Author’s response to reviews

Title: An economic analysis of human milk supplementation for very low birth weight babies in the USA

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Thank you for your response. The mortality reduction (36 out of 1,000) is directly inline with the two published papers on this topic:

1) Hair et al. (2016) who find a 17.2% mortality rate for the usual care group and a 13.2% mortality rate for the EHMD group, leading to a saving of 36 lives per 1,000 births, and

2) Abrams et al. (2014) who find an 8% mortality rate in the usual care group and a 2% mortality rate in the EHMD group, leading to a saving of 40 lives per 1,000 births.

Furthermore, a review by Bhutter et al. (2014) of interventions to reduce neonatal mortality found relative risks of 0.06-1.16 for different interventions to prevent neonatal mortality. The relative risk implied by our data and results is 0.79, which is within this range. Within the Bhutter review, interventions with similar relative risks for neonatal mortality include:

- Surfactant therapy for respiratory distress syndrome (0.68)
- Preventive surfactant therapy for preterm neonates (0.60)
- Systemic steroids for meconium aspiration syndrome (0.61)
- Umbilical cord antiseptics (0.77)

We therefore do not consider the relative risk of 0.79 and corresponding reduction in mortality of 36 per 1,000 to be beyond the reasonable range of life saving compared to other medicine. We would be happy to add this to the paper if the editor thinks this is appropriate.