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| Journal Name: | [**Asian Journal of Pediatric Research**](https://journalajpr.com/index.php/AJPR) |
| Manuscript Number: | **Ms\_AJPR\_132272** |
| Title of the Manuscript: | **Barriers to mother's own milk feeding for preterm newborns experience from a tertiary neonatal intensive care unit** |
| Type of the Article | **Original Research Article** |

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| PART 1: Comments | | |
|  | Reviewer’s comment **Artificial Intelligence (AI) generated or assisted review comments are strictly prohibited during peer review.** | Author’s Feedback *(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)* |
| **Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.** | This study addresses a crucial health issue in preterm neonatal care—**barriers to mother’s own milk (MOM) feeding**. It enhances our understanding of the risk factors associated with MOM feeding and offers insights into improving its utilization in preterm neonates, thereby reducing morbidity and mortality. | Breast milk of mothers who delivered prematurely is different from that of term milk.Due to immaturity, they need gavage feeding during the first few days to a few weeks.Despite numerous benefits, there are still some barriers to mother’s own milk feeding for preterm babies.This ultimately leads to dependency on formula milk and shared breast milk, which has deleterious effects on preterm newborns.Interventions like quality improvement study is time demanding approach to mitigate the challenges and improving mother’s own milk feeding for preterm babies |
| **Is the title of the article suitable?**  **(If not please suggest an alternative title)** | The title could be modified for better clarity and readability. A suggestion is: **"Barriers to Mother's Own Milk Feeding for Preterm Newborns: Experience/Lessons from a Tertiary Neonatal Intensive Care Unit."** | The title is changed to “Barriers to Mother’s Own Milk Feeding for Preterm Newborns:Experience from a Tertiary Neonatal Intensive Care Unit. “ |
| Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here. | The abstract provides a comprehensive overview of the study but has some limitations:   * The results section primarily focuses on the impact of failure to express breast milk, while other factors are not adequately analyzed. Instead, they are directly discussed in the conclusion, making it difficult to follow without the necessary data. * Formatting inconsistencies in font style and size should be corrected to ensure uniformity. | In the revised manuscript, other factors such as counseling,demonstration of breast milk expression, and demographic factors of mothers and neonates, as well as maternal illness, are mentioned and highlighted in the result section  * Font style and size is corrected to Times New Roman and 12 respectively. |
| Is the manuscript scientifically, correct? Please write here. | While the methodology is generally well-structured, it requires more details:   1. The manuscript mentions **preterm <34 weeks and/or <1800g**, but it is unclear which gestational cutoff was applied. Were term **SGA (Small for Gestational Age) babies <1800g** included in the study? 2. The methodology states that the **amount and type of breast milk were recorded**, but it does not explain how these measurements were taken, especially on **Day 1 for mothers who did not perform milk expression**. 3. Details regarding **direct breastfeeding** are missing, though this could significantly influence the study outcomes. 4. It is unclear whether other causes of decreased milk output, such as **nipple issues or latching problems, were considered and excluded**. 5. The rationale behind selecting **Day 1, Day 3, and Day 7** for expression and milk volume assessment is not clearly explained. 6. The sample size is small, and the majority of mothers enrolled did not express breast milk on **Day 1**, with only **4%** doing so. Was the milk volume in these mothers **higher on Days 3 and 7** compared to those who did not express on Day 1? A **case-control study design** may have been more appropriate to establish this relationship more effectively.  **Discussion**  * The discussion is **relevant** but could be **better structured** by systematically comparing the findings with previous studies. * Although the study identifies **modifiable barriers to MOM feeding in preterm neonates**, it does not **clearly propose specific interventions** to overcome these barriers. Including recommendations would enhance the study's impact.  **Terminology & Consistency**  * The manuscript inconsistently uses **LUCS (Lower Uterine Cesarean Section) and LSCS (Lower Segment Cesarean Section)**. A single abbreviation should be used throughout, and it should be expanded upon first mention. | 1.The study included only preterm babies. No term baby was included. Some babies were 35weeks and 36 weeks with weights less than 1800 grams admitted with TTN,delayed adaptation ,sepsis who needed OG tube feeding .They were also included in this study.That’s why the inclusion criteria were **preterm <34 weeks and/or <1800g**  **2.The mother who did not express their breast milk on day 1 documented as no breast milk was expressed in breast milk expression charts**  **If they used shared breast milk from other mothers it was documented as a type of breast milk. on the other hand , those who expressed their breast milk,measured by insulin syringe, as colostrum was little in amount .**  **3.Direct breast feeding was not able to be given upto day 7 in the studied group .Babies who were able to directly breast feed by day 7 was excluded,as in our study we gave emphasis on breast milk expression for the newborns who did not able to co ordinate sucking,swallowing and breathing due to their prematurity and illness.**  **4. We addressed nipple issues .Newborns in the studied group were on OG tube feeding and cup feeding due to prematurity and illness**  **5.Rationale behind selecting day 1 ad day 3 :As early hand expression of milk increases later milk production.Literature showed delaying first milk expression more than 6hrs will delayed Lactogenesis stage 2 ,which usually start from 30-48hrs postpartum as well as compromised future milk production .Studies also showed that initiation of breast milk expression has a similar role to initiate and maintain lactation with the initiation of breastfeeding**  **Day 7: Literature review showed that there is effect of early breast milk expression on day 7 milk volume.Moreover we wanted to observe the maintenance of breast milk expression till day 7.Mothers who expressed their breast milk more than 6 times on day 7 produced more milk than women who expressed less than 6 times.**  6. Four(4%)of the mothers expressed their breast milk within 6hrs of birth and 18% of mothers expressed their breast milk on day 1. Milk volume was higher on day 3 and day 7 in mothers who expressed their breast milk within 24hrs,specially within 6hrs of birth.  It was a cross-sectional study done on small sample sizes to identify factors responsible for less mother’s own milk feeding prior to a quality improvement initiative to increase mother’s own milk feeding for preterm babies.  **Discussion:**  **Recommendations added**  **Terminology & Consistency:Only LUCS term is kept** |
| **Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.** | The references are sufficient and recent; however, they are formatted inconsistently. The citation style should be standardized. | References are corrected accordingly |
| Is the language/English quality of the article suitable for scholarly communications? | The manuscript contains **grammatical errors**, especially in the **abstract and introduction**. The **quality of English should be improved** to enhance readability and clarity.  The document also has **inconsistent font styles** and **formatting issues**, which should be uniform throughout. | Grammatical errors in abstract and introduction is corrected . Font style and size are also corrected |
| Optional/General comments | While the study addresses an **important global health issue**. Additionally, the manuscript is difficult to follow due to **lack of continuity and clarity** in various sections. | I have tried to clarify the sections. |

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| **PART 2:** | | |
|  | **Reviewer’s comment** | **Author’s comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)* |
| **Are there ethical issues in this manuscript?** | *(If yes, Kindly please write down the ethical issues here in details)* | No |