

## 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

<b>TITLE (PROVISIONAL)</b>	A protocol for a multi-centre prospective observational study of families with full-term infants on postnatal wards and in the community to capture feeding practices across the first year of life; the Mother Infant Lactation Questionnaire (MILQ) study
<b>AUTHORS</b>	gould, jacqueline; Yelland, Lisa; Gibson, Robert; McPhee, Andrew; Varghese, Jojo; Grivell, Rosalie; Makrides, Maria

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Hoteit, Maha Lebanese University, Faculty of Public health
<b>REVIEW RETURNED</b>	27-Jul-2022

<b>GENERAL COMMENTS</b>	I advise the authors to integrate more variables in their analyses: for example ever breastfed. It is a variable tested frequently by UNICEF and WHO. I also want to ask the authors why they neglect other infant feeding practices as infant formula use, mixed feeding and complementary feeding. It would be great to know all the determinants that affect the behaviors of mothers towards breastfeeding and infant formula use also. In this way, prospectively, the authors can follow up carefully in one study all correlates that affect the infant feedings practices.
-------------------------	--

<b>REVIEWER</b>	Byrne, Rebecca Queensland University of Technology, School of Exercise and Nutrition Sciences
<b>REVIEW RETURNED</b>	11-Aug-2022

<b>GENERAL COMMENTS</b>	<p>Thank you for the opportunity to review this manuscript. We need more data describing infant feeding practices in Australia and I am pleased to see this study underway.</p> <p>I have a few minor comments. The instructions to reviewers state that some baseline data can be included. Given recruitment started in February 2020, I would like to know how that is going. Are you getting sufficient numbers of participants enrolled at the time of their infant's birth? Enrolment can occur up to seven weeks of age. How many participants are being enrolled at this later stage and missing the week 3 and week 5 questionnaires? We know that breastfeeding rates drop dramatically in the first six weeks of life, indeed, in the first few days in hospital - so the more data we have at this stage of your study, the better! Depending on the enrolment numbers, missing data at this stage may need to be considered as a limitation.</p>
-------------------------	---

## VERSION 1 – AUTHOR RESPONSE

<b>Reviewer: 1 Dr. Maha Hoteit, Lebanese University</b>	
I advise the authors to integrate more variables in their analyses: for example ever breastfed. It is a variable tested frequently by UNICEF and WHO.	<i>We intend to explore multiple predictors of feeding intentions, preferences, and practices. In Australia, over 90% of infants are breastfed in hospital after birth. Previous breastfeeding will be included as a likely predictor of breastfeeding the infant in the MILQ study. We are capturing a number of baseline characteristics, hospital experiences, and intentions that will be used to in analyses exploring later feeding practices.</i>
I also want to ask the authors why they neglect other infant feeding practices as infant formula use, mixed feeding and complementary feeding. It would be great to know all the determinants that affect the behaviors of mothers towards breastfeeding and infant formula use also. In this way, prospectively, the authors can follow up carefully in one study all correlates that affect the infant feedings practices.	<i>We capture formula use, breastfeeding, and mixed feeding at each timepoint. Australian dietary guidelines recommend introducing complementary foods around 6 months of age. Complementary feeding is asked at each survey after 4 months of age as some families introduce foods between 4 and 6 months of age. We do not collect information about reasons for mixed feeding due to the design of the study, in which reasons are presented as a list that participants can select from. There were concerns that presenting reasons could potentially influence ongoing feeding practices. For example, we did not want to suggest to an exclusively breastfeeding mother that mixed feeding allows for the partner to feed the infant-which is a common reason cited for introducing formula feeds to a breastfed infant. We have amended the methods on pages 9-10 to make this clearer, as well as the Supplementary Appendix. We have added a limitation to the discussion (line 376-78) that we are not capturing reasons for mixed feeding. We have added a recommendation that future research capture reasons for mixed feeding, in a study design where participants are not prompted with possible motivations.</i>
<b>Reviewer: 2 Dr. Rebecca Byrne, Queensland University of Technology</b>	
Thank you for the opportunity to review this manuscript. We need more data describing infant feeding practices in Australia and I am pleased to see this study underway. I have a few minor comments. The instructions to reviewers state that some baseline data can be included. Given recruitment started in February 2020, I would like to know how that is going. Are you getting sufficient numbers of participants enrolled at the time of their infant's birth?	<i>We have now completed recruitment, with a total of 1,827 mother-infant pairs. Our intention was to enroll all participants from birthing hospital postnatal wards, within hours of mothers giving birth. However, COVID restrictions in Australia were introduced approximately a month after we commenced hospital recruitment and we were unable to continue recruitment. Instead, we commenced online recruitment, and expanded the acceptable age at enrolment. Once we were able to recommence hospital-based recruitment, we did re-commence recruitment in postnatal wards. Over 80% we</i>

	<i>enrolled during hospitalization at birth. &lt;20% of participants were enrolled via online recruitment. We intend to conduct secondary analyses to determine whether there are differences between the characteristics and feeding practices of families recruited in hospital verses online.</i>
Enrolment can occur up to seven weeks of age. How many participants are being enrolled at this later stage and missing the week 3 and week 5 questionnaires?	<i>Most families enrolled shortly after birth, with ~10% enrolling after the 3 week survey. We will report this in the results manuscript, with a note that this is a limitation.</i>
We know that breastfeeding rates drop dramatically in the first six weeks of life, indeed, in the first few days in hospital - so the more data we have at this stage of your study, the better! Depending on the enrolment numbers, missing data at this stage may need to be considered as a limitation.	<i>We have added this anticipated limitation to the protocol Discussion (lines366-368).</i>