

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

Title (Provisional)

Cohort Profile: Sri Lanka Child Growth Cohort (SLCGC), a population-based study on growth faltering of children

Authors

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VERSION 1 - REVIEW

Reviewer	1
Name	Kruger, Iolanthe
Affiliation	North-West University - Potchefstroom Campus, AUTHeR
Date	18-Jun-2024
COI	None

Minor comments:

1. Some references used are outdated. Please update—examples - # 1,2 3, 4, 6. I am listing only a couple. Please check the entire document.
2. Regarding reference #6: The authors refer to "various definitions" but only provide one outdated reference. Please update the reference and provide additional references as well.
3. Correct spelling for LMIC = lower-middle income countries
4. I would suggest to add the term "growth faltering" to the title. This will ensure alignment with the purpose statement of the SLCGC.

Reviewer	2
Name	Wright, Charlotte
Affiliation	University of Glasgow, PEACH Unit
Date	11-Jul-2024

COI **No relevant**

While this is an interesting account of a promising sounding cohort it seems altogether premature to make it the subject of a cohort profile, as all you have so far is the baseline data. The time for a cohort profile comes when you have already successfully followed the cohort up and published some findings, at which point the profile can pull these findings together and consider the future use of the cohort.

Reviewer	3
Name	Montserrat, Izquierdo Renau
Affiliation	Hospital Sant Joan de Déu, Neonatology
Date	31-Jul-2024
COI	None

Thank you for inviting me to review this paper.

This is a study protocol of a very interesting programme, which aims to have a deeper knowledge of the determinants of growth in a country where malnutrition and stunting are still a problem, so that the search for these factors to define health policies is of capital importance.

I think the content of the questionnaires is very appropriate and the training programme for answering them makes the information collected reliable. The source of the data is clearly stated, as are the next steps for analysing and using the information.

I have some minor comments:

- Page 3, lines 21-27: Could you please specify which reference curves are recommended by the national health authority?
- Page 6, line 38: I recommend using gestational age instead of period of amenorrhoea at delivery, both here and in Table 1. Gestational age is used in Table 3.
- Table 2: What does PBU mean? Please specify
- Table 3: For parental educational status, both O/L and A/L and ordinary and advanced are used. Please select the full form or abbreviation to be used in the table.

VERSION 1 - AUTHOR RESPONSE

Response to comments

	Comment	Response	Page
	Editor(s)' Comments to Author:		
E.1	- Please refrain from using abbreviations in the title of your manuscript.	Title revised removing the abbreviation	1
E.2	- Collaboration: Authors should include a section on what data will be available, to whom, how it can be accessed and what restrictions to reuse may apply. (This should be in the text, not the data sharing statement.) Please also state what kind of collaboration you are encouraging.	Section on collaboration was added Collaboration Deidentified micro-data of the cohort will be available for researchers, upon reasonable request with clear plan of utilization of such data conforming to guidelines for data dissemination. Requests for statistical code and anonymized data may be made to the corresponding author. SLGCS encourages expansion of the collaboration for further analyses of data, follow up of the cohort and widening the scope by adding new dimensions.	17
E.3	- Please include an author contribution section, a funding statement, competing interest statement, data sharing statement.	These details were included under the respective sections in the supplementary material file	Supplementary file
E.4	Please include more detail on the longitudinal nature of your cohort study.	The following details were added to emphasize the longitudinal nature of the study 1. In the Abstract Participants A retrospective cohort study was conducted among term-born babies (≥ 37 weeks of gestation),	1

		during the second year of life.	
E.5	<p>Inspired by the work of the patient partnership strategy at The BMJ (https://www.bmj.com/campaign/patient-partnership), BMJ Open is encouraging active patient involvement in setting the research agenda. BMJ Open now requires authors of all submissions to the journal to include a Patient and Public Involvement statement. The Patient and Public Involvement statement should be included as a sub-heading in the methods section of all manuscripts. It should provide a brief description of any patient involvement in study design or conduct of the study, as well as any plans to disseminate the results to study participants. If patients and or the public were not involved, please state "None". See our Instructions for Authors for further details: https://bmjopen.bmj.com/pages/authors/#reporting_patient_and_public_involvement_in_research.</p>	<p>Included a sub-heading as follows in the methods section:</p> <p>Patient and Public Involvement</p> <p>At the stage of designing the study, 3 group discussions were held with the mothers of children under 2 years of age from the 3 residential sectors, and their views were considered in defining certain variables such as types of food given to children, responsive feeding behaviour, and childhood illness according to their socio-cultural context. It is expected to inform the relevant findings to participants during the 2nd wave of assessment in this cohort after one year.</p>	13
R1.	<p>Reviewer: 1 Prof. Iolanthe Kruger, North-West University - Potchefstroom Campus Comments to the Author: Minor comments:</p>		
R1. 1	1. Some references used are outdated. Please update—examples - # 1,2 3, 4, 6. I am listing only a couple. Please check the entire document.	Some of the references were updated where relevant	18
R1. 2	2. Regarding reference #6: The authors refer to "various definitions" but only provide one outdated reference. Please update the reference and provide additional references as well.	<p>Thank you for your comment. The term growth faltering was explained in detail.</p> <p>While keeping some references, which are hallmark studies, new references were added. The changes and are highlighted in</p>	3

		the text.	
R1. 3	3. Correct spelling for LMIC = lower-middle income countries	Corrected as lower-middle income countries	1
R1. 4	4. I would suggest to add the term "growth faltering" to the title. This will ensure alignment with the purpose statement of the SLCGC.	Incorporated into the title	4
R2	Reviewer: 2		
	<p>Prof. Charlotte Wright, University of Glasgow</p> <p>Comments to the Author:**</p> <p>While this is an interesting account of a promising sounding cohort it seems altogether premature to make it the subject of a cohort profile, as all you have so far is the baseline data. The time for a cohort profile comes when you have already successfully followed the cohort up and published some findings, at which point the profile can pull these findings together and consider the future use of the cohort.</p> <p>**Editor's note: We feel that our definition of a cohort profile differs to that of the reviewer (https://bmjopen.bmj.com/pages/authors#cohort_profile). We are including the review comments for your interest.</p>	Editors comments noted	
R3	Reviewer: 3		
	<p>Dr. Izquierdo Renau Montserrat, Hospital Sant Joan de Déu, Institut de Recerca Sant Joan de Deu</p> <p>Thank you for inviting me to review this paper.</p> <p>This is a study protocol of a very interesting programme, which aims to have a deeper knowledge of the determinants of growth in a country where malnutrition and stunting are still a problem, so that the search for these factors to define health policies is of capital importance.</p> <p>I think the content of the questionnaires is very appropriate and the training programme for answering them makes the information collected reliable. The source of the data is clearly stated, as are the next steps for</p>	<p>Thank you for your comments and appreciation of the work carried out in our country in assessing determinants of growth</p>	

	analysing and using the information.		
R3.1	Page 3, lines 21-27: Could you please specify which reference curves are recommended by the national health authority?	Reference curve recommended by the national health authority is based upon the WHO child growth standards 2006 (Reference 9). This was mentioned in the text	3
R3.2	Page 6, line 38: I recommend using gestational age instead of period of amenorrhoea at delivery, both here and in Table 1. Gestational age is used in Table 3.	Thank you for your suggestion. Changed to gestational age at birth both here and in Table 3	8
R3.3	Table 2: What does PBU mean? Please specify	We replaced the PBU with Special Care Baby Unit	9
R3.4	Table 3: For parental educational status, both O/L and A/L and ordinary and advanced are used. Please select the full form or abbreviation to be used in the table.	Changed O/L: Ordinary Level A/L : Advanced Level	14

VERSION 2 - REVIEW

Reviewer 3

Name Montserrat, Izquierdo Renau

Affiliation Hospital Sant Joan de Déu, Neonatology

Date 10-Sep-2024

COI No competing interest

The authors have correctly answered my comments