Reviewer's report

Title: Early feeding of fortified breast milk and in-hospital-growth in very premature infants: a retrospective cohort analysis

Version: 2 Date: 10 September 2013

Reviewer: David Tudehope

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The paper is an important paper in its field and is one of few studies to report very preterm infants rapidly transitioning to full enteral nutrition. However, although babies predominantly receiving fortified human milk grew much better than previously reported they still exhibit a degree of faltering growth at 28 days and at hospital discharge.

Major compulsory revision:
1. Insertion of a table of biographic details of 2 study populations >75% and <25% proportion of human milk would enhance reader ship and comprehension
2. Further details of standardised feeding protocol are necessary not just referenced to previous study 8. What was incremental daily increase in feeding volume?
3. Further explanation of use of HMF FM85 is necessary. Usually 4 sachets provides 1g protein /100ml milk so did some babies receive 6 sachets per 100ml. What were circumstances when babies received 1.5g protein /100ml [high protein supplementation]?
4. Results would be easier to understand if they too were presented in a table. This could be same table as biographic variables

Minor essential revision

Abstract:

Background and aims:
5. Line 32 - may not meet all nutritional needs
6. Line 33- Early transition from complentary parenteral nutrition to full enteral feeds

Methods:
7. Line 38- interquartile range preferred to [25th/75th percentile] . Alternatively use term interquartile range and insert [25th/75th percentile] for first time use only

Results:
8. Line 47 – insert p value 0.07
9. Lines 47-49 - there is a double negative in this sentence. Change line 11 to … intake, either at d 28 or at discharge

Introduction:
Patients and Methods:
11- What techniques were used for weighing and measuring HC? Which birth weight and HC charts were used? What is LMS growth?

Results:
12- Presumably babies who’s proportion of human milk was >75% had mothers who produced EBM earlier but did they reach full enteral feeding more rapidly?

Discussion:
16- Line 135 - add significant drop in SDS for weight and non-significant drop in HC
17- Line 136- to their growth trajectories
18- Line 138- 140 - new results should be in results section not discussion for first time
19- Line 145- remove remarkably
20- Line 147- both at d 28 and at discharge

Discussion:
21- Line 160 - Future studies are required to show
22- Line 167- Additionally the cohort included
23- Line 168- who are at the highest risk
24- Line 169- faltering growth is preferred to growth retardation

Figure:
25- Consider adding the following;

Horizontal line – no difference
DOL is day of life
-x-Median All - could be .....x.....
Box and whiskers is point estimate and interquartile range

Level of interest: An article of importance in its field

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

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
None