bed and herbs are added as an herbal remedy.

We have changed inconvenience to

concerns about breastfeeding

In the discussion we have removed comparison with quantitative studies

Reviewer 2

Thank you very much for your detailed and valued comments. We have addressed the comments as outlined below and feel this has greatly improved the quality of the paper.

Major Compulsory revisions

1. Page 5 Para 4 last sentence. The authors state that 6 FGD with 36 participants were conducted but in the preceding sentence say that participants were identified for one focus group discussion. While in the methods section in the abstract states two focus groups with six participants in each district were conducted, which would be 4 focus groups with a total of 24 participants. Either the abstract or the methods section in the body of the paper needs to be corrected. We have addressed and added a flow chart

Results

2. Page 7 line 2. According to the results section only one woman in the IDI group had lower secondary level education but in Table 1 there are 5 participants listed as having lower secondary level education. We have corrected this

3. Page 9 1st line. It is unclear if the fathers referred to are the child's father or the mother’s father as this paragraph is referring to a woman’s elders. We have clarified this, the sentence now reads:

Rarely was advice reported as being given by the first-time mothers’ fathers.

Reasons for exclusive breastfeeding

4. Page 9 While the women may have said that they were “unable” to EBF to six months I would like the authors to avoid using the phrase “being able to EBF” and instead refer to women exclusively breastfeeding to six months. The reasons given for not EBF to six months do not necessarily suggest a physiological “inability to EBF” but social and cultural barriers to EBF. Thank you for this advice, we have corrected as suggested:

Only five of the 16 first-time mothers included in the in-depth interviews (two from Sisattanak district and three from Hatxayfong district), reported EBF for the first six months (IDI-1, 7, 10, 12, 16).

5. Page 9 2nd last line. Reference to “being able to BF” is made here as well.
Thank you for highlighting this, the sentence now reads:

Of the five mothers who reported exclusively breastfeeding for six months

Page 12 Influences of health staff
6. The authors refer to “focus group midwives”. According to the methods section (p6 line 4) key informants were interviewed individually.

This was not clear, we have clarified in the methods (under sample and data collection and in the flow chart)

P12 Discussion
7. The authors should take care when national data. For instance, the authors claim that the early initiation of BF was much higher than the national average of 30% and I think are implying that this demonstrates an improvement in this practice. It is inappropriate to compare data of this kind collected from a non-representative sample that has been purposefully recruited with data collected in observational studies.
Thank you for this suggestion, we have removed the reference

8. Furthermore, it is unclear if the rates referred to are for the 16 participants that were individually interviewed or for the these women plus the 36 who participated in the FGDs.
This was not clear, we have clarified this by adding ‘first-time’ mothers

9. P12 Para 3 1st sentence. This sentence refers to women being able to EBF and should be rewritten as follows

“Despite the overall positive perception of BF less than half of all mothers EBF for the full six months or continued to BF for two years.”
Thank you for this suggestion, we have rewritten as above

10. P12 Para 3 line 5 refers to inability to EBF and would be better reworded as “one of the main reasons for the early cessation of EBF…”
Thank you for this suggestion, we have rewritten as above

11. P12 Para 3. Again in this paragraph there is the inappropriate comparison of rates of practices of women in this study, which was not the purpose of the focus groups.
Thank you for this suggestion, we have removed the reference

Minor essential revisions
12. Page 5 Study setting. Data is the plural of datum and therefore should say “data were” or “data are” throughout. The sentence starting on line six should read “However such data were not available and the only data we could obtain were at the provincial level.
The paper should be checked carefully for other instances where this has occurred that I have not detected.
Thank you for this, we have corrected and revised throughout
13. Page 7 3rd last line. The abbreviation ANC needs to be defined as Antenatal Classes (ANC) the first time it is used.

Thank you for this, we have corrected

14. Page 10 line 2 Suggest replacing “As one person explained” with “As one elder explained”

Thank you for this, we have corrected

15. P11 1st line should read “could lead to termination of BF.”

Thank you for this, we have corrected

Page 12 Discussion
16. Ist sentence should read “first-time mothers” not “first mothers”

Thank you for this, we have corrected

References
17Reference 20 and 25 appear to be the same as are references 23 and 26. This occurs when you have duplicate references in an Endnote library

Thank you for highlighting this, we have corrected this

Discretionary revisions
Abstract
18. It is unclear form the abstract methodology who the participants were. I recommend replacing “six participants” with “six first-time mothers”.

Thank you for this, we have now clarified and rewritten the methods section of the abstract

Background
19. Page 4 Para 1 line 3. All three practices are important as a set of practices. Suggest removing “and/or continued BF” and replace with “and continued BF until the child is at least 24 months”.

Thank you for this suggestion we have changed as suggested

20. Page 4 Para 1 line 6. It is not only antibodies in breast milk that contribute to immune protection and recommend writing “as well as antibodies and a variety of bioactive components to provide….”

Thank you for this suggestion we have changed as suggested

21. Page 4 Para 2. Sentences 1 and 3 could be combined as both refer to low prevalence of EBF.

Thank you for this suggestion we have changed as suggested

22. Page 4 Para 2. The National campaign launched in mid-2009 is referred to twice in this paragraph. The second last sentence of this paragraph is unnecessary as the information is included in the last sentence.

Thank you for this suggestion we have changed as suggested
Study setting
23. Page 5 Sisattanak is described as an urban environment but no equivalent description e.g. rural or urban, is provided for Hatxayfong.
Thank you for this suggestion we have changed to show that Hatxayfong is peri-urban

Sample
24. Page 5 Para 4 The second inclusion criteria is redundant as in order to be a first-time “mother” the participant is by default female.
We have removed ‘female’

25. Page 6 line 5. The 3rd sentence is grammatically incomplete. What were the key informants providing insight into?
We have corrected this

P10 Insufficient milk
26. It is unclear if the health staff referred to in the first sentence are the health staff interviewed or were health staff identified by the women interviewed as having suggested that they do this. I suspect it is the former and recommend writing “health staff interviewed suggested …” to remove any ambiguity.
We have changed as suggested to make it clearer

27. P12 Para 3 line 9. Should read “14 of the 16 mothers individually interviewed”as you do not give the characteristics for the 36 FGD participants.
We have changed as suggested to make it clearer

28. P13 Para 2 line 8. Reference is made to the previous Lao PDR recommendations to EBF for 4 months. It would be useful to know in what year the recommendations were revised in line with the WHO recommendation to EBF to 6 months.
We have added:
This recommendation was changed in the mid-2000s, following the World Health Assembly adoption of EFB from birth up to 6 months

P13 Limitations
29. I think another probable limitation is that FGD participants were relatively well educated. While you do not give the education characteristics of the FGD participants, all of the in-depth interview participants had completed lower secondary school or higher. According to the WHO health indicator database adult literacy for Lao is ~72%, which suggests that study participants were better educated than the general population.
Thank you for this – we have added:
In addition, the women in the individual interviews and FGDs were relatively well educated.