Reviewer's report

Title: Exclusive Breastfeeding among Women Taking HAART for PMTCT of HIV-1 in the Kisumu Breastfeeding Study

Version: 3 Date: 11 February 2014

Reviewer: Suzanne Penfold

Reviewer's report:

Thank you for this manuscript.

Major compulsory revisions

Abstract

1. The conclusion seems overstated – these results are from a clinical trial with many contacts between health workers and mothers (at least 6 after delivery plus unknown during pregnancy). This is more than a simple counselling intervention

Introduction

1. Please add what is known about EBF rates in SSA for other PMTCT programmes
2. The aims are unclear. I suggest something like 'to determine the levels of EBF and factors associated with it in women with HIV'
3. Given the background to the subject us not yet fully covered, I am not clear what this paper will add to existing knowledge.

Methods

1. Please make the study design clear. It appears to be primarily cross sectional secondary analysis of clinical trial data
2. Data collection - you say 'participants were evaluated weekly'- what does this mean? How many times were women counselled prior to delivery?
3. How were the data collected from participants? How were questions about BF asked? Or how were observations of feeding recorded? Who recorded the information (researchers or clinical staff)? given the apparent surprisingly high level of EBF this is important to detail
4. Please include how the data were recorded and entered
5. Please add how women were recruited to the study - this is important to consider in the discussion

Results

1. Put profile of study participants at each stage (recruitment, delivery, completing BF data collection) as figure
2. In the first paragraph of the results you need to arrive at the figure of 480 as
subsequent text is based on this figure.

3. Table 1 should include only the 480 women who completed BF data

Discussion and conclusion

1. The surprisingly high levels of EBF need to be compared with other PMTCT programmes, rather than population BF levels in Kenya. Trial participants differ greatly from the wider population. In a quick search of rates of EBF in SSA I found some comparable with the results here, and others that were lower.

2. you propose that HCWs can help increase EBF rates. While I agree with this, I think you need to be cautious to recommend this to be implemented more widely from the basis of the support in a clinical trial, which would be difficult to implement at scale.

3. Please comment on how women were recruited to the study as this may also be related to likelihood to EBF

Minor Essential Revisions

1. Please include the study design in the title
2. Please include clinical trial registration number
3. Please discuss the strengths and weaknesses of secondary analysis

Recommendations

You may find it useful to go through the STROBE checklist for this paper also.

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

Quality of written English: Acceptable

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