Author's response to reviews

Title: Significant weight loss in term breastfed infants readmitted for hyperbilirubinemia

Authors:

Ariel A Salas (ariel.a.salas@gmail.com)
Jorge Salazar (salazar.jorge@gmail.com)
Claudia V Burgoa (claudia.v.burgoa@gmail.com)
Carlos A De-Villegas (cadevico@hotmail.com)
Valeria Quevedo (valeqpitt@hotmail.com)
Amed Soliz (aesoliz@aol.com)

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Author's response to reviews: see over
Dear Ms Pafitis:

We have outlined our response to reviewer’s reports for MS: 1774851920280605, Significant weight loss in term breastfed infants readmitted for hyperbilirubinemia, below.

Editor’s report:

1. Ethics - Experimental research that is reported in the manuscript must have been performed with the approval of an appropriate ethics committee.
   **We added a sentence in the methods section**

2. Competing interests - Please include a 'Competing interests' section between the Conclusions and Authors' contributions. If there are none to declare, please write 'The authors declare that they have no competing interests'.
   **Added**

3. Authors' contributions - Please include an Authors' contributions section before the Acknowledgements and Reference list.
   **Added. Evaluating again the role of authors, we modified the order of authors**

4. Acknowledgements
   **No acknowledgements**

5. Please reformat the Abstract according to the guidelines:
   **Done**

6. Please include a Conclusions section
   **Done**

7. We recommend that you copyedit the paper to improve the style of written English. If this is not possible, you may need to use a professional copyediting service.
   **We corrected some grammar mistakes**
Reviewer: Carlo Dani
Reviewer's report:

In the present manuscript the author investigated the relationship between post-natal weight loss in term breastfed infants which were readmitted for hyperbilirubinemia. They found that weight loss represents a significant risk factor for the readmission,

The argument, although not original, is interesting. However there are some points that the authors should clarify.

COMMENTS

1. The authors defined their study a “cross-sectional study” but this is a retrospective study.

AUTHORS: We used the term “cross-sectional” to describe that every subject was studied only once at a specific time and thus, it would be valid to estimate prevalence (readmission rate). The term also was used to create subgroups and perform comparison analysis. However, since the second reviewer had the same observation, we think that ‘retrospective’ is a better description of the study. We changed the first sentence in the methods section. We also modified the description of the study in the abstract to emphasize that the study was basically a retrospective chart review.

2. Patients were “evaluated for clinical jaundice” before discharge. How did this evaluation was made ? (ie: through skin color observation ?)

AUTHORS: We added the phrase ‘through skin color observation’ in the sentence for better understanding.

3. The method for TSB measurement should be detailed.

AUTHORS: TSB was measured in venous blood samples by colorimetric methods (StatFax 303). This is described in the methods section now.

4. What did “other underlying causes” represent exclusion criteria ?

AUTHORS: We excluded infants readmitted for hyperbilirubinemia who simultaneously received other type of medical support (oxygen supplementation for respiratory distress, or gavage feeds for history of feeding intolerance) in order to reduce potential confounders in the analysis of length of stay. We deleted this phrase and we specified these two exclusion criteria in the revised version.

5. It is very important to specify what criteria were followed to plan patient follow up. In other words who did decide and why that a patient needed follow up. Differently, it seems that the follow up was random.
AUTHORS: No specific criteria for follow-up were used at time of discharge of these infants. Follow-up schedule was based on each physician’s criteria. We believe that, in settings where pre-discharge bilirubin levels are not available yet, other factors such as objective evaluation of feeding problems and probably weight loss should be considered at the time of discharge of these infants. The absence of follow-up protocols in our unit is mentioned in the description of setting now.

6. It is well known that between term infants the lowest GA (37-38 weeks) are at lower risk to develop hyperbilirubinemia that the highest GA (40-41). Therefore I wonder why the authors excluded from their analysis properly GA. This is a main point because if the difference between the group is significant this might affect study results.

AUTHORS: We did not include “early term” infants (GA of 37 or 38 weeks) in this study. Following recent recommendations, we defined term infants as infants with GA between 39 and 41 weeks. This was clarified in the methods section.

7. The discussion is interesting but rather long. I suggest to focus it more on the aim and results of the study than on a complete literature review

AUTHORS: This has also been suggested by the second reviewer. We reduced substantially the discussion section in this revised version.
Reviewer: Filiz Tiker Bakar
Reviewer's report:

- In the 'methods' section it is not mentioned that the study is prospective or retrospective?

AUTHORS: We changed the first sentence in the methods section. We also modified the description of the study in the abstract to emphasize that the study was basically a retrospective chart review.

- Is G6PD deficiency excluded as a cause for jaundice?

AUTHORS: No, any patient was tested for G6PD deficiency. This fact is specified in the methods section now.

- To compare significant and severe hyperbilirubinemia is somewhat wrong I think. Because postnatal ages are not same, by postnatal age increases the bilirubin levels increase and weight loss increase. It will be better to compare babies with pathologic hyperbilirubinemia and babies without jaundice in means of weight loss.

AUTHORS: Since only infants readmitted for hyperbilirubinemia were included in this study, we cannot make a comparison with non-jaundice infants. Although it seems logic that the longer postnatal age, the higher bilirubin levels and greater the weight loss, we could not demonstrate a strong correlation of these variables in our results (r=0.20). Comparing significant vs. severe hyperbilirubinemia and showing that the difference in postnatal age is significant between groups was useful to conclude that the earlier the follow-up visit, the lower the risk of finding an infant with severe hyperbilirubinemia. In addition, the issue in this comparison is to show that weight loss is greater in patients with severe hyperbilirubinemia. Taking into account that clinical evaluation through skin observation is not useful to predict jaundice severity, we think that using weight loss in early follow-up visits will help us to identify infants at risk of severe hyperbilirubinemia, particularly in settings where TSB measurements are not available. We emphasized this possible utility of significant weight loss in the new paragraph added as conclusions at the end of the discussion.

- The discussion is too long, it must be shortened.

AUTHORS: We reduced substantially the discussion section in this revised version. Total word count: 3448 words.

Regards,

Ariel A. Salas