OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:

Peer Review

Journal of Comprehensive Pediatrics
Article DOI: https://doi.org/10.5812/compreped.112148
Published in: Journal of Comprehensive Pediatrics: 13(1) ; e112148

Peer Review Report for "Breast Milk Docosahexaenoic Acid and Neonatal Outcome in Preterm Infants: A Cross-sectional Study"

Author(s): Farnaz Naserly, Minoo Fallahi, Saleheh Tajalli, Mohammad Kazemian, Mahmoud Hajipour, Beheshteh Olang, Shamsollah Noripour

Review Timeline:

Submit Date:	14 Dec 2020
Revised Date:	31 Oct 2021
Accepted Date:	14 Jan 2022

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

25 May 2021

This is an interesting paper. However, it needs to be slightly modified. In my opinion, there are some numbers of strengths and weaknesses in your article. I think the strengths of your article include the following:

1- Title and abstract indicate the study's design with a commonly used term.
2- Abstract provide an informative and balanced summary of what was done and what was found.
3- Background is scientific and rationale for the investigation being reported.
4- Method describes the setting, locations, and relevant dates and data collection.

5- Authors have summarized key results with reference to study objectives in the discussion exactly.
6- The authors have discussed the limitations of the study, taking into account sources of potential bias or imprecision.
I have some recommendations for you:
1 -In the abstract, the meaning of the sentence in line 18-19 and the reported standard deviations is incomprehensible.
2 -In the method section, please explain completely whether the nutritional status of the mother and the possible use of the supplement have been considered or not?!
3 - In the method, please indicate how long the follow-up of the infants for mentioned complications has been done.
4 -Please explain how the study size was arrived at.
5 -The results sentences in lines 98-99 do not explicitly show the meaning of the numbers reported.
6 -Do the numbers listed in "Table 1" refer to the DHA blood level based on demographic characteristics? For example, in rows of “Age of mother “and "Age of neonate at the time of sampling"? It seems that the design of this table needs to be revised.
7 - Abbreviations must be mentioned in full at least once in the text. For example IVH, ROP, ...
8 -According to the content of Table 3, in the method section, it should be mentioned by what criteria the appropriate growth index of height, weight, and head circumference has been measured.

REFEREE : Reviewer

26 May 2021

Dear EIC
This is an interesting study,but unfortunately there are some concerns in methodological point of view.
1. The including and excluding criteria are not clear
2. Why you select mothers of preterm babies?
3. How did you estimate the amount of food that each mother has consumed during this sampling?
4. The complications that you evaluated in this study are multi factorial. How did you eliminate the Interfering factors? You can only report the level of DHA in this study not their relationship with complication.
5. By evaluating a single sample of breast milk you couldn't justify the effect of breast milk DHA on neonatal morbidity.
6. Why you didn't sample them in the single post delivery day ? and from mothers with the same gestational age?

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

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

Dear editor chief of the journal

Thank you and dear reviewers for attention to my manuscript. I read the valuable comments and revised it based on the suggested comments. I hope that with this revision my manuscript is a good option for publishing in your journal.

I replied the comments as listed below:

Reviewer comment	***Reply to Reviewer***
Thank you for your valuable manuscript. Please revise Table 3. The number of patients in Mortality and Appropriate weight gain are not match to your total number of samples	This section was revised.
1. The including and excluding criteria are not clear	Inclusion and exclusion criteria were inserted in our manuscript.
2. Why you select mothers of preterm babies?	Regarding to the higher probability of neurodevelopmental and growth disorder in preterm neonate; we planned this study for the measurement of breast milk DHA level and its effects in neonatal outcomes in preterm deliveries.
3. How did you estimate the amount of food that each mother has consumed during this sampling?	We have not estimated the amount of food in our study. We aimed to evaluate DHA level of breast milk and correlation with neonatal outcomes.
4. The complications that you evaluated in this study are multi factorial. How did you eliminate the Interfering factors? You can only report the level of DHA in this study not their relationship with complication.	The association between DHA level and the variables of our research, were evaluated with a crude analysis. With using multiple logistic regression modeling, we analyzed them and after adjusting for confounder variables, we did not find association between the DHA level of breast milk and the neonatal complications. These results may be due to the low sample size and a single measurement of DHA level during the study.
5. By evaluating a single sample of breast milk you couldn't justify the effect of breast milk DHA on neonatal morbidity.	With respect to the comment of dear reviewer, with a single measurement of DHA level of breast milk, the association between this material and neonatal morbidity, it will not be definite. Regarding the financial limitations of this research **(due to the high cost of laboratory exam)**, we recommend other studies with higher sample size. We remind this limitation of our research as the last part of discussion.
6. Why you didn't sample them in the single post-delivery day? and from mothers with the same gestational age?	We collected 5-10 milliliter of expressed breast milk for analysis; regarding to the limitation of colostrum in the single post-delivery day and neonates needs, therefore this was taken to 7 days post-delivery. The present study was extracted from a

	neonatologist's thesis, submitted to Shahid Beheshti University of Medical Sciences, Tehran, Iran. We have not enough time to collected mother with same gestational age.
1 -In the abstract, the meaning of the sentence in line 18-19 and the reported standard deviations is incomprehensible.	This sentence was revised.
2 -In the method section, please explain completely whether the nutritional status of the mother and the possible use of the supplement have been considered or not?!	This sentence was revised. The correlations between the breast milk levels of DHA and variables such as gestational age, birth weight, gender, delivery mode, supplement usage, maternal age, underlying or gestational disorders, maternal intake of food contents of DHA and diet, neonatal outcomes.
3 - In the method, please indicate how long the follow-up of the infants for mentioned complications has been done.	Outcomes were evaluated for 4 months after discharge in neonatology clinic based on the available growth curve specific for preterm neonates. (Fenton growth chart)
4 -Please explain how the study size was arrived at.	For sample size calculation of, based on the Juber et al study and equation of $N=z^2.\xi^2/d^2$ $Z=1.96$, the mean and standard deviation of 0.22 and 0.13% and an error level of 0.325, the number of 67 patients were selected.
5 -The results sentence in lines 98-99 do not explicitly show the meaning of the numbers reported.	This sentence was revised.
6 -Do the numbers listed in "Table 1" refer to the DHA blood level based on demographic characteristics? For example, in rows of “Age of mother “and "Age of neonate at the time of sampling"? It seems that the design of this table needs to be revised.	This part was revised.
7 - Abbreviations must be mentioned in full at least once in the text. For example, IVH, ROP, …	These was revised.
8 -According to the content of Table 3, in the method section, it should be mentioned by what criteria the appropriate growth index of height, weight, and head circumference has been measured.	The growth indexes, weight gain and increase height and head circumferences, were evaluated for 4 months after discharge in neonatology clinic based on the available growth curve specific for preterm neonates

Best regard

OPEN PEER REVIEW

Revision (1)

Naeeme Taslimi Taleghani : Reviewer

5 Jul 2021

Thanks to the authors for the acceptable changes they made to the article. Please pay attention to the following to complete the corrections.

1- Please correct the reference number in line 89.
2- Table 1 requires major corrections and is not acceptable.
3- In the method section, it should be mentioned by what criteria the appropriate growth index of height, weight, and head circumference have been measured.

OPEN PEER REVIEW

Revision (2)

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Dear editor chief of the journal

Thank you and dear reviewers for attention to my manuscript. I read the valuable comments and revised it based on the suggested comments. I hope that with this revision my manuscript is a good option for publishing in your journal.

I replied the comments as listed below:

Reviewer 1 comments	***Reply to Reviewer1***
1. *Please correct the reference number in line 89.*	*The reference number in line 89 was corrected.*
2. *Table 1 requires major corrections and is not acceptable.*	Table number 1 showed the DHA level of breast milk based on the independent variables. Regarding that the level of DHA was not normal, then the median and IQR were reported and for a better analysis, the mean and standard deviation .were mentioned too If the dear reviewer intends to remove the mean .and standard deviation, I will ignore it on the other hand, the correlation between the DHA level and independent variables was analyzed with the nonparametric tests such as mann-withney and kruskawal vallis test and their .results were not significant
3- In the method section, it should be mentioned by what criteria the appropriate growth index of height, weight, and head circumference have been measured.	*In the method section*: we mentioned that" **growth indexes, weight gain, and increase height and head circumferences, were evaluated for 4 months after discharge in neonatology clinic based on the available growth curve specific for preterm neonates. (Fenton growth chart).**"
Reviewer2 comments	***Reply to Reviewer2***
1-The inclusion criteria of your study are neonates under 34 weeks and birth weight less than 2000 gr, but in results the gestational age range is 25-36 weeks birth weight 760-3500 gr.	Inclusion criteria in our research were the gestational age under 34-36 weeks ***or*** the birth weight under 2000 grams. I corrected the unwanted mistake in the manuscript in this regard.
2-in table 1 It is better to mention the	The unit for the age of neonates(day)

unit <day> for neonate and <year> for mother in age of sampling	and mother(year) was added.
3-It is mentioned in your study that all your 67 neonates were followed for 4 months and in table 3 the number of evaluated patients for the whole items are 67, but in the last row of table there are 4 mortalities and just 63 patients have survived. please explain about it.	Four neonates died during hospitalization and 63 of them were followed. The above sentence was added to the material and method.

Best regard

OPEN PEER REVIEW

Revision (2)

REFEREE : Reviewer

11 Aug 2021

Dear author
Thank you for the corrections you made to your manuscript.
please explain about these items:
1- line 9 and line 71 do not match.
2-As you mentioned in line 87, Four neonates died during hospitalization and 63 of them were followed, but the number of patients in table 3 is 67.
Please check your data.
Thanks

Naeeme Taslimi Taleghani : Reviewer

14 Aug 2021

Thanks to the authors for the acceptable changes they made to the article. Please pay attention to the following to complete the corrections.
- Table 1 requires major corrections and is not acceptable.
In Table 1, DHA blood levels should be specified based on the demographic variable in the column.

OPEN PEER REVIEW

Revision (3)

Reply to Reviewers

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Dear editor chief of the journal

Thank you and dear reviewers for attention to my manuscript. I read the valuable comments and revised it based on the suggested comments. I hope that with this revision my manuscript is a good option for publishing in your journal.

I replied the comments as listed below:

Reviewer 1 comments	***Reply to Reviewer1***
1. *Table 1 requires major corrections and is not acceptable. In Table 1, DHA blood levels should be specified based on the demographic variable in the column*	Table 1 was revised. The row related to **Birth weight** and **Age of mothers and neonates at the Time of Sampling** in which their data such as mean and median were mentioned in the table was deleted. Because we did not categorize these qualitative variables, actually the mean level of DHA based on these variables was the same as the mean level in all population.
Reviewer2 comments	***Reply to Reviewer2***
1- line 9 and line 71 do not match.	Actually, our research was about the DHA level of the breastmilk of mothers with preterm delivery. In line 71 I corrected the sentence for a better presentation of our research.
2-As you mentioned in line 87, Four neonates died during hospitalization and 63 of them were followed, but the number of patients in table 3 is 67. Please check your data.	In this research we measure the DHA level of the breast milk of 67 mothers with preterm delivery. 4 neonates died during the hospital course and our study. We include the data of died patients too, before their death and analyzed their information's such as IVH, BPD ….. in our statistical analysis. Then in Table 3, the results which mentioned are based on 67 patients.

Best regard

OPEN PEER REVIEW

Revision (3)

Naeeme Taslimi Taleghani : Reviewer — 23 Aug 2021

Thanks to the authors for the acceptable changes they made to the article.

REFEREE : Reviewer — 27 Sep 2021

Dear author please consider these items:
1- Change <34 weeks> in line 9 to <36 weeks> as is mentioned in your methods in line 71
2- Correct 1019 to 2019 in lines 70 and 71
3- As mentioned in your methods, growth indexes (weight gain, height and head circumference) were evaluated for four mounts after discharge in survived neonates(63 patients). In table 3 just weight gain is evaluated in 63 patients and in other items there are 67 ones.

OPEN PEER REVIEW

Revision (4)

Reply to Reviewers

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سردبیر محترم مجله وزین **Journal of Comprehensive Pediatrics**

با سلام و احترام

خطای تایپی بود. اصلاحات انجام شد.

با تقدیم احترام

Reviewer comment	Address	Reply
Dear author please consider these items Change <34 weeks> in line 9 to <36 weeks> as is mentioned in your methods in line 71	Page1 line9	This cross-sectional study was done in 67 mothers with gestational age lower than 36 weeks, during 2018-2019.
Correct 1019 to 2019 in lines 70 and 71	Page2 line70-72	This cross-sectional descriptive research was done in mothers with preterm delivery in Mahdieh Medical Center affiliated with Shahid Beheshti University of Medical Sciences during 2018-2019. The mothers of all preterm neonates were admitted from 2018 to 2019 with gestational age less than 36 weeks or birth weight lower than 2000 grams were included and their breast milk was assessed for the DHA level.
As mentioned in your methods, growth indexes (weight gain, height and head circumference) were evaluated for four mounts after discharge in survived neonates(63 patients). In table 3 just weight gain is evaluated in 63 patients and in other items there are 67 ones.	Page10 tale3	Correction is highltie.

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Revision (4)