Author’s response to reviews

Title: Factors associated with early introduction of complementary feeding and consumption of non-recommended foods among Dutch infants: the BeeBOFT study

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Version: 2 Date: 03 Dec 2018

Author’s response to reviews:

Dear Editor,

Please find the revised version of the Manuscript ID PUBH-D-18-01404 entitled “Factors associated with early introduction of complementary feeding and consumption of non-recommended foods among Dutch infants: the BeeBOFT study”. We would like to thank the editor and reviewer for thoroughly evaluating our manuscript again, and providing us with constructive feedback. Each suggestion and comment made by the reviewer is addressed in this response letter. The changes made to the manuscript according to the reviewer’s comments are indicated in the text by red colour. We corrected typographical errors in the text and the tables. The manuscript has been sent to an external editing service. All authors have read and approved the revised manuscript accompanying this letter. We hope this revision adequately addresses the reviewer’s comments and suggestions and we look forward to your response.

Yours sincerely, on behalf of all authors,

Hein Raat
We adapted the manuscript according to the following editorial points:

1. Ensure all section headings are as outlined in the submission guidelines, including the abstract.
2. Please add the trial registration details for the RCT on which this is based after the abstract. Please include the date of registration.
3. Please include email addresses for all authors on the title page.
4. The Consent for Publication section can state 'not applicable' (this section refers to individual patient consent such as in a case report so is not applicable here).
5. Please provide a list of all the abbreviations used in the manuscript. This list should be placed just before the Declarations section. All abbreviations should still be defined in the text at first use.

Reviewer comments: The authors have made considerable improvements to this work but some additional small changes need to be made.

1. First, several of the newly added changes are in incorrect English and need to be rewritten.

Author’s reply:
The manuscript has been sent to an external editing service to improve the English, the name of our English editing company is ‘Unclogged English’ in the Netherlands.

2. The authors have added context but their use of the phrase "The Youth Health Centre" in the Background section needs explanation. I realize they describe this in more depth later but it is out of context here. Also, is this a good translation? Does the YHC some kind of government agency? Later, you say there are 10 YHC organizations. I don't suppose this is your problem but I wonder on what authority the YHC makes feeding recommendations that differ from those made by the WHO.

Author’s reply:
We have revised the introduction part to address the reviewer’s concerns.

Page 3, line 68-73:
“In the Netherlands, Jeugdgezondheidszorg (preventive Youth Health Care) is a government-funded program for monitoring children’s health and development, and providing health promotion and disease prevention at set ages; the care is offered for free [4]. Approximately 95% of children in the Netherlands participate in this preventive Youth Health Care (henceforth YHC) program [4]. In line with ESPGHAN guidelines, the YHC guideline suggests introducing complementary feeding after the age of 4 months [5].”

3. I do not believe that the response "never given" (as it relates to when infant stopped breastfeeding) can be equated with breastfeeding over 6 months. It sounds more like missing data to me -especially given that later in the paper the categories appear to include "still breastfeeding" which is not the same as not giving an answer, but seems to have been grouped together with that answer for this study. Were there 2 separate categories - parents who never responded, and parents who said they were still breastfeeding?

Author’s reply:
As the reviewer mentioned, the response category ‘never given” relates to items regarding the introduction of complementary feeding, and not to duration of breastfeeding. There were two distinct sets of questions regarding 1) timing of introduction of complementary feeding and 2) duration of any breastfeeding. We describe the questions related to the timing of introduction of complementary
feeding on page 5-6 of the manuscript. On page 7 we present the question related to duration of any breastfeeding.

We revised the methods, results, and Table 2 regarding to the timing of introduction of complementary feeding.

Page 5, line 159-177:
“At child age 6 months, parents were asked to report in the questionnaire at which age the child had received the following products: fruit juice; fruit juice concentrate; soft drinks (e.g., cola, iced tea); light soft drinks; fruit cordials or syrup; sweetened dairy drinks; milk or buttermilk; yogurt; porridge; bread; baby cookies; chocolate or candy; crackers or breadsticks; fruit from a jar; fresh fruit; vegetables from a jar; vegetables with fish or meat from a jar; pasta/rice/potato; fresh vegetable; fish/meat/meat substitutes. The response categories included: “<1 month”, “between 1–2 months”, “between 2–3 months”, “between 3–4 months”, “between 4–5 months”, “older than 5 months”, and “never given”. Parents could choose “never given” if at the time they filled in the questionnaire they had not introduced that food item. For descriptive analysis, the response categories “<1 month”, “between 1–2 months”, “between 2–3 months”, and “between 3–4 months” were combined into “before 4 months”. The average age of the infants when parents filled in the questionnaire was 6.3 months, SD=0.6. The drinks fruit juice, fruit juice concentrate, soft drinks, fruit cordial or syrup, and sweetened dairy drinks were combined into one category called sweet beverages. The foods baby cookies and chocolate or candy were combined into one category called snack foods. The timing of introduction of complementary feeding was defined as the earliest time point that any of the abovementioned drinks and foods were first given to the child. Early introduction of complementary feeding was defined as introduction of complementary feeding (i.e., drinks and foods) before 4 months.”

Page 9, line 286-292:
“Table 2 presents the timing of the introduction of different types of complementary food. Overall, the percentage of infants who had been given any type of complementary food at the age of 3, 4, and 5 months was 4.5% (data not shown in table), 21.4%, and 38.1% respectively. At the moment parents filled in the questionnaire (mean age=6.4 months, SD=0.7), 98.7% of the infants had been given some type of complementary food. The food products most frequently introduced before 4 months were porridge (11.8%), fruit (11.0%), vegetables (6.4%), and sweet beverages (6.1%).”

In addition, we added several sentences in the Discussion part to address this limitation.

Page 14, line 421-426:
“Thirdly, it is a limitation of the present study that we were unable to precisely estimate the percentage of infants who were introduced to complementary feeding after the age of 6 months. However, this study followed the ESPHAGAN recommendation adopted by many countries in Europe, which defines early introduction of complementary feeding as the introduction of complementary feeding before 4 months [3, 5, 36].”

4. The paper remains confusing (partly due to the English) particularly around definitions of duration etc. The definitions, results, and tables are not consistent or categorized in the way the authors state. For example, the categories of breastfeeding duration described in the narrative are not the same as those presented in the Table. Please clarify this for consistency and comprehensibility. At the moment the reader is completely lost between all the different durations described.

Author’s reply:
We thank the reviewer for pointing out these inconsistencies. We have checked the manuscript carefully and made the definition, results and tables consistent. Moreover, the manuscript was checked
by an editing service.
The definition of breastfeeding described on page 7, line 215-221:
“At child age 6 months, parents were asked to report whether they had started by breastfeeding (yes, no), and, if so, how old the child was when the mother stopped breastfeeding (response categories included within 2 weeks, between 2 and 4 weeks, between 1 and 2 months, between 2 and 3 months, between 3 and 4 months, between 4 and 5 months, older than 5 months, and still breastfeeding). The responses to these two questions led us to create a new variable indicating the duration of any breastfeeding: “no breastfeeding”, “breastfeeding for 0.5–4 months”, or “breastfeeding for 4 months or longer”.
The Results described on page 11, line 319-322:
"For behavioural factors, compared to any breastfeeding for 4 months or longer, no breastfeeding or breastfeeding for less than 4 months was independently associated with early introduction of complementary feeding"
We also updated the variable labels and results presented in Table 1, Table 3, Table 4: please see the tables presented at the end of the manuscript.

5. The fact that there are no data on exclusive breastfeeding is a limitation. Exclusive breastfeeding, the WHO recommendation, is not only about additions of solids. The data in the rest of the paper are still valid however, so you might want to remove some of the detail about breastfeeding and reduce the number of categories you list. Please also clarify "duration of any breastfeeding" (not just, 'duration of breastfeeding')."

Author’s reply:
As suggested by the reviewer, we changed the variable label ‘Duration of breastfeeding’ into ‘Duration of any breastfeeding’. In addition, we reduced the number of categories to three: “no breastfeeding”, “breastfeeding for 0-4 months”, “breastfeeding for 4 months or longer” throughout the table. We adapted the definition of the variable (page 7, line 215, please refer to our answer on question 4) and the numbers in the tables have been updated. The numbers from multivariate models changed slightly but conclusions remained the same.