

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Determinants of early initiation of breastfeeding during COVID-19 pandemic among urban dwelling mothers from Tigray, Northern Ethiopia: A community based cross-sectional study.
AUTHORS	Gebretsadik, Gebretsadkan; Berhe, Kidanemariam; Gebregziabher, Hadush

VERSION 1 – REVIEW

REVIEWER	Maroof, Mohd Rani Durgavati Medical College, Community Medicine
REVIEW RETURNED	27-Jan-2023

GENERAL COMMENTS	1. As per standard IYCF guidelines, denominator for calculating EIBF is 0-2 years. In your study, you have taken it for 06 months. Specify the reason. Doesn't has it affected the comparability with other studies? 2. If any household had more than one child < 6 months. Which child was included? What was the criteria? Clarify
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REVIEWER	Talbert, Alison KEMRI-Wellcome Trust Research Programme
REVIEW RETURNED	27-Feb-2023

GENERAL COMMENTS	<p>The manuscript describes a cross-sectional survey of mothers with infants living in Mekelle during the time of Covid.</p> <p>I have 2 general comments about the context.</p> <ol style="list-style-type: none"> 1. There is no mention of any local Covid guidelines and policies relating to maternity care e.g. rooming in during the pandemic; if there were none it is also worth mentioning and say something about the normal hospital policies in non-Covid times. 2. The war in Tigray is mentioned only in the limitations, I think it may warrant a section in the background, although I realize this might be politically sensitive. <p>Specific comments</p> <p>Abstract</p> <ul style="list-style-type: none"> • Page 2 Line 21 Use of the word binary misleading: Why not say univariate and multivariate? • Page 2 Line 23 Need more about time of explanatory variables e.g. sociodemographic, obstetric care • Page 2 Line 34- define EIBF? <p>Strengths and limitations</p> <ul style="list-style-type: none"> • Page 3 Line 22 There may be desirability bias – as behaviour is self-reported <p>Background</p> <ul style="list-style-type: none"> • Page 5 line 17 Ref 2 claims EBF reduce postpartum depression not EIBF
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	<ul style="list-style-type: none"> • Page 5 Line 26 English should be “satisfactory” • Page 5 line 45 “quarters of” • Page 5 lines 50 -52 This statement needs rewording “Regarding neonatal mortality, twenty-nine (9) and thirty (10) neonates out of 1000 die before reaching the age of one month”. • Page 6 line 6 tis statement needs to mention the time of writing (month year) • Background doesn’t mention the effect of war <p>Study setting</p> <p>What is the estimated population of Mekelle? Over half a million</p> <p>Sample size calculation</p> <ul style="list-style-type: none"> • Page 8 line 35 was it KAP? Knowledge and attitudes not mentioned in the results • Page 8 line 39 design effect seems low at 1.5 as there were only 8 clusters-justify choice of this design effect size • Page 8 line 5 It would be useful for non-Ethiopian readers to know the range of number of households in a kebele <p>Data collection</p> <ul style="list-style-type: none"> • Page 10 Where were the data collected- at the mothers’ homes? <p>Variables</p> <ul style="list-style-type: none"> • Page 10 line 28 what were the 3 options? I see they are shown later on in the table, but you should mention here also <p>Data analysis</p> <ul style="list-style-type: none"> • Page 11 line 24 VIF abbreviation is used without explanation <p>Results</p> <ul style="list-style-type: none"> • Page 12 line 12 Should read “male headed households” • Page 12 line 48 Better to say “unemployed” • Page 12 line 53 It is unusual to have more female infants than male <p>Health and obstetric characteristics</p> <ul style="list-style-type: none"> • Page 13 Line 27 Table 2 Column heading “missing” =number of missing? I suggest a category for not known • Page 15 Table 3 column headings: write in full: crude odds ratio and adjusted odds ratio <p>Discussion</p> <ul style="list-style-type: none"> • Page 16 line 10 considerably “lower” • Page 16-line 14 limited access to health services but you have shown high attendance rates at ANC and high rate of institutional delivery • Page 17 line 16 remove word “much” • Page 18 line 8 I suggest removing the sentence starting “When a pregnant mother has to deliver by CS...” the wording sounds too colloquial • Page 18 line 27 Do you mean information or advice or practical support?
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1

1 As per standard IYCF guidelines, denominator for calculating EIBF is 0-2 years. In your study, you have taken it for 06 months. Specify the reason. Doesn't has it affected the comparability with other studies? Thanks. The main reason we only considered under 6 months infants was because we were not able to get a sampling frame (list) for 0-2 years old children. However, as you have said, the standard guidelines recommend 0-2 years as denominator. Thus, we have included this as a limitation of the study in our revised manuscript. (Page 3 Line 48-49)

2 If any household had more than one child < 6 months. Which child was included? What was the criteria? Clarify Thanks. For households who had more than one <6 months infant that meet the inclusion criteria, we used lottery method to select one.

Reviewer 2

1 There is no mention of any local Covid guidelines and policies relating to maternity care e.g. rooming in during the pandemic; if there were none it is also worth mentioning and say something about the normal hospital policies in non-Covid times. Thanks. Based on this suggestion, we have included a text about the local maternity care guidelines in our revised manuscript. (Page 4 Line 73 to Page 5 Line 80)

2 The war in Tigray is mentioned only in the limitations, I think it may warrant a section in the background, although I realize this might be politically sensitive. Thanks. We have included a statement about the effect of the war in the background section of our revised manuscript. (Page 6 Line 103-105)

3 Abstract

Page 2 Line 21 Use of the word binary misleading: Why not say univariate and multivariate? Thanks. We used the term "binary" to underscore that our dependent variable (EIBF) has two categories (levels). However, the main type of analysis we used was multivariate. So, we have revised it according to the reviewer's suggestions. (Page 2 Line 23)

4 Page 2 Line 23 Need more about time of explanatory variables e.g. sociodemographic, obstetric care Dear reviewer thanks. If you mean the time of data collection, information about the explanatory variables were collected at the same time with the dependent variable (cross-sectional).

5 Page 2 Line 34- define EIBF? Thanks. Dear reviewer, we have defined EIBF in the revised manuscript. (Page (Page 2 Line 34)

6 Strengths and limitations

Page 3 Line 22 There may be desirability bias – as behaviour is self-reported Thanks. We agree with this comment and we have added desirability bias as a limitation. (Page 3 Line 45)

7 Background

Page 5 line 17 Ref 2 claims EBF reduce postpartum depression not EIBF Thanks. Correction made accordingly. (Page 4 Line 56)

8 Page 5 Line 26 English should be "satisfactory" Thanks. We have made necessary English editing. (Page 4 Line 63-64).

9 Page 5 line 45 "quarters of" Thanks. We have made the amendment as suggested. (Page 4 Line 69)

10 Page 5 lines 50 -52 This statement needs rewording "Regarding neonatal mortality, twenty-nine (9) and thirty (10) neonates out of 1000 die before reaching the age of one month". Thanks. We have rephrased the text as per the suggestion of the reviewer. (Page 4 Line 71-73)

11 Page 6 line 6 this statement needs to mention the time of writing (month year) Thanks. The time of writing has been added in our revised manuscript. (Page Line)

12 Background doesn't mention the effect of war

Thanks. According to the suggestion by the reviewer, we have mentioned the effect of war in our revised manuscript. (Page 6 Line 103-105)

13 Study setting

What is the estimated population of Mekelle? Over half a million Thanks. The estimated population of Mekelle city is half a million. According to the suggestion from the reviewer, we have added this in the study setting. (Page 7 Line 125)

14 Sample size calculation

Page 8 line 35 was it KAP? Knowledge and attitudes not mentioned in the results Thanks. Dear reviewer, this was an editorial error and we have removed it in our revised manuscript. (Page 7 Line 131)

15 Page 8 line 39 design effect seems low at 1.5 as there were only 8 clusters-justify choice of this design effect size

Thanks. Design effect is used when a sampling technique other than simple random sampling is used to correct estimated sampling variance. In our study, we used multistage sampling. As the number of stages increases, it is recommended to increase the design effect. So, we used 1.5 because our sampling technique involved only three steps.

16 Page 8 line 5 It would be useful for non-Ethiopian readers to know the range of number of households in a kebele

Thanks. According to the suggestion from the reviewer, we have defined Kebele in terms of the range of the number of households it contains. (Page 7 Line 138-139)

17 Data collection

Page 10 Where were the data collected- at the mothers' homes? Thanks. Yes, data were collected at the mothers' homes.

18 Variables

Page 10 line 28 what were the 3 options? I see they are shown later on in the table, but you should mention here also Thanks. According to the suggestion by the reviewer, we have added the three options in the text too. (Page 9 Line 173-175)

19 Data analysis

Page 11 line 24 VIF abbreviation is used without explanation Thanks. According to the reviewer's comment, we have described the abbreviation VIF in full text. (Page 10 Line 195)

20 Results

Page 12 line 12 Should read "male headed households" Thanks. Correction made based on the reviewer's comment. (Page 12 Line 212)

21 Page 12 line 48 Better to say "unemployed" Thanks. We have made the correction based on the reviewer's comment. (Page 12 Line 212-213)

22 Page 12 line 53 It is unusual to have more female infants than male Thanks. Yes, it is unusual. However, it is data collected from a representative sample that were drawn using scientific methods and we have to accept it.

23 Health and obstetric characteristics

Page 13 Line 27 Table 2 Column heading "missing" =number of missing? I suggest a category for not known Thanks. Based on the reviewer's comment, we have made the correction. (Table 2)

24 Page 15 Table 3 column headings: write in full: crude odds ratio and adjusted odds ratio Thanks. Based on the reviewer's comment, we have made the correction. (Table 3)

25 Discussion

Page 16 line 10 considerably "lower" Thanks. Dear reviewer, since we were justifying that the difference in EIBF rates could be because the former study was done many years ago than ours, we used the term "older". However, we have rephrased the text. (Page 16 Line 258)

26 Page 16-line 14 limited access to health services but you have shown high attendance rates at ANC and high rate of institutional delivery Thanks. Yes, there was high ANC attendance and institutional delivery in this study because it was conducted in urban setting where there are better communication lines. But, the overall access to health services is low.

27 Page 17 line 16 remove word "much" Thanks. As the reviewer suggested, we have removed the word "much". (Page 17 Line 276)

28 Page 18 line 8 I suggest removing the sentence starting "When a pregnant mother has to deliver by CS..." the wording sounds too colloquial Thanks. As the reviewer suggested, we have removed the sentence. (Page 18 Line 294 - 296)

29 Page 18 line 27 Do you mean information or advice or practical support? Thanks. When we say information, we are referring to the breastfeeding-related information provided by a qualified health care provider. So, that becomes an advice by a professional.

We think we have addressed the points you have raised and we look forward to hearing from you in due time regarding our revised manuscript and to respond to any further questions and comments you may have.

VERSION 2 – REVIEW

REVIEWER	Talbert, Alison KEMRI-Wellcome Trust Research Programme
REVIEW RETURNED	11-May-2023
GENERAL COMMENTS	<p>The authors have responded to the reviewers' comments in a thorough manner and the manuscript reads better. I have only 2 minor suggestions:</p> <p>1. Line 103 “On top of the highly valued COVID-related disruptions, the armed conflict in the region have left the health service system in general, and maternity care services in particular, in tatters.” Rephrase to “On top of the significant COVID-related disruptions, the armed conflict in the region has left the health system in general, and maternity care services in particular, in a weakened state.”</p> <p>2. Table 2 Show recalculated percentages of birth weight <2500g =1.1% , ≥2500g =86.4%, unknown = 12.5%</p>

VERSION 2 – AUTHOR RESPONSE

Reviewer 2

1 Line 103 “On top of the highly valued COVID-related disruptions, the armed conflict in the region have left the health service system in general, and maternity care services in particular, in tatters.

Rephrase to “On top of the significant COVID-related disruptions, the armed conflict in the region has left the health system in general, and maternity care services in particular, in a weakened state.”

Thanks. Based on this suggestion, we have rephrased the text. (Page 6 Line 99 - 100)

2 Table 2 Show recalculated percentages of birth weight <2500g =1.1% , ≥2500g =86.4%, unknown = 12.5% Thanks. Yes, Table 2 was modified to be like this based on the comment and suggestion of one of the reviewers. The reviewer specifically commented us to replace the “missing” values with a “unknown” category.

We think we have addressed the points you have raised and we look forward to hearing from you in due time regarding our minor revision and to respond to any further questions and comments you may have.