

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

TITLE (PROVISIONAL)	Proactive telephone-based peer support for breastfeeding: a cross-sectional survey of women's experiences of receiving support in the RUBY randomised controlled trial
AUTHORS	McLardie-Hore, Fiona Elizabeth; McLachlan, HL; Shafiei, Touran; Forster, Della Anne

VERSION 1 – REVIEW

REVIEWER	Jenny Ingram University of Bristol, UK
REVIEW RETURNED	18-Jun-2020

GENERAL COMMENTS	<p>Thank you for the opportunity to review this interesting paper about the telephone survey of women's experiences of the peer support provided in the RUBY RCT.</p> <p>I have a few suggestions for the manuscript: The background could do with updating slightly to include findings from the recent peer support trial completed in the UK: Clarke, J., Ingram J. et al. The ABA intervention for improving breastfeeding initiation and continuation: Feasibility study results. <i>Maternal & Child Nutrition</i>. Dec, 2019. https://doi.org/10.1111/mcn.12907 Ingram JC, Thomson G et al. Women's and peer supporters' experiences of an assets-based peer support intervention for increasing breastfeeding initiation and continuation: a qualitative study. <i>Health Expectations</i> 2020. doi.org/10.1111/hex.13042.</p> <p>Methods: P6. It might be helpful to include a copy of the postal survey in an Appendix? P7 line 40: Is there something missing here ...? P 7 More detail on the content analysis would be helpful. Who carried it out, was there any discussion between the team to reach consensus as there was for the next type of analysis?</p> <p>Results: P12: Tables 2 and 3 seem to be mixed up together which is quite confusing. P14. There is a lot of repetition in the text of the results from Table 4 which seems unnecessary – an overall summary for each section would be enough as the reader can refer to the tables for the detail.</p> <p>Discussion.</p>
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	Some mention of how rigour was achieved in the qualitative analysis could be added to back up the quantitative data from the survey. Compare your findings with the recent UK study mention above where text messaging was used extensively postnatally.
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REVIEWER	Hiroko Hongo The University of Tokyo, Japan
REVIEW RETURNED	28-Jun-2020

GENERAL COMMENTS	<p>The manuscript is very interesting, and it would add more evidence of importance of peer support. I have some comments in the attachment that I hope your manuscript would be more attractive to readers. This RUBY is a great study for global public health. Thank you for conducting the study.</p> <p>Peer-review Comments on Proactive telephone-based peer support for breastfeeding: a cross-sectional survey of women’s experiences of receiving support in the RUBY randomized controlled trial</p> <p>The manuscript is very interesting, and it would add more evidence of importance of peer support. I have some comments that I hope your manuscript would be more attractive to readers.</p> <p>1) Abstract If it is not just a report, but a study, “This paper describes” may be too weak verb as objective. How about using “This study investigates” or “This study explores”?</p> <p>2) Title and page 5 Line23-24 RUBY: You described it is Ringing up about breastfeeding (RUBY). However, in the manuscript “Proactive Peer (Mother-to-Mother) Breastfeeding Support by Telephone (Ringing up About Breastfeeding Early): Multicentre, Unblinded, Randomised Controlled Trial” (Forester et al, 2019) described “Ringing up About Breastfeeding Early”. In the study protocol, the title was “Ringing Up about Breastfeeding: a randomized controlled trial exploring early telephone peer support for breastfeeding (RUBY) – trial protocol” ‘Forster et al., 2014”. From my understanding, Y stands for early. Could you clarify and use consistent languages? Title might be changed to describe the content. Such as (just an example) Breastfeeding mothers’ perceptions for proactive telephone-based peer support: a cross-sectional survey after the Ringing up About Breastfeeding Early (RUBY) trial</p> <p>3) Page 5 Line 57-48 What does “consumer” mean in “consumer-led breastfeeding associations”? In the Longman dictionary, a consumer is someone who buys goods or services from a shop, company etc. If breastfeeding mothers were consumers, what would they consume? They do not consume breastfeeding, do they? You use “consumer” in Page 6 Line 14-15 referenced “Systematic review of involving patients in the planning and development of health care”. The article uses “patient”, not “consumer”. I wonder if there is more suitable name. How about using mother-to-mother breastfeeding associations and mother?</p>
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	<p>4) Page 6 Line 32-33 “Given the paucity of literature reporting how, and what...” Dennis reported maternal perceptions in Birth 2002; 29(3) (your reference 16). In what ways, Dennis failed to report? What is the gap to conduct your study? What’s new? Please state your aim of the study clearly.</p> <p>5) Page 6 Line 44-51 Rationale A key aim of the RUBY trial is not the aim of your study. Why it is important to understand how and what, supportive interactions the parents experienced and their views of this support?</p> <p>6) Page 7 Line 14-15 You described “the peak breastfeeding advocacy group in Australia”. What is reference when you describe the organization as “peak”? It sounds subjective and may not be scientific to use the word, which may not be measurable.</p> <p>7) Page 7 Line 23-44 Data collection explanation seems confusing, probably because you explained the data collection of the RUBY and the data collection of your study at the same time. For example, I misread “Following the initial invitation” (Line39-40) as the initial invitation to RUBY. You may need to rewrite the first paragraph of the Data collection.</p> <p>8) Page 7 Line 54-55 You wrote, “After the first 207 survey had been sent”, but did not write how you dealt with these first ones. Did you use the first 207 survey as data, or you sent the revised survey again with a validated tool (PSEI) altogether while discarding the first 207 survey? It is not clear.</p> <p>9) Page 8 Line 24-25 STATA should be Stata as page 23 in the manuscript of Forester, 2019.</p> <p>10) Page 8 Line 35-39. How Dennis use this scale to evaluate the effectiveness of peer support (both in reference # 18 and 21)? What is the Cronbach’s alpha coefficients in each subscale in your study?</p> <p>11) Page 8 Line 50-Page 9 Line12 What open-ended questions did you use? What does it mean open-ended, short answer response and longer open-ended responses? You mean that short and longer answer responses to open-ended questions? Is it related to “would mothers recommend this support to others?” on page 16 Line 42 – page 19? It was not clear. What do you mean “global theme”? Do you have reference to explain it? Is it reference #20? Did Attride-Stirling define what theme is global? I am not familiar with it. Please explain to me.</p> <p>12) Page 9 Line 24—Page 10 Line 29 (including Table 1) You described that 19 women did not receive the calls, but included in the Table 1. I suggest you make the Table with 3 different categories: those who completed the survey (n= 341), those who did not receive the calls from a peer (n=19), and non-respondents (n= 131). Otherwise we do not see the whole picture. Table 1 contains n, %</p>
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	<p>and mean, sd altogether like describing apples and oranges in the same table. Please separate apples from oranges to avoid confusion. You do not have to repeat the content of the Table in the text.</p> <p>13) Page 10 Line 35- Page 12 (Tables are overlapping and I do not see them well) You do not have to repeat all the detail of the contacts if the Table 2 describes well. “Other contact with peer” may be important information for future improvement, as the phone only support may not be suitable to current young women. As the recruitment was done through facebook, I wonder if the text message means facebook messenger. Or short message on phone? Please define it for international readers.</p> <p>14) Page 13 Positive and negative aspects of calls Why number was different 261/330, 286/328, 48/331. How did you treat missing data?</p> <p>15) Page 13 Line 29-Page 16 Line 39 In Table 4, it is confusing to see n and mean existing at the same time (n %) (mean 92.8%). I originally misunderstood the mean was the mean score of the subscale. Please modify the Table 4, and shorten description in the text. (Result section is long compared to discussion section, which should be more important)</p> <p>16) Page 16 Line 49-50 What does “global” theme mean? It is universal and globally emerged? I am not sure the usage of global. If it is a common usage in the qualitative study, please let me know.</p> <p>17) Page 19 Line 27-28 & Page 20 Line 31-32 Of “A very small number”, “very” seems subjective.</p> <p>18) Page 19 Line 40-41 The word “overwhelming” seems subjective, too.</p> <p>19) Page 21 Line 21 You wrote “yet few reported feeling dependent upon their peer.” I do not think the number of 39 (26%) is few.</p> <p>20) Page 21 Line 35-47 What do social triggers mean? What is different between breastfeeding cessation and making changes to breastfeeding? The paragraph is hard to comprehend. Please start with a topic sentence related to your study, and back-up with references to make sense to your study findings</p> <p>21) Page 22 Line 7 “a standardized peer support intervention was unnecessary” Why?</p> <p>22) Page 22 Line 45-46 What is different between complementary and supplementary?</p> <p>23) Page 22 Line 59 What does it mean “there is evidence to support the roll-out of this model”?</p>
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	<p>24) Overall comment</p> <p>Ethical consideration was missing. In Forster et al, 2019 described the ethical clearance on page 22 in the Study Design section. If your study (postal survey after the six-month interview) is covered under the ethical clearance, include the information.</p> <p>Compared to Results section, Discussion and Limitation sections are too short.</p> <p>About the details about peer volunteers: I could not find how many peer volunteers worked in this manuscript. From previous studies, it seems 230 peer volunteers support at least one mother for six months. They were recruited via online posts requesting expressions of interest on the ABA Facebook page. I was very impressed with the empathic listening skills of peer volunteers after just short 4 hour-training, and wonder why they can gain such skills. How many of them were mothers who had received support from ABA counsellors? I assume that 230 volunteers supported 574 women in the intervention group. Therefore, most volunteers supported two women. Or those who had skills supported more than 2 women? Because some of mothers evaluated peer volunteers as “minimized my problem” (n=43), “would get over-involved” (n=19), “made me feel guilty” (n=8), “was critical of me” (n= 6), “pressure me to change”(n= 6), “made me feel angry” (n=5). I think this is valuable information to improve your program in the future. Did different women respond differently to one volunteer or certain volunteers had such trait? How would you avoid such conflict? Is it a personal trait on the side of volunteer, or a lack of training to volunteers? How would you do the intervention or program differently?</p> <p>This RUBY is a great study for global public health. Thank you for conducting the study.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: #1

The background could do with updating slightly to include findings from the recent peer support trial completed in the UK:

Clarke, J., Ingram J. et al. The ABA intervention for improving breastfeeding initiation and continuation: Feasibility study results. *Maternal & Child Nutrition*. Dec, 2019.

<https://doi.org/10.1111/mcn.12907>

Ingram JC, Thomson G et al. Women’s and peer supporters’ experiences of an assets-based peer support intervention for increasing breastfeeding initiation and continuation: a qualitative study. *Health Expectations* 2020. doi.org/10.1111/hex.13042.

Thank you, these articles have been reviewed and included in the background and discussion as suggested (page 4, line 12 & page 20, line 8).

Methods:

P6. It might be helpful to include a copy of the postal survey in an Appendix.

Thank you, the postal survey will be included in the Appendix (page 5).

P7 line 40: Is there something missing here ...?

Apologies this was a typographical error and has been rectified (page 6, line 20).

P 7 More detail on the content analysis would be helpful. Who carried it out, was there any discussion between the team to reach consensus as there was for the next type of analysis?

Thank you, this has been revised and changed to: "Content analysis was used for open-ended, short answer responses to questions about positive and negative aspects of calls, with codes derived from the text and organised into categories and then themes. Codes were read and discussed between research members FMcL and DF, with categories and themes developed and agreed upon." (page7, line 1-2)

Results:

P12: Tables 2 and 3 seem to be mixed up together which is quite confusing.

Apologies, there may have been a formatting error when uploading. We trust the tables are clearer in this document.

P14. There is a lot of repetition in the text of the results from Table 4 which seems unnecessary – an overall summary for each section would be enough as the reader can refer to the tables for the detail. Thank you. This section has been reviewed and refined to give an overall summary whilst reducing the detail which can be found within the table. (pages13, line 2 and 14, line 2-22)

Discussion.

Some mention of how rigour was achieved in the qualitative analysis could be added to back up the quantitative data from the survey.

Thank you, the following was added to the 'Strengths and Limitations' section of the discussion. (page 21, line 1-3)

"Rigour was achieved in qualitative data analysis through the involvement of different research team members in development of codes and themes, discussions and reaching consensus. Participant quotes have been used to embody the themes, thus ensuring credibility."

Compare your findings with the recent UK study mentioned above where text messaging was used extensively postnatally.

Thank you, findings from this study had been referred to in the discussion. (page 20, line 8)

Reviewer: #2

1) Abstract If it is not just a report, but a study, "This paper describes" may be too weak verb as objective. How about using "This study investigates" or "This study explores"?

This has been changed to "This study explores...". (page 1, line 4-5)

2) Title and page 5 Line23-24 RUBY: You described it is Ringing up about breastfeeding (RUBY). However, in the manuscript "Proactive Peer (Mother-to-Mother) Breastfeeding Support by Telephone (Ringing up About Breastfeeding Early): Multicentre, Unblinded, Randomised Controlled Trial"

(Forster et al, 2019) described “Ringing up About Breastfeeding Early”. In the study protocol, the title was “Ringing Up about Breastfeeding: a randomized controlled trial exploring early telephone peer support for breastfeeding (RUBY) – trial protocol” ‘Forster et al., 2014”. From my understanding, Y stands for early. Could you clarify and use consistent languages?

Thank you ‘early’ has been added to keep the language consistent. (page 3, line 11)

Title might be changed to describe the content. Such as (just an example) Breastfeeding mothers’ perceptions for proactive telephone-based peer support: a cross-sectional survey after the Ringing up About Breastfeeding Early (RUBY) trial

Thank you for this suggestion. Not all participants were breastfeeding at the time of completing the postal survey therefore we prefer not to refer to the participants as “Breastfeeding mothers”. Our preference is to keep the original title.

3) Page 5 Line 57-48 What does “consumer” mean in “consumer-led breastfeeding associations”? In the Longman dictionary, a consumer is someone who buys goods or services from a shop, company etc. If breastfeeding mothers were consumers, what would they consume? They do not consume breastfeeding, do they? You use “consumer” in Page 6 Line 14-15 referenced “Systematic review of involving patients in the planning and development of health care”. The article uses “patient”, not “consumer”. I wonder if there is more suitable name. How about using mother-to-mother breastfeeding associations and mother?

Thank you for this query. Health Consumers are people who use health services, as well as their family and carers. This includes people who have used a health service in the past or who could potentially use the service in the future. In this context the ‘consumer-led’ breastfeeding associations are led by women (or family and carers) who use, or may potentially use breastfeeding health, education or support services.

Not all breastfeeding associations are mother-to-mother, some services are provided by health professionals who may not be mothers, so mother-to-mother would not be an appropriate name to use.

The term ‘patient’ refers to someone receiving medical treatment and this term infers illness, so whilst the systematic review uses ‘patient’, the term consumer could apply to some patients in instances of accessing health education and support services.

As breastfeeding is not viewed as an illness, the term ‘patient’ would not be appropriate to use in this paper.

4) Page 6 Line 32-33 “Given the paucity of literature reporting how, and what...” Dennis reported maternal perceptions in Birth 2002; 29(3) (your reference 16). In what ways, Dennis failed to report?

‘Paucity’ is used to describe the lack of literature i.e. the quantity, it is not a comment on the quality of Dennis’ work.

5) Page 6 Line 44-51 What is the gap to conduct your study? What’s new? Please state your aim of the study clearly. Rationale: A key aim of the RUBY trial is not the aim of your study. Why it is important to understand how and what, supportive interactions the parents experienced and their views of this support?

As part of the RUBY trial, this paper's aim is to evaluate the interventions from the participant perspective, which has not been reported elsewhere. To clarify this the following changes have been made.

"This nested sub-study of the larger RUBY RCT will evaluate the interventions from the participant perspective, a secondary aim of the RUBY trial." (page 4, line 21-22)

To clarify why it is important to understand the patient experience, the following changes have been made. Thank you.

"In a model of proactive telephone-based peer support, which produced positive breastfeeding outcomes, it is important to understand how, and what, supportive interactions the participants experienced and their views of this support. These perspectives can inform the frameworks and development of future peer support programs." (page 4, line 25-26)

6) Page 7 Line 14-15 You described "the peak breastfeeding advocacy group in Australia". What is reference when you describe the organization as "peak"? It sounds subjective and may not be scientific to use the word, which may not be measurable.

The Australian Breastfeeding Association (ABA) is Australia's largest breastfeeding information and support service. It receives funding from the Department of Health and its expertise is recognised by the Australian Government by inclusion in the National Breastfeeding Expert Reference Group. It is for these reasons that it considered the peak group.

We have reviewed the sentence though and changed it to refer to the ABA as "the largest breastfeeding advocacy group in Australia". (page 5, line 8)

7) Page 7 Line 23-44 Data collection explanation seems confusing, probably because you explained the data collection of the RUBY and the data collection of your study at the same time. For example, I misread "Following the initial invitation" (Line 39-40) as the initial invitation to RUBY. You may need to rewrite the first paragraph of the Data collection.

Participant characteristics and views of partner and family support for breastfeeding, reported in this paper, were collected at recruitment to the larger RUBY trial.

To clarify data collection for the postal survey, the following changes have been made.

"Following the initial postal survey invitation, a reminder letter and a second invitation to complete the postal survey were sent to non-responders at three and six weeks respectively." (page 5, line 18)

8) Page 7 Line 54-55 You wrote, "After the first 207 survey had been sent" but did not write how you dealt with these first ones. Did you use the first 207 survey as data, or you sent the revised survey again with a validated tool (PSEI) altogether while discarding the first 207 survey? It is not clear. Thank you. This has been changed to make the process clearer. The sentence is now "After the first 207 surveys had been sent, it was decided to add a validated tool to the subsequent surveys to gain a broader understanding of why the peer support may have been helpful (if it was)." (page 6, line 1)

9) Page 8 Line 24-25 STATA should be Stata as page 23 in the manuscript of Forester, 2019.

Thank you, this has been changed to 'Stata'. (page 6, line 13)

10) Page 8 Line 35-39. How Dennis use this scale to evaluate the effectiveness of peer support (both in reference # 18 and 21)? What is the Cronbach's alpha coefficients in each subscale in your study?

Dennis 2003 used the scale to assess if the tool accurately measured the constructs it was exploring. The Cronbach's alpha coefficients for the subscales were as follows: supportive functions = 0.95;

relationship qualities = 0.96; perceived benefits = 0.92; and satisfaction = 0.96, demonstrating high internal consistency (reliability). We have not repeated the Cronbach alpha in this study.

11) Page 8 Line 50-Page 9 Line12 3 What open-ended questions did you use? What does it mean open-ended, short answer response and longer open-ended responses? You mean that short and longer answer responses to open-ended questions? Is it related to “would mothers recommend this support to others?” on page 16 Line 42 – page 19? It was not clear.

The survey is now included in the Appendix, thus clarifying how the questions were asked.

What do you mean “global theme”? Do you have reference to explain it? Is it reference #20? Did Attride-Stirling define what theme is global? I am not familiar with it. Please explain to me.

As per reference #20, Attride-Stirling describes global themes as “... super-ordinate themes that encompass the principal metaphors in the data as a whole. A Global Theme is like a claim in that it is a concluding or final tenet. ... They are macro themes that summarize and make sense of clusters of lower-order themes abstracted from and supported by the data. Thus, Global Themes tell us what the texts as a whole are about within the context of a given analysis.”

12) Page 9 Line 24—Page 10 Line 29 (including Table 1) You described that 19 women did not receive the calls, but included in the Table 1. I suggest you make the Table with 3 different categories: those who completed the survey (n= 341), those who did not receive the calls from a peer (n=19), and non-respondents (n= 131). Otherwise we do not see the whole picture. Table 1 contains n, % and mean, sd altogether like describing apples and oranges in the same table. Please separate apples from oranges to avoid confusion. You do not have to repeat the content of the Table in the text.

Thank you. We have re looked at Table 3 in light of your comments. The 360 responders include the 19 participants who returned a survey, but had not received ongoing calls, however they did report the circumstances. For these reasons, and because of the low numbers we don't feel this justifies reporting them separately. We prefer to keep them in the “respondent” participant characteristics section.

We have, as requested, included the characteristics on the 141 non-responders in Table 1 (page 8) and in the text (page 7, line 23-26 and page 8, line 1-4)

We feel that presenting n, % , mean and sd as we have done, is the best way to present this data. Table 1 presents mean and sd labelled as such, where these are reported, and it is not uncommon to present the data together in this way. Data has been presented in this manner previously in BMJ Open. For example, as seen in

McLachlan HL Forster DA Amir LH Cullinane M Shafiei T et al. Supporting breastfeeding In Local Communities (SILC) in Victoria, Australia: a cluster randomised controlled trial. BMJ Open. 6:1-12. 2016

13) Page 10 Line 35- Page 12 (Tables are overlapping and I do not see them well)

Apologies, there may have been a formatting error when uploading. I trust the tables are clearer in this document.

You do not have to repeat all the detail of the contacts if the Table 2 describes well. “Other contact with peer” may be important information for future improvement, as the phone only support may not be suitable to current young women. As the recruitment was done through Facebook, I wonder if the

text message means Facebook messenger. Or short message on phone? Please define it for international readers.

Thank you, "short message service" has been added to Table 2 to clarify the type of message sent. (page 10)

14) Page 13 Positive and negative aspects of calls Why number was different 261/330, 286/328, 48/331. How did you treat missing data?

Apologies for any confusion. The addition of the survey in the Appendix may make it clearer that these were separate questions, with different response rates.

15) Page 13 Line 29-Page 16 Line 39 In Table 4, it is confusing to see n and mean existing at the same time (n %) (mean 92.8%). I originally misunderstood the mean was the mean score of the subscale. Please modify the Table 4, and shorten description in the text. (Result section is long compared to discussion section, which should be more important)

Thank you. The mean has been moved and will be reported in a separate column in Table 4, to reduce confusion. The description in the text has been revised as suggested. (page 11 -12)

16) Page 16 Line 49-50 What does "global" theme mean? It is universal and globally emerged? I am not sure the usage of global. If it is a common usage in the qualitative study, please let me know.

Please see previous explanation (point 11 above) of global theme as described by Attride-Stirling.

17) Page 19 Line 27-28 & Page 20 Line 31-32 Of "A very small number", "very" seems subjective. This has been removed, thank you. (page 17, line 18)

18) Page 19 Line 40-41 The word "overwhelming" seems subjective, too. This has been replaced with "greatest". (page 15, line 8)

19) Page 21 Line 21 You wrote "yet few reported feeling dependent upon their peer." I do not think the number of 39 (26%) is few.

Thank you, this has been altered to read: "...yet most did not report feeling dependent upon their peer." (page 19, line 15-16)

20) Page 21 Line 35-47 What do social triggers mean? What is different between breastfeeding cessation and making changes to breastfeeding? The paragraph is hard to comprehend. Please start with a topic sentence related to your study, and back-up with references to make sense to your study findings

Thank you, this paragraph now begins: "Many women expressed the encouragement and support from their peer helped them to cope and 'keep going', during difficult times. Triggers for...." (page 19, line 21-22)

A trigger is a stimulus that can cause a person to feel overwhelming sadness, anxiety, or panic. Social triggers are many and varied, and for new mothers could include (but are not limited to) relationship problems with partner or family, financial or housing issues.

Breastfeeding changes may include a reduction in breastfeeding, or expressing breast milk, but not necessarily cessation. These changes can have a detrimental impact on continuation of

breastfeeding. To clarify, the sentence has been changed to “When challenges arise, many women feel that making changes such as reducing, or even ceasing breastfeeding is one of the few resources within their control that can bring about family well-being.”(page 19, line 25)

21) Page 22 Line 7 “a standardized peer support intervention was unnecessary” Why?

This is reporting Dennis’ findings not ours. Almost two thirds of participants in Dennis’ study did not receive the full intervention as planned, yet the effect of the intervention on breastfeeding rates was very positive. Dennis reported that a standardised intervention was not necessary. The sentence has been changed to make this clearer.

“Dennis 17 reported a third of women did not maintain contact beyond two months with their peer, and only 30% having some contact in the third and final month of support. She therefore concluded that a standardised peer support intervention was unnecessary.” (page 20, line 13-14)

22) Page 22 Line 45-46 What is different between complementary and supplementary?

Complementary refers to enhancing the current call schedule with text messages (additional to calls) whereas supplementary refers to text messages being used instead of calls.

This sentence has been changed to “The use of text messages by peers could be used as complementary to, or occasionally instead of, calls in an effort to establish...” (page 21, line 6)

23) Page 22 Line 59 What does it mean “there is evidence to support the roll-out of this model”?

This has been changed to “evidence to support the scale-up of this model.” (page 21)

24) Overall comment Ethical consideration was missing. In Forster et al, 2019 described the ethical clearance on page 22 in the Study Design section. If your study (postal survey after the six-month interview) is covered under the ethical clearance, include the information.

Details of ethics approval have outlined and can be found in the section at the end of the paper between ‘disclaimer’ and ‘provenance and peer review’. (page 22, line 11)

Compared to Results section, Discussion and Limitation sections are too short.

The BMJ Open submission guidelines recommends the discussion section is ‘no longer than five paragraphs’, thus, unfortunately, limiting this section.

About the details about peer volunteers: I could not find how many peer volunteers worked in this manuscript. From previous studies, it seems 230 peer volunteers support at least one mother for six months. They were recruited via online posts requesting expressions of interest on the ABA Facebook 5 page. I was very impressed with the empathic listening skills of peer volunteers after just short 4 hour-training, and wonder why they can gain such skills. How many of them were mothers who had received support from ABA counsellors? I assume that 230 volunteers supported 574 women in the intervention group. Therefore, most volunteers supported two women. Or those who had skills supported more than 2 women? Because some of mothers evaluated peer volunteers as “minimized my problem” (n=43), “would get overinvolved” (n=19), “made me feel guilty” (n=8), “was critical of me” (n= 6), “pressure me to change”(n= 6), “made me feel angry” (n=5). I think this is valuable information to improve your program in the future. Did different women respond differently to one volunteer or certain volunteers had such trait? How would you avoid such conflict? Is it a personal trait on the side of volunteer, or a lack of training to volunteers? How would you do the intervention or program differently?

Volunteer characteristics, training and experiences are, and will be, further explored in other research papers, and thus will not be reported in this paper. See references below.

The following has been added to the Background section, (page 3, line 18-20). “A total of 230 peer volunteers provided the intervention in the RUBY RCT, supporting on average two mothers each. Volunteer training and experiences have been reported elsewhere and will not be discussed in this paper”

Grimes HA, Forster DA, Shafiei T, Amir LH, McLardie-Hore F, McLachlan HL. (2020). Breastfeeding peer support by telephone in the RUBY randomised controlled trial: A qualitative exploration of volunteers’ experiences. PLoS One. 15(8):e0237190. doi: 10.1371/journal.pone.0237190.

Grimes HA, Shafiei T, McLachlan HL, Forster DA. Volunteers’ experiences of providing telephone-based breast-feeding peer support in the RUBY randomised controlled trial. Public Health Nutrition. 1-11. 2020

VERSION 2 – REVIEW

REVIEWER	Jenny Ingram University of Bristol, UK
REVIEW RETURNED	28-Aug-2020

GENERAL COMMENTS	The authors have addressed all my suggestions adequately.
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REVIEWER	Hiroko Hongo The University of Tokyo, Japan
REVIEW RETURNED	28-Aug-2020

GENERAL COMMENTS	<p>Your revision was very clear and helped my understanding. I have a few more comments. Page number mentioned here is from the proof PDF uploaded (60 pages), not from the original one.</p> <p>1) Regarding volunteers’ characteristics and experiences, thank you for showing me two references by Grimes et al. I enjoyed reading both. I wonder why you listed only one of them [reference 8]. You can add both references in page 39 line 25. “Volunteer training and experiences have been reported elsewhere and will not be discussed in this paper 8, 9.” Add the other Grimes article as 9 and change reference numbering according to this addition.</p> <p>2) Regarding consumer-led breastfeeding organization (p.40, line 6)</p> <p>Thank you for your explanation. My understanding was that consumer-led was opposite to provider-led organization, e.g. client-centered vs healthcare provider-oriented. Yes, not all breastfeeding associations are led by parents (mothers), e.g. ILCA, and I assumed you recommended to scale-up with pre-existing organizations like ABA, LLLI or other peer support programs. The word of consumer sounds the one who pays money for the service. I wonder if breastfeeding mothers may not need to pay money for peer support. However, it is OK to leave as it is if ABA and the editor do not see any issues on the usage. Probably it is a common expression in Australia.</p>
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	<p>3) The aim of the study is now clear in the abstract. “This study explores women’s experiences of receiving the RUBY peer support intervention.” In the main text, you may be able to define more clearly the objective or the aim of the study. p.40, 23-24: I suggest to change from “this paper presents the findings of a cross-sectional study... RUBY RCT” to “this cross-sectional study aimed to explore women’s experiences of receiving the RUBY peer support intervention.” p.41, 1: “This nested sub-study of the larger RUBY RCT will evaluate” can be changed to “This nested sub-study of the larger RUBY RCT aimed to evaluate” As the study was already done in the past when this manuscript is published, I wonder if it is appropriate to use past tense rather than future tense.</p> <p>4) p. 42, 8-9: How many women did you send PSEI survey to? From Table 4, the max number is 152. I guess 153 as the total of 360 – 207=153. Please report the number. You explained that 19 out of 360 did not receive ongoing calls. Women who responded to PSEI did not include those 19? or One missing number is the one of 19?? Report the number exactly.</p> <p>5) Table 1 (see my example Table 1) 1. Add p statistic (X2, t-test) and p-value in every test 2. Delete horizontal lines 3. It would be clearer when you group SD and % separately. 4. Add Note: Respondents include the 19 participants who returned a survey, but had not received ongoing calls. Add the value of US\$ for international reader if you use AUD\$. Characteristics difference between groups were examined with Pearson’s chi-squared test (or Fisher’s exact test, if necessary) and t tests. (Add and modify this according to your actual statistical tests) You do not have to report all p-values (with significance) in the text. (p.40, line 5-12) if the Table reports all p-values.</p> <p>6) Regarding PSEI scale, the internal-consistency reliability (usually described as Cronbach’s alpha) is different from validity. Reliability may differ when the population is different. When you use the scale in the study, you usually need to report the internal-consistency reliability in your study. If the reliability is low, it should have reasons. You may be able to consider deleting items for your population. For example, “I depended to my peer” and “My peer influenced how I felt or acted” may be confusing and can be better if they are deleted. If delete the item(s) of dependence, does alpha increase? The fact of less reliability can deepen your discussion in the discussion section. It is also OK to score low in some domains as it may be revise-scoring items (probably Sentiment Conflict domain). I recommend you to insert domain mean numbers in the Maternal perceptions of relationship qualities subscale (Table 4) for consistency. Then you can discuss why some domain was low mean, as you have already discussed. Dennis 2003’s population is different from yours. (The other way is to delete such items as the reliability is low and report it in the method)</p>
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VERSION 2 – AUTHOR RESPONSE

Reviewer: #1

The authors have addressed all my suggestions adequately.

Thank you for your review, we appreciate the time you have taken to provide feedback.

Reviewer: #2

1) Regarding volunteers' characteristics and experiences, thank you for showing me two references by Grimes et al. I enjoyed reading both. I wonder why you listed only one of them [reference 8]. You can add both references in page 39 line 25. "Volunteer training and experiences have been reported elsewhere and will not be discussed in this paper 8, 9." Add the other Grimes article as 9 and change reference numbering according to this addition.

Thank you, this reference has now been included (page 3 Line 13).

2) Regarding consumer-led breastfeeding organization (p.40, line 6) Thank you for your explanation. My understanding was that consumer-led was opposite to provider-led organization, e.g. client-centered vs healthcare provider oriented. Yes, not all breastfeeding associations are led by parents (mothers), e.g. ILCA, and I assumed you recommended to scale-up with pre-existing organizations like ABA, LLLI or other peer support programs. The word of consumer sounds the one who pays money for the service. I wonder if breastfeeding mothers may not need to pay money for peer support. However, it is OK to leave as it is if ABA and the editor do not see any issues on the usage. Probably it is a common expression in Australia.

Thank you for your comment.

3) The aim of the study is now clear in the abstract. "This study explores women's experiences of receiving the RUBY peer support intervention." In the main text, you may be able to define more clearly the objective or the aim of the study. p.40, 23-24: I suggest to change from "this paper presents the findings of a cross-sectional study... RUBY RCT" to "this cross-sectional study aimed to explore women's experiences of receiving the RUBY peer support intervention." p.41, 1: "This nested sub-study of the larger RUBY RCT will evaluate" can be changed to "This nested sub-study of the larger RUBY RCT aimed to evaluate" As the study was already done in the past when this manuscript is published, I wonder if it is appropriate to use past tense rather than future tense.

Thank you, these changes have been made (page 4, lines 11,12 &14).

4) p. 42, 8-9: How many women did you send PSEI survey to? From Table 4, the max number is 152. I guess 153 as the total of 360 – 207=153. Please report the number. You explained that 19 out of 360 did not receive ongoing calls. Women who responded to PSEI did not include those 19? or One missing number is the one of 19?? Report the number exactly.

These numbers have been reviewed and now more accurately reflect the women who did or did not receive a survey which included the PSEI tool (page 5, line 19 & 20). “Of the 238 women sent surveys after the inclusion of the PSEI, 152 responded.”

5) a. Table 1 (see my example Table 1) 1. Add p statistic (X2, t-test) and p-value in every test 2. Delete horizontal lines 3. It would be clearer when you group SD and % separately. 4. Add Note: Respondents include the 19 participants who returned a survey but had not received ongoing calls.

We have added the p values as requested but would prefer to leave the horizontal lines if possible as it makes it easier to read (but this will be subject to formatting requirements of course). We would prefer to leave the mean and % variables as they currently ordered as it is a more logical sequence, with (for example) the infant weight listed with the infant characteristics. The note re the 19 women has been added beneath Table 1 (page 8).

5) b. Add the value of US\$ for international reader if you use AUD\$.

Thank you. The income levels quoted are reflective of Australian standards of living i.e. ‘\$1400 or more’ includes the top two quintiles of pre-tax household weekly incomes, and ‘Less than \$1400’ the middle and lower two quintiles. We prefer to only quote in AUD as converting this to USD could render this meaningless in the context of the Australian cost of living.

5) c. Characteristics difference between groups were examined with Pearson’s chi-squared test (or Fisher’s exact test, if necessary) and t tests. (Add and modify this according to your actual statistical tests) You do not have to report all p-values (with significance) in the text. (p.40, line 5- 12) if the Table reports all p-values.

Thank you. The text has been modified to describe how the data was handled (page 6, line 9-10) and all p-values have been added to Table 1.

6) a. Regarding PSEI scale, the internal-consistency reliability (usually described as Cronbach's alpha) is different from validity. Reliability may differ when the population is different. When you use the scale in the study, you usually need to report the internal-consistency reliability in your study. If the reliability is low, it should have reasons. You may be able to consider deleting items for your population. For example, "I depended to my peer" and "My peer influenced how I felt or acted" may be confusing and can be better if they are deleted. If delete the item(s) of dependence, does alpha increase? The fact of less reliability can deepen your discussion in the discussion section.

The Australian and Canadian populations are very similar and experience a very similar standard of living. Factors of employment, education, quality and housing affordability, hours of work required to purchase necessities, gross domestic product, inflation rate, access to and quality of healthcare, freedoms, environmental quality, climate and safety. It is for these reasons that we believe this to be a reliable tool for the population within our study.

6) b. It is also OK to score low in some domains as it may be revise-scoring items (probably Sentiment Conflict domain). I recommend you to insert domain mean numbers in the Maternal perceptions of relationship qualities subscale (Table 4) for consistency. Then you can discuss why some domain (The other way is to delete such items as the reliability is low and report it in the method).

The domain means have been added in the 'Maternal perceptions of relationship qualities subscale' in Table 4 (page 13) and a note included below the table page 13.

Thank you for your feedback we appreciate the time you have taken to review this paper.