Reviewer’s report

Title: Natural history of gastroesophageal reflux in infancy: new data from a prospective cohort.

Version: 0  Date: 03 Feb 2020

Reviewer: Suzanne Nelson

Reviewer's report:

Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format.

Methods

Page 7 149-150: What percentage of questionnaires were completed by the mothers?

Page 7 166-167: How was family history of GER defined and determined.? Was it family history of GER or GERD?

Page 8 173-176: Where any treated with a hypoallergenic formula?

Discussion

Page 8 188-193, page 9 195: Why do you think the peak time of regurgitation in this study was a one month of age while in the Nelson et al study et was 4 months of age and the Martin study 3-4 months of age?

Page 10 220-221: Is there research to support that fathers smoke more in front of their infants than mothers? Do mother's and father have different rates of smoking that could effect the results?

Page 11, 249: How do you define a unjustified prescription?

Page 11, 260  I would state PPI may increase the risk as many of the conditions listed are controversial and there is evidence going both ways

Page 11 263  I don't that it follows that since GERD symptoms go away on their own their use is questionable. For example, we give Tylenol for a headache but if left untreated it would go away too. I think a more compelling argument that there use is questionable is the lack of efficacy in trials
Page 11 268 - page 12 271. I disagree. First, peak rate of regurgitation occurred at very different times for the population compared to other population and second, it doesn't follow that even if the two population did align that you could say you could generalized them to others.

Page 12 279-280. I don't the benefit to risk ratio that would support more invasive testing before pharmacological therapy has been proven.

Page 12 291-291. This study was not design to determine the best therapeutic options for GERD therefore this statement should be deleted.

Page 12 294 to page 13 297. This study is not designed to determine how infants should be diagnosed with GERD nor how they should be treated. It is a descriptive study and this these conclusions should not be included. On conclusion that should be included is that both GER and GERD are common in infants.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published
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