Author's response to reviews

Title: Growth of a cohort of very low birth weight infants in Johannesburg, South Africa

Authors:

Cheryl A Mackay (cheryl.mackay@wits.ac.za)
Daynia E Ballot (daynia.ballot@wits.ac.za)
Peter A Cooper (peter.cooper@wits.ac.za)

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Author's response to reviews:

To whom it may concern,

RE: Manuscript revisions

Thank you for reviewing the manuscript titled “Growth of a cohort of very low birth weight infants in Johannesburg, South Africa”. The responses to the reviewers’ concerns are addressed point by point below, corresponding directly with the points in the reviewers’ reports. We have addressed each issue with the exception of Petteri Hovi’s second point which asks for more detailed information on total VLBW births and stillbirths, number of survivors, number transferred out to other hospitals and deaths before discharge. This information was not collected as part of the initial study. We are trying to access it now but it isn’t available for inclusion in the revisions at this stage. I have uploaded 2 versions of the paper: the first with changes tracked and the second with tracked changes accepted and the reference list updated to make the manuscript more readable.

REVIEWER: LINDA L. WRIGHT

Major compulsory revisions:

1. The reasons for comparison of the sample with the WHO-CGS and a previous cohort of South African VLBW infants has been discussed in the last sentence of the background. The comparative analysis with the IHDP references has been removed in keeping with the reviewer’s suggestion “The authors should consider limiting the comparisons to provide more meaningful conclusions”. This analysis was problematic and detracted from the credibility of the paper.

2. Not all infants were discharged by term CGA.

3. A consistent statement on how gestational age was assessed has been provided under “Methods 3.1”. A citation has been included for the Ballard score. The expected date of delivery used to correct for prematurity under “Data Analysis” was based on the Ballard score and not on LMP or EDC as this information was not available.

4. Use of the term “CGA” instead of “postmenstrual age” has been justified under
“Methods 3.1”

5. The inclusion / exclusion criteria for the study have been listed in “Methods 3.1”

6. I have included a subanalysis on how the group of SGA infants grew post discharge under “Results 4.1”. Detailed information on length of stay and time to regain birth weight would be useful but was not available. (See also point 3 under “Minor Revisions” below).

7. The impact of 31% loss to follow up as well as a comment on HIV exposure have been included under “Discussion”

8. The fact that the recommendations are not evidence-based has been clarified under “Discussion”.

Minor essential revisions:
1. The sentence structure in the first paragraph of the Background has been edited.

2. The sentence structure in the second paragraph of the Background has been edited.

3. Anthropometrics at discharge would have provided useful information on early post discharge growth but unfortunately wasn’t available in the current study. The study focussed on post discharge follow up at which appropriately trained staff weighed and measured infants and did Bayley neurodevelopmental assessments where appropriate. Such trained staff were not responsible for weighing and measuring infants pre / at discharge and the information obtained would not have been as reliable.

4. The discussion on advantages and disadvantages of catch up growth has been expanded and the lack of evidence-based recommendations to limit catch up growth has been included.

5. This point is no longer relevant as the comparison with the IHDP references has been removed.

Discretionary revisions:
1. Table and Figure have been capitalized.

2. The issues around feeding have been expanded upon.

3. No longer relevant

4. Sentence structure in paragraph 5 of the discussion has been edited.

REVIEWER: PETTERI HOVI

Major compulsory revisions:
1. The number of subjects in each analysis has been included.

2. Information on survival to discharge has been included. We are trying to access information regarding number of livebirths, stillbirths, total admissions, deaths prior to discharge, number transferred to another hospital and why, how many infants didn’t attend a single follow up visit.
3. Information regarding the Ballard score has been included in the methods. We did not gather information on the attendants’ “personal systematic measurement error” – it therefore cannot be accounted for in the analysis.

4. Information on infant nutrition has been clarified.

5. Methods for statistical testing, specifically the use/calculation of the Z score, in relation to the WHO-CGS has been included under “Data analysis”

6. Follow up visits were scheduled for infants 3 monthly post discharge. Discharge was not at the same CGA for each infant and many infants’ follow up visits were erratic/inconsistent. As a result infants in the study were not seen at the same chronological age.

7. This point no longer applies as the comparison with the IHDP data has been removed.

8. The original data from Cooper and Sandler was reanalysed at the age categories specified and compared with the current sample.

9. I assessed normality by standard methods including statistical curves, assessing median/mode/mean, degree of skewness/kurtosis.

10. The definition of “SGA” has been clarified.

11. These figures are to the best of my knowledge in the pdf document

12. The number of infants per age will be included on the figures

13. This point is no longer relevant.

14. The conclusions at the end of “Discussion” have been revised

15. Z score values have been made uniform (to 1 decimal point)

16. Stunting prevalence has been removed as an explanation for length deficit persistence in the abstract

17. The source of the data from Cooper and Sandler has been clarified

18. Weight-for-length has been introduced under “Methods”

19. Discussion around gestational age assessment has been deepened

20. Use of the term “relatively small” has been changed

21. The background has been edited to be shorter and more to the point

22. CGA has been spelled out and used more consistently in the text

23. The term “of the 139 infants forming part of the study” has been adjusted to “of the 139 infants who attended at least one follow up visit”

Kind regards,

Cheryl Mackay