Reviewer's report

**Title:** The role of support and other factors in early breastfeeding cessation: an analysis of data from a maternity survey in England

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**Reviewer:** Jane Scott

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'The role of support and other factors in early breastfeeding cessation: an analysis of data from a maternity survey in England'

Laura L Oakley, Jane Henderson, Maggie Redshaw and Maria A Quigley

The authors are to be congratulated on this interesting and well written paper. There is a well-defined research question, the statistical analyses are succinctly described and appropriate and the data are sound. The limitations of the study are clearly stated and weighting of the sample for non-response using IMD quintile improves the representativeness of the findings. The calculation of population attributable fractions is relatively novel for studies of this kind and strengthens considerably the final conclusions and argument that breastfeeding support is an important determinant of breastfeeding duration.

The manuscript conforms for the most part with the STROBE statement for reporting cross-sectional studies. I found no serious flaws in the paper and my comments therefore, are relatively minor.

Discretionary revisions

1) The title is somewhat misleading as it refers to the role of support and OTHER factors in early breastfeeding cessation. The focus of the paper is clearly on the importance of breastfeeding support but while the association of socio-demographic factors and early cessation are discussed, with the exception of antenatal intention, the authors do not discuss in any detail the significant associations between other birth factors and the outcomes of interest. This may be because none of the other birth factors were associated with both of the outcomes or it may be because these will be the subject of a subsequent paper. However, I found the finding that planned caesarean delivery, but not unplanned caesarean delivery, was a risk for cessation between 10 days and 6 weeks to be noteworthy. Earlier studies which have found an association with mode of delivery and risk of early cessation have usually not separated planned and unplanned caesarean delivery. The finding of this study suggests that it is not caesarean delivery per se that is a risk but that unplanned caesarean delivery may be a proxy marker of differences in maternal attitudes which predict breastfeeding outcomes. For example, women who elect to have a caesarean delivery may have attitudes towards childbirth and breastfeeding that are more self-centred than infant-centred.
2) For the benefit of international readers it would be useful to include a brief description (e.g. one sentence) of ‘baby cafes’ in the methods section, especially as attendance appears to reduce the risk of cessation of breastfeeding by 6 weeks.

3) Limitations Page 9. Do the authors have evidence from other studies which supports their assumption that mothers who sought help are likely to have done so in the early postnatal period.

Minor Essential Revisions

4) Page 7. Reference is made to Table 5 in the section which describes the population attributable fractions, however there is no table 5. I suspect that this table was included in an earlier version of the paper but was dropped from the final version as the data could be easily reported in the text.

Level of interest: An article of importance in its field

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