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: 4 Date: 4 January 2012

Reviewer: Lars Thore Fadnes

Reviewer's report:

Dear colleagues,

Unfortunately, few of the major revisions during the last review round were met in my opinion:

Major issues:

If you only have assessed the infant feeding patterns of children below 6 months of age, why did you recruit mothers with children up to the age of 2 years?

“All (209) HIV positive mothers with less than two years old child attending PMTCT and ART clinics in Gondar Town governmental health institutions were recruited.”

It is not sufficient to only indicate information about child age into the definitions of infant feeding. Child age must also be part of the age-relevant tables and figures, such as figure 1.

You write that “First we tried to see the association between the independent variables. We run correlation analysis and it was not significant i.e. the two sided p value was greater than 0.05. There was no correlation between the independent variables with each other.”

Is it true that e.g. education and income are not correlated at all in your sample? That is very different from most settings and populations I have seen. Not that it necessarily needs to be problematic with a significant correlations, but is important to know how strong the correlations are to could assess whether it would be problematic.

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. If very small groups are necessary to categorise that is an argument for a larger study, not to present confidence intervals which are extremely wide.

For example the following OR with intervals don’t make sense at all:

3.31E8 (.00-.0)
4.40E8(.00-.0)
When I wrote “Table 2 is still very unclear. Does it refer to feeding patterns at different time points, preferences or retrospective feeding patterns? Please clarify.” it is possible that it is only me who will find it unclear. It is also possible that other will find it difficult to interpret. Thus, I think it was necessary to try to explain the table more thoroughly with e.g. a more detailed table text. I cannot see that the table text has been modified to ease interpretation.

Your definition of mixed breastfeeding does in my opinion not correspond with the definitions endorsed by the WHO.

Mixed breast feeding - Breastfeeding with the addition of fluids, solid feeds and nonhuman milks in the first 6 months of age.

Breastfed children only getting additional fluids will usually be categorised as “predominantly breastfed”.

Few of the major revisions during the last review round were met, and please do not send the manuscript back to me for a fourth revision round unless these suggestions are met.

Kind regards,
Lars Fadnes

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

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**
I declare that I have no competing interests