

Review of: "How to burp an infant – a prospective comparative pilot study on four different methods"

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Potential competing interests: No potential competing interests to declare.

This is a very interesting study on the effects different ways of helping a baby burp may have on how soon a burp comes and on any relationship with vomiting. Generalisability is questionable because of the small N, and because some elements of the study were not strictly controlled. Otherwise, this is an interesting and relevant attempt at saying something meaningful about ways in which to burp a baby that might be helpful for their health - or their parents' sanity.

Some suggestions / questions:

Introduction:

Good introduction, logical build up of the research problem. Perhaps the relation between burping and more serious problems such as malnutrition is a bit far-fetched, but I fully agree that given the existing problems related to feeding, it is important to study every aspect of it in detail - including burping. However, I do still suggest a stronger link between how info about burping could be used for increasing baby's health.

There are views that burping is not necessary when breastfeeding a baby - especially not during the night, when burping the baby might make them wake up more than necessary, creating issues with falling back to sleep (a shame, since breastfeeding makes both mother and child sleepy). I suggest adding a paragraph / a few lines on how burping is less necessary for breastfed than bottle-fed babies.

Methods section:

1. Add the babies' ages → I see the info coming back in the results section, but suggest adding it to the methods section
2. Add the duration: for how many weeks was the procedure tested? And, if not done every day, for how many days a week was the procedure tested? → I see the info coming back in the results section, but suggest adding it to the methods section
3. Related to that, and also to the point raised in the comments to the introduction: could you confirm babies were burped both after breast- and bottle-feeds (or only after bottle-feeds)? If yes, were there any differences in time-to-burp or vomiting?
4. About semantics: I would prefer calling the twin participants 'subjects' instead of 'patients'; as they are healthy, to me they are not patients.

Results & Discussion

- “Vomiting of any amount occurred more frequently in the first half of the study compared to the later half”. It would be interesting to add literature about this: are there any studies on vomiting frequencies per age? How would it affect the burping techniques?
- “The shoulder position had the infants leaning slightly more forward and with a mild pressure of their own weight on the front of their chest and upper abdomen. It is likely that this explains the increased frequency of vomiting in the shoulder positions.” → I can imagine there is literature on relief of tummy aches; would be interesting to add that here; to make a link with existing material.
- Good that the limitations of the study are listed. I suggest also adding somewhere that this was a case study and / or a pilot study.

General

The longitudinal study started when the babies were aged ~5 months and ended when the babies were aged ~7 months. Already by 5 months babies have made a few big developmental steps. Therefore, we cannot generalise the conclusions of the study to babies of younger ages. However, colic is most common at younger ages, and in most cases has resolved by the age of 3-4 months. This makes the link to the introduction, where colic was introduced, less strong. Could you speculate on a. how to set up a study with younger babies; b. how the age / development difference could affect the results; c. what effects on colic might be?