Reviewer's report

Title: Infant feeding practice and associated factors of HIV positive mothers attending prevention of mother to child transmission and antiretroviral therapy clinics in Gondar Town health institutions, Northwest Ethiopia

Version: 1 Date: 21 September 2011

Reviewer: Lars Thore Fadnes

Reviewer's report:

The study has spelled out the research question clearly. The question seems to mainly be of local relevance for the area.

The methods are inappropriately explained, particularly related to the types of interview recall that has been used, how the interviews have been conducted etc. The data are quite small and seems to give similar messages as several earlier studies.

The background and discussion sections are inadequately up to date, and several important new references are lacking. The conclusions seem to conclude on guidelines which to limited degrees are presented. Limitations are not/inadequately discussed.

The manuscript is in several cases confusing and could benefit from a language editing service.

Major Compulsory Revisions
The background and discussion is inadequately up to date, and several important new references are lacking, including:


Doherty T, Chopra M, Nkonki L, Jackson D, Greiner T: Effect of the HIV epidemic on infant feeding in South Africa: "When they see me coming with the tins they laugh at me". Bull World Health Organ 2006, 84(2):90-96.


Several PEP studies (such as):


The most recent guidelines of WHO are also not mentioned:


What is meant with "short course anti-retroviral drugs"? Is it single dose nevirapine? That does not "solve" transmission during pregnancy.

" approaches that reduce breast-feeding mother-to-child transmission of HIV are being explored. These include exclusive breast feeding (EBF) for the infant's first few months of life followed by rapid weaning, treatments of expressed breast milk to inactivate the virus, and antiretroviral prophylaxis taken by the infant or mother during breastfeeding, "which are strategies currently being tested in clinical trials" [8]."

A substantial amount of knowledge have been acquired since 2007… Please explain what is meant with this section. In the literature it has also been questioned whether rapid weaning is a good solution:


"Mixed Breast feeding during the first month of life and breastfeeding beyond 6 months are strong determinants of HIV transmission and should be avoided when replacement feeding after breastfeeding cessation can be safely and sustainably provided."

This statement does not seem to be completely in line with the most recent WHO guidelines:


"The fact that EBF carries a significantly lower risk (almost half the risk) of MTCT of HIV than mixed feeding is not surprising because the beneficial immune factors of breast milk are probably counteracted by the damage to the infant's gut wall by contaminants or allergens in mixed feeds [11]."

This sentence is unclear.

You refer to a study (ref 12) that seems to have many similarities to the current study. What are the main contributions of your study compared to ref 12 in addition to confirming similar findings in Gondar?

How was it checked that the assumptions for logistic regression were fulfilled?

How were the variables in the adjusted model selected?

How have you measured the feeding patterns? 7-day recall? 24-hour recall? Use of dietary list?

Please have an extended discussion of limitations including sample selection, information bias etc?

Please explain what "rural kebeles" is?

In the presentation of results, please reduce the number of valid digits as it now gives the perception of more accuracy in the estimates than the confidence intervals implies.

"The difference may be also explained by the fact that in both the South Africa and Nigeria studies, infant formula was supplied free of charge unlike in the present study. Deep-rooted family and community norms make it difficult for
mothers in Ethiopia as in most developing countries to choose ERF."

Is this seen as a problem with the current situation including risks of other infections?

Please say more about the differences between the Ethiopian guidelines and the most recent WHO guidelines on infant feeding in the context of HIV.

"About 98% of respondents had got advice/counseling on infant feeding practice of HIV positive mothers, which is almost consistent with a study conducted in South Africa (94.4%) [16]."

Seen in view of your sample selection, is this surprising?

Why is a larger similar study, as suggested in the conclusion, the best solution for the reported challenges?

Figure 1:
Please spell out the acronyms, write the recall period that was used as basis in the figure text and also include information on which age group that was selected.

Table 1:
What does usually a housewife do in Gondar? Aren't they also doing farming activities?

Table 2 is confusing as several of the categories are overlapping.

Table 3:
The age group 40-45 has too few participants to justify a separate group. Please combine with other group.

Figure 1 seems to be included twice.

**Level of interest:** An article of limited interest

**Quality of written English:** Not suitable for publication unless extensively edited

**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