OPEN PEER REVIEW

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- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

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https://brieflands.com/briefland/knowledgebase/category/tree.html#opr.html

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Peer Review Report for "Effectiveness of Cue-Based Feeding Versus Scheduled Feeding in Preterm Infants Using Comprehensive Feeding Assessment Scales: A Randomized Clinical Trial"

Author(s): Farideh Kamran, Ahmad Reza Khatoonabadi, Mahshid Aghajanzadeh , Abbas Ebadi, Yaser Faryadras , Setareh Sagheb

Review Timeline:

Submit Date:	17 Jul 2020
Revised Date:	10 Sep 2020
Accepted Date:	25 Sep 2020

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | Revision (0) 8 Aug 2020

Dear AE,
Thank you for inviting me to review the article
some points are proposed for this research:
1. It is better than in abstract result mentioned numerical result .for example prevalence of group1 vs group 2
2. What are the data extract's center characteristics? is it governmental or private, is it referral or not referral and so on, discuss more about it
3. How many observers did you have? if you had more than one observer, you must mention agreement index like kappa coefficient (write in method section)
4. Your sample size is so low. Why did not you use the exact methods like boot strap and Jackknifing method for reporting pvalue and CI
5. Randomization method is not mentioned. Which Method was used to generate the random allocation sequence?

6. Blinding if done, who was blinded after assignment to interventions and how?
7. Please be noted for each group, losses and exclusions after randomization, together with reasons.
8. The concurrent use of formula and breast milk in this study can affect the results and alter the time of full feeding.
Thanks

Manar Al-Iawama: Reviewer | **Revision** (0) 24 Aug 2020

Dear AE,
The nice and well-done study, I would like to see the authors commenting on the following :
1- Experience of the nurses who were feeding both groups, whether they have the same qualification, and whether they received special training for this study as this might have affected the results.
2- Comments and results of infants' illness acuity and type of respiratory support as those factors might affect the time feeding initiation.
3- I would like to see a description in the method section of the feeding protocol applied in the unit where the study was conducted that the physicians applied to the scheduled feeding group, when do they initiate it, and how they advance as the readers might have a different and rapid protocol which means less valid results of this study for them.
4- The advancement volumes of both groups
5- Narcotizing enterocolitis incidence on both groups
6- The growth percentile of babies in both groups on discharge.
7- Remove the female percentage from the demographic table
Thanks

REFEREE: Reviewer | **Revision** (0) 31 Aug 2020

Dear AE,
This clinical trial compared ffectiveness of Cue-based Feeding Versus Scheduled Feeding in Preterm Infants. Despite the practicality of the study, given the various previous studies conducted on this subject over the years, the novelty and the innovation of the study is not clear to me.
Thanks

REFEREE: Associate Editor | **Revision** (0) 1 Sep 2020

Dear EIC,
The manuscript is studied, and there are some comments which should be addressed by the author. According to the comments, the document needs major revision.
Kind regards,

REFEREE: EIC | **Revision** (0) 1 Sep 2020

Dear Authors,
Thank you for submitting your manuscript to Iran J Pediatr. Your manuscript has now been reviewed by 3 reviewers and an Associate Editor. I now have the reports of the Referees,

which suggest that your manuscript might be suitable for publication following a number of revisions. I attach some reviewer comments and invite you to submit a revised version of your manuscript addressing the points made.

Regards

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

The reviewers'comments have been highlighted by various colors:

Reviewer 1: Green

Reviewer 2: Blue

Reviewer 3: Yellow

Reviewer 1		
Comments	Answer	Page
1- Experience of the nurses who were feeding both groups, whether they have the same qualification, whether they received a special training for this study as this might have affected the results.	- Thanks for your point. - All nurses were woman and their precedent was between 2- 5 year. - All nurses were trained in cue-based feeding protocol and scheduled feeding.	
2- Comments and results of infants' illness acuity and type of respiratory support as those factors might affected the time feeding initiation.	- Infants with severe respiratory problems and illnesses were not included in our study. - All infants who were entered our study received respiratory support with low set up on CPAP. - Type of respiratory support was not different. - To clarify , this point has been added inclusion citeria - Many thanks for your comment.	- Inclusion criteria have been mentioned on page 2 (the line 82) - This point has been added to limitation part (page 6; line 245)
3- I would like to see a description in the method section of the feeding protocol applied in the unit where the study was conducted that the physicians applied on the scheduled feeding group, when do they initiate , how to they advance as the readers might have a different and rapid	- We edited and illustrated description of method. - Thanks for your attention	It has been clarified on page 4 (line 155-166)

protocol which means less valid results of this study for them		
4- The advancement volumes on both groups	We added the advancement volumes on both groups	Table 3: Page 10
5- Narcotizing enetrocolitis incidence on both groups	These infants were not enlisted in our study. In the inclusion part was mentioned.	Page 2 : line 82-83
6- The growth percentile of babies on both groups on discharge.	The advancement of weight investigated (Table 3) Other components were not considered.	
7- Remove the female percentage from the demographic table:	We have removed the female percentage from the demographic table	Page 8 : Table 1
Reviewer 2		
1. It is better that in abstract result mentioned numerical result .for example prevalence of group1 vs group 2	- It has been edited in the abstract - Thanks for your suggestion	Page 1: line 17-21
2.What are the data extract's center characteristics? is it governmental or private, is it referral or not referral and so on, discuss more about it	- It has been illustrated in the section of footnote and method. - Data is collected in Neonatal Intensive Care Unit of Dr. Shariati Hospital, Tehran University of Medical Sciences - The study was supported byTehran University of Medical Sciences.	Page 2: line 79 Page 7:line 283
3.How many observers did you have? if you had more than one observer, you must mention agreement index like kappa coefficient (write in method section)	- In our study, the major observer was just a person. Although nurses were trained, the one observer recognized and confirmed infants'cues.	
4. Your sample size is so low. Why did not you use exact method like boot strap and Jackknifing method for reporting	- Thanks for your suggestion - We examined our data using boot strap. According this method, confidence interval has been added all variables in all tables	Page 7-12 All tables

pvalue and CI		
5.Randomization method is not mentioned. Which Method used to generate the random allocation sequence?	- Preterm infants were selected for each group by the block randomization method. - It has been mentioned in the method section	Page 3 :line 94-96
6.Blinding if done, who was blinded after assignment to interventions and how?	We did not do blinding	
7.Please be noted for each group, losses and exclusions after randomization, together with reasons.	- We have added reason of attrition. - Thanks for your comment.	Page 2 : line 91-93
8. the concurrent use of formula and breast milk in this study can affect the results and alter the time of full feeding	- We investigated the homogeneity of sample in term of type of milk. There was no difference between two groups. - The result of homogeneity has been added on table 1	Page 8 : Table 1
Reviewer 3		
This clinical trial compared ffectiveness of Cue-based Feeding Versus Scheduled Feeding in Preterm Infants. Despite the practicality of the study, given the various previous studies conducted on this subject over the years, the novelty and the innovation of the study is not clear to me.	In the previous studies used only cue-based feeding scales to investigate effectiveness of cue-based feeding and they reported that infants who fed with cue-based feeding approach, have achieved full oral feeding earlier and the length of hospitalization has been shorter than scheduled feeding approach. However, in our study, besides cue-based feeding scales, comprehensive evaluation tools, including Preterm Infant Oral Feeding Readiness Assessment Scale (PIOFRAS) and Early Feeding Skill (EFS) scale were used to measure the results of the research precisely. Our results were in contrary with previous studies due to using these tools:Although PIOFRAS and EFS demonstrated that there is no difference significantly in most of the stages of	It has been clarified in the section of background Page 2 : line 60-66

	achievement in oral feeding between the cue-based feeding group and the scheduled feeding, the process of attainment of oral feeding and discharge from the hospital was more rapid in the cue-based feeding group. In fact, innovation of our study is our scales which used. None of studied did not use these scales. Reviews have reported that results of previous studies are not enough reliable due to their measurements. Our aim of this research was solving this problem.	

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Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) 10 Sep 2020

Dear AE,
The study is reviewed carefully. According to comments and revisions by the author, this manuscript is accepted.
Thanks

REFEREE: Associate Editor | **Revision** (1) 25 Sep 2020

Dear EIC,
The revised manuscript was reviewed. Authors have applied due modifications according to the first review. Now, I think this is suitable to be published.
Thanks

REFEREE: EIC | **Revision** (1) 25 Sep 2020

Dear Authors,
The second round of peer review of your manuscript has been completed, and I am pleased to inform you that your manuscript has now been accepted for publication in our journal.
Thanks