

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	A comparison of pregnancy outcomes in Ghanaian women with different dietary diversity: a prospective cohort study protocol
AUTHORS	Osman, Shaibu; Saaka, Mahama; Siassi, Fereydoun; Qorbani, Mostafa; Yavari, Parvaneh; Danquah, Ina; Sotoudeh, Gity

VERSION 1 - REVIEW

REVIEWER	Raul Zamora Ros Unit of Nutrition and Cancer, Cancer Epidemiology Research Programme Bellvitge Biomedical Research Institute (IDIBELL) Catalan Institute of Oncology (ICO) Spain.
REVIEW RETURNED	03-Mar-2016

GENERAL COMMENTS	<p>This is a study protocol for a cohort study on pregnancy outcomes in Ghanaian women.</p> <p>Major points:</p> <ul style="list-style-type: none"> • My main concern is about the generalizability of the study. Is the sample representative of the Northern part of Ghana? Are there differences between mothers that want to have their babies in the health facility (antenatal care clinic ANC)? In the line 147-148, the authors commented that the study I focused on women in low socioeconomic environment, are all women with low socioeconomic status? Are big differences between primipara and multipara women? • Please explain why you expect 30-40% of women with low DDS. It is a very important point for the calculation of your sample size. • Please add more information about the dietary intake assessment. Will 24-h recalls be self-reported? Will they collect in an interview? Move the paragraph (lines 329-332) to the dietary intake assessment section. Add references of the software and food composition tables. <p>Minor points:</p> <ul style="list-style-type: none"> • Page 2 there are 3 corresponding authors and in page 4 only one. • Please add in the abstract the main outcomes of your study. • Please, do not repeat sentences in the abstract and in the introduction section. • Line 181, delete "main" because all study subjects were pregnant women. • Lines 263 and 264, please delete the name or the digits of the number 5 and 10. You are duplicating the information. • Line 316, one of the potential confounding will be BMI, but when will be measured? The weight will be at the one measured at basal, at the end, in the middle of the study, before being pregnant...
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REVIEWER	Dr Francis B. Zotor University of Health and Allied Sciences, School of Public Health, PMB 31, Ho Volta Region, Ghana.
REVIEW RETURNED	09-Mar-2016

GENERAL COMMENTS	<p>I have read this manuscript with great interest as the protocol if executed may produce important evidence that will add to the body of knowledge on pregnancy outcomes amongst Ghanaian women based of dietary diversities.</p> <p>This is only a protocol and not sure if it warranted publication when the study has not been conducted to ascertain what findings may be attained. Unless this is the slant of the journal, to accept protocols and publish them, I would have suggested the authors ganarate results from the study.</p>
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REVIEWER	Dr Zubia Qureshi APEX Consulting, Islamabad, Pakistan
REVIEW RETURNED	01-Apr-2016

GENERAL COMMENTS	<p>Study title and objective is good but results of this study are missing in whole document i.e in abstract and in article description. Article fail to explain the objective of the study.</p> <p>Methodology is clear but too lengthy, need to concise.</p> <p>Need to rewrite the discussion after proper analysis of the study data.</p>
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REVIEWER	Edmonds, Sally St Augustines Hospital, Muheza, Tanzania
REVIEW RETURNED	21-Apr-2016

GENERAL COMMENTS	<p>Outcomes: the main outcome is stated as "pregnancy outcome" which is not sufficiently clear. A more defined outcome should be provided (eg birth weight).</p> <p>Study limitations: A major limitation is assessment of dietary diversity - three 24 hour recalls (presumably at routine clinic visits) is practical but is it sufficient?</p> <p>English, particularly in the abstract and introduction needs some editing</p>
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REVIEWER	Abu Ahmed Shamim Technical Director, SHIKHA Project, FHI360 House 5, Road 35, Gulshan 2, Dhaka 1212, Bangladesh
REVIEW RETURNED	23-Apr-2016

GENERAL COMMENTS	<p>The authors did not cited supporting references in support of some their statements, for example in line 113, 142-43</p> <p>The sample size calculation needs to be consulted by a professional statistician. It is assumed that 30%-40% women would have low DDS, no references in support of this is not cited.</p> <p>Single 24h recall cant predict usual dietary pattern, so it will be good</p>
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	<p>if a 7 day food frequency is also added.</p> <p>The reviewer also provided a marked copy with additional comments. Please contact the publisher for full details.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1

“No competing interest” has been stated at line 371.

Yes, it can be generalized for Northern Ghana because some of the facilities that are used for the data collection are referral facilities for the communities in Northern Ghana.

Yes, there are differences among mothers who attend ANC and/or would want to deliver in health facilities in Northern Ghana.

No, all the women are not of low socio-economic standing. However, majority are.

Yes, there is. But there isn't much difference between primipara and multipara women.

It is a projection and the real proportion would be determined after the baseline data collection or recruitment.

No, the 24-hour recall would not be self administered or reported. It would be administered to the study participants by research assistants.

Yes, it would be collected in an interview.

Yes, the corresponding authors are 3 and the reason why there are three corresponding authors on page 3 and only one on page 4 is due to the format of the journal and the author on page 4 is the main corresponding author.

It will be measured by computing the weight (kg) against the height (cm). The weight and height would be measured at the first trimester (≤ 12 weeks) of gestation and only the weight would be repeated at the late third trimester before delivery. The BMI would be calculated at each level and difference between the two would be determined and reported as the weight gain. The assumption of universal 1kg weight gain factor at first trimester would be used to estimate pre-pregnancy weight since weight before pregnancy cannot be reliably obtained from all the study participants.

Reviewer 2

Yes, protocols are accepted by the journal.

Reviewer 3

It is a protocol manuscript and the results would be presented in due time.

Reviewer 4

It would be measured 3 times because of time and number of subjects involved. It may not be sufficient but the average would be used and this would give us a fair idea about their dietary behaviour or intake.

Reviewer 5

Line 113 is my own sentence.

Yes, it is a projection and the exact proportion would be determined after the baseline data collection or recruitment.

Three 24-hour recall would be collected in this study as the dietary assessment and the average of it would be used in the analysis.