Reviewer's report

Title: Early nasogastric tube feeding in optimising treatment for hyperemesis gravidarum: the MOTHER randomised controlled trial (Maternal and Offspring outcomes after Treatment of HyperEmesisis by Refeeding)

Version: 3 Date: 30 November 2014

Reviewer: Ilan Matok

Reviewer's report:

The manuscript describes a trial protocol for a treatment modality for which limited data is available. The trial protocol appears thorough.

We believe a number of points should be considered for revision.

- The protocol assures us that nasogastric feeding is safe. We believe that known potential adverse effects of nasogastric feeding (such as tracheopulmonary complications, enteral complication etc.), however rare, should be noted at least briefly, and recognized as a possible risk.

- The trial outcomes of interest include “costs” however we did not notice any definition of this outcome (Cost for the patient? For the hospital? For the Insurer? Direct/indirect costs?), or any description of the method by which this will be evaluated.

- Though the randomization procedure is likely to eliminate selection bias, we believe that, if possible, it would be prudent to record patient characteristics known to be associated with HG, and presumably HG severity (such as multiple gestation, gestational week, BMI etc.), and with low birth weight. Equality in group allocation with regard to important factors could then be demonstrated, and if necessary significant differences between groups could be controlled for. If the trial plan already includes the collection of this data, we believe it would be best to stipulate and address this explicitly (i.e. by adding a paragraph detailing known/suspected predictors of HG and of neonatal birth weight and the method by which they will be collected).

- In addition, the un-blinded nature of the trial design and the open nature of the treatment protocol, can easily lead to significant differences in “standard care” between treatment arms. This concern might be partially alleviated via the stratification procedure, which can help reduce bias arising from differences between treatment centers. However we believe it would be prudent to record treatments that may have an impact on the outcomes in question (such as use of anti-emetic medication or vitamin supplementation), and that were utilized during the study. If the plan already includes the collection of this data, we believe it would be best to stipulate and address this explicitly.

- Lastly it should be noted the manuscript requires some additional editorial “polishing” (there are inappropriate use of tenses, for example in lines 141-143; lines 172-175 are incomprehensible; line 237 “urge” should probably be changed
to “need”; etc.).

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that i have no conflict of interest