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:** 3  **Date:** 6 December 2011

**Reviewer:** Lars Thore Fadnes

**Reviewer's report:**

The authors have met some of the shortcomings of the study in the revision. Still there are several major issues which need to be improved and clarified.

**Major revisions:**

In your conclusion, you present number adhering to guidelines. Unless you present the feeding patterns by age, it is difficult/impossible for the reader to assess whether this is true.

According to the most recent guidelines of WHO, the following statement in the conclusion is not necessarily correct unless it only refers to the first 6 months (which then needs to be specified):

“Mixed feeding (10.5%), an undesirable practice in infant feeding, were also reported”

“Having larger sample size is important to come up with better generalization of the results but we are not restricting as a best solution rather we recommend advanced clinical trial studies to be conducted”

- If suggesting further studies, please state which specific questions they are meant to answer

Regarding the checking of assumptions for logistic regression:

- What about factor independence, collinearity etc?

In the regression analysis, the stratification of occupational status includes groups which are too small to be presented independently. Please combine groups to form larger groups if the factor should be presented in the table. Similarly, in “Advised about infant feeding”, there are too few with no to do valid analyses. Remove this factor as your design makes the comparison nearly impossible.

As your sample consists of participants attending PMTCT and ART, the following sentence "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%)” is rather a presentation of the sample than result presentation. If keeping it, put it
in the method section together with the sample description and remove the comparison to South Africa.

“About 98% of the 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%) [17]. This could be explained by good health service provision with coordination of governmental and non-governmental organizations.”

To use an analogous example, would it be relevant to measure the proportion of people who undergo operations among those entering the operation room? Could you assess the quality of the health service by this?

Table 2 is still very unclear. Does it refer to feeding patterns at different time points, preferences or retrospective feeding patterns? Please clarify.

Regarding the “Short course anti-retroviral drug”, please specify it more, e.g. rather refer to it as “anti-retroviral therapy during the last trimester of pregnancy and delivery”.

If I understand you correctly, you have used a stepwise selection procedure for the variables. Please add this to the method section.

Regarding your recall, it sounds like you have used maternal since-birth recall of feeding patterns. This is methodological challenging and needs to be further discussed in the limitation section. The limitation section in general needs to be extended substantially as the study contains several limitations (selection of PMTCT and ART attendees, long recall, etc).

Sampling is not well described. Was it consecutive sampling? Convenience sampling? Please describe more thoroughly.

“In this study, the proportion of mothers practicing EBF (83.7%) was comparatively higher than”

At which time point do you describe EBF? This makes sense mainly when presented together with a specific time period. If you compare with other studies, always comment on which types of recall and periods they have used (which differ from study to study).

“The proportion of mothers practicing MBF (10.5%) was almost in line with studies conducted in Addis Ababa, Ethiopia (15.3 %) and South Africa (12.4%) [17, 15], but lower than from India (29%) [18] and it was higher than what was reported from Cameroon (4.3%) [24]. This might be due to shortage of replacement feeds as well as insufficient breast milk. “

The argument is difficult to make sense out of. Please remove.

The language needs to be sharpened as it in several cases makes room for misunderstanding. Please consider using a language editing service.

e.g. “short course anti-retroviral drugs through prevention of mother to child
transmission (PMTCT) program enhances the possibility of reducing” is very unclear. It reduces the risk of infection.

Minor revisions:
“The Joint United Nations Program on HIV/AIDS (UNAIDS) and two of its partners recommend that HIV-infected mothers should avoid breastfeeding only when replacement feeding is affordable, feasible, acceptable, sustainable, and safe (AFASS). “
- please also add WHO in addition to UNAIDS.

Why specify that logistic regression is “binary”? What would the alternative be?

Please explain the word “kebeles”.

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

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

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests