Reviewer's report

Title: "I beg you…breastfeed the baby, things changed": Infant feeding experiences among Ugandan mothers living with HIV in the context of evolving guidelines to prevent perinatal transmission

Version: 0 Date: 27 Oct 2017

Reviewer: Nicolas Nagot

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My general comments first relates to the use of the 'perinatal HIV transmission' term throughout the paper. If this term is correct, then the paper misses the point that HIV exposure continues throughout the breastfeeding period, i.e. it does not stop one week after birth. I think this term is inappropriate as the perinatal period commences at 22 weeks of gestation and ends 7 days after birth. When referring to the contribution of breastfeeding in HIV transmission, the term postnatal transmission is generally used as it encompasses the whole duration of HIV exposure, i.e. the whole duration of breastfeeding, whatever it is.

The main concern is that the interpretation of the findings is difficult without knowing the content and intensity of infant-feeding counselling the participants were exposed to and the level of training of the health care workers regarding the WHO guidelines. The challenges, questions, and navigation of women regarding the risk of postnatal transmission reflect a lack of clear messages from health care workers. The study findings can be seen as the outcome of the counselling activities regarding infant feeding.

The study rationale is a bit confusing. The current infant feeding guidelines have been elaborated in that sense. Yes, 'WHO guidelines have been criticized for inadequately acknowledging the individual, social, cultural, and health system expectations' (line 79), but it was because shorter durations of breastfeeding were highly recommended, with the associated risk of stigma for WLWH.

In addition, there seems to be some confusion between early discontinuation of breastfeeding and not complying with exclusive breastfeeding practises. Not complying with the definition of exclusive breastfeeding, which is very strict (giving only once non-breastmilk food breaks the rule), does not mean that breastfeeding is then stopped. The references cited (29, 31-35) do not support that WLWH discontinue breastfeeding by themselves; as mentioned in the Ugandan paper by Homsy et al., guidelines at the time recommended exclusive breastfeeding for 3-6 months followed by rapid weaning and replacement feeding. As a result, women were counselled to have stopped breastfeeding at 6 months maximum, which explains the short duration of breastfeeding reported.
The selection of participants from a cohort, based on HSCL scores raises concern of selection bias. As highlighted by the very high rate of viral suppression (95%), these women are compliant and regularly followed at health centres, exposed to repeated counselling which is likely not the case of the 'average' women followed in HIV outpatient clinics.

Other more specific comments are:

Specific comments:

Methods

- Line 108: It is difficult to figure out how women were selected for the study, how many were selected from score ranges.

- The interview guide was not available, as no supplementary material was annexed.

Discussion

- Line 331 : 'As the 2016 guidelines recommend breastfeeding for WLWH up to 24 months and beyond, there may be additional confusion and concerns among healthcare providers and patients'.

These recent guidelines stress that infant feeding choices are no longer a determinant for HIV transmission. What matters is that women are taking their HIV drugs correctly and that they are virally suppressed. The women should be reassured that i) the risk of transmission is quasi-null in this case (as it is for transmitting HIV to their partner if HIV-negative) and ii) the risk of stopping breastfeeding too early or to use formula feeding much outweighs the risk of HIV transmission.

Basically, infant feeding counselling should now be the same whatever the HIV status, as long as the mother is compliant with her HIV treatment.

- The authors may discuss that, unfortunately, the situation is different from that in the UARTO cohort; in many African settings, up to 50% of breastfeeding women are not virally suppressed 6 months after child birth.
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.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
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Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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Not relevant to this manuscript

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