Author’s response to reviews

Title: The Influence of Ergonomic Breastfeeding Training on Some Health Parameters in Infants and Mothers: A Randomized Controlled Trial

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Author’s response to reviews:
The authors appreciate the reviewers for their useful comments which helped us to improve the quality of the paper.

All changes and corrections are highlighted in the text.

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Zamanian Z.

Best Regards,

Author for Correspondence

Reviewer #1:

The authors appreciate the reviewers for their useful comments which helped us to improve the quality of the paper.

All changes and corrections are highlighted in the text.

The objective of this study is: The Influence of Ergonomic Breastfeeding Training on Some Health Parameters in Infants and Mothers: A Randomized Controlled Trial

1) When the authors discuss the first and second aims of this study, this is not clear if it refers to primary and secondary objectives.

Actually, none of the objectives had priority over the other.

2) The methodology and the results must be reported according to the first and second aims of this study.

It was corrected.

3) The title must include that this is a randomized controlled trial.

It was corrected.
4) This is not clear if the participants or the investigators were blinded in this study. This point must be exhaustively discussed in the methodology and in the results section.

The study was conducted according to a single blind protocol. In the way that, both groups of participants were not informed about the assigned group.

5) In table 1, the columns x2 and df could be deleted.

In table 1, the columns x2 and df were deleted.

6) In table 1, please also include age, BMI and other clinical characteristics of the subjects.

Age and BMI of the participants were added. We don’t have any other clinical characteristics of the subjects.

7) In table 2 and table 3, please avoid unnecessary abbreviation.

We deleted unnecessary abbreviations.

8) Regarding the statistical analyses used by the authors, it must be pointed out that a lot of different statistical analyses are performed (for example see table 2) and that they could always have, by chance, some significant results. Consequently, the statistical analyses must be adjusted according to the number of statistical analyses performed in this study (i.e. the value of the significant p-value must be different).

In agreement to your valuable comment, as the number of statistical tests increase the significant level (\( \alpha \)) would be adjusted. In this study Bonferroni correction is used to adjust the significant level. The specific significance level of tests are shown below each table.

9) Please note that all tables must be comprehensible without reading the text. Currently, this is not at all the case.

Tables were revised.

10) In table 5, please include the possible range of the VAS. Still in this table, we do not need the information that 0.02 and 0.001 are <0.05. By the way, this is also true for all other tables.

The tables are revised accordingly.

Best Regards,

Author for Correspondence
Reviewer #2:

The authors appreciate the reviewers for their useful comments which helped us to improve the quality of the paper.

All changes and corrections are highlighted in the text.

The objective of this study is: The Influence of Ergonomic Breastfeeding Training on Some Health Parameters in Infants and Mothers: A Randomized Controlled Trial

Abstract

* It is difficult to understand when the mothers were included in the study. In addition the assessment times should be found in the methods section of the abstract.

At birth, 2, 4, and 6 months later childbirth, Rapid Upper Limb Assessment was used to assess musculoskeletal disorders in participants, and the severity of their discomfort was measured with the Visual Analog Scale. During the 6 months of the study, the weight and height of the neonates were measured every 2 months.

Materials and Methods

* Once again, it is difficult to understand when the mothers were included in the study: is it just after birth? At the end of the maternity stay? At the end of the pregnancy?

Yes, it is just after birth. This part is clarified. After birth: At birth, 2, 4, and 6 months later childbirth.

* Figure 1: in the "allocation" section, "(n=52)" appears 2 times in the same case, it seems a little bit confused. It would be preferable to indicate it only one time.

Done.

* The ethics committee's reference of the study protocol should appear in the methods section.

Done.

* Is the VAS was evaluated at birth? Because the data does not appear in Table 5.

As mentioned in the inclusion criteria, at birth, mothers did not have discomfort in body regions and the aim of the study was to investigate the influence of ergonomic breastfeeding training on MSDs (via VAS and RULA) in participants in 2, 4, and 6 months later childbirth.
* The data analysis should be more detailed: for example, the level of significance is not mentioned.

Done.

Results

* Overall, in all the tables, the results of the test (t, $\chi^2$, ..) and the degree of freedom are not necessary.

Revised according to this comment.

* Table 1: in the education section, what is the difference between "diploma" and "university"? It should be explained in the methods section. In addition, it is surprising to have exactly the same number of babies boys and girls in the two groups and therefore to have a p-value of 1.00.

* Page 12: Why is there a bibliographic reference after "(Table 2)"?

Revised.

* Table 3: the reviewer supposed that "1, 2, 3, 4" are the "actions levels of RULA". It should be mentioned more clearly.

Done. Action level 1: low level of risk (change may be needed), Action level 2: moderate level of risk (change is needed), Action level 3: high level of risk (immediate action), and Action level 4: very high level of risk (full immediate action).

* Table 5: Why the authors did not give the VAS at birth?

As mentioned in the inclusion criteria, at birth, mothers did not have discomfort in body regions and the aim of the study was to investigate the influence of ergonomic breastfeeding training on MSDs (via VAS and RULA) in participants in 2, 4, and 6 months later childbirth.

Discussion

* In the first section (Assessment of the impact of ergonomic breastfeeding training on infant growth), the authors just say that there is no effect but what does the scientific literature say?

This part is added.

* Reference 38: when there is more than 3 authors, the references had to be cited by the first authors followed by "et al.".
Revised accordingly.

* In the limitations of the study, the authors mentioned possible confounders but they do not talk about a possible external intervention (professionals (midwives, pediatricians,...), peer-support group, …). This data does not seem to have been taken into account. Please also discuss about the strengths of the study.

This was mentioned in the discussion section.

Best Regards,

Author for Correspondence