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Breast and complementary feeding in Ethiopia: new national evidence from systematic review and meta-analyses of studies in the past 10 years: reply

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First of all, we would like to thank Moran and Puerto-Parejo for reading and the attention given to our article “Breast and complementary feeding in Ethiopia: new national evidence from systematic review and meta-analyses of studies in the past 10 years” [1]. Moran and Puerto-Parejo raised an important point regarding the retraction of Gultie and Sebsibie study “Determinants of suboptimal breastfeeding practice in Debre Berhan town, Ethiopia: a cross sectional study” [2, 3] and they indicated that a good and accurate literature review is a key element of systematic reviews and meta-analysis. Indeed, the issues raised are relevant on which we would like to comment. To optimize the accuracy of our literature review, we systematically searched articles indexed in six databases (i.e., PubMed, SCOPUS, EMBASE, CINHALL, Web of Science and WHO Global Health Library) using structured search strings and supplemented by manual searching of gray literature and cross-references. Our systematic review and meta-analysis were also conducted based on published protocol [4]. However, we unintentionally missed the retraction note on Gultie and Sebsibie study [3]. After excluding Gultie and Sebsibie

study [2], there was no substantial change in the national prevalence of timely initiation of breastfeeding (66.1%; 95% CI 61.7–70.4) and exclusive breastfeeding (60.3%; 95% CI 55.6–64.9) (Table 1). In addition, as shown in Table 2, there was no evident change in the association between timely initiation of breastfeeding and health institution delivery (OR 1.60; 95% CI 1.05, 2.43) and vaginal delivery (OR 3.64; 95% CI 1.99, 6.64). However, the association between timely initiation of breastfeeding and breastfeeding counseling becomes borderline significant (OR 1.76; 1.00, 3.09). The association between exclusive breastfeeding and breastfeeding counseling (OR 2.34; 1.53, 3.59) and health institution delivery (OR 2.46; 1.94, 3.11) was also not remarkably changed (Table 2).

Prevalence

The national prevalence of timely initiation of breastfeeding and exclusive breastfeeding was 66.1% and 60.3%, respectively (Table 1).

Associated factors

Breastfeeding counseling, vaginal delivery and health institution delivery significantly associated with TIBF. In addition, breastfeeding counseling and health institution delivery significantly associated with EBF (Table 2).

In conclusion, despite having excluded Gultie and Sebsibie study, the results show that the prevalence of breastfeeding is the same and significantly associated with health institution delivery, vaginal delivery and breastfeeding counseling. Therefore, the central findings of the original article remain markedly unaffected.

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Table 1 National, regional, and areal prevalence of breastfeeding in Ethiopia

Breastfeeding indicators	National prevalence (%)	Regional prevalence (%)		Areal prevalence (%)		
		Amhara	Other regions	Rural	Urban	Rural and Urban
Timely initiation of breastfeeding	66.1 (95% CI 61.7–70.4)	67.3 (95% CI 58.9–75.2)	65.4 (95% CI 60.2–70.5)	62.3 (95% CI 52.9–71.3)	74.1 (95% CI 66.7–80.9)	60.7 (95% CI 55.2–66.1)
Exclusive breastfeeding	60.3 (95% CI 55.6–64.9)	59.2 (95% CI 51.3–66.7)	61.0 (95% CI 54.8–67.0)	68.8 (95% CI 60.8–76.3)	55.2 (95% CI 47.3–63.1)	60.0 (95% CI 52.3–67.3)

Table 2 Factors affecting breastfeeding practice in Ethiopia

Associated factors	Timely initiation of breastfeeding			Exclusive breastfeeding		
	OR (95% CI)	<i>p</i> value	<i>I</i> ²	OR(95%CI)	<i>p</i> value	<i>I</i> ²
Breastfeeding counseling	1.76 (1.00, 3.09)	0.05	85.51%	2.34 (1.53, 3.59)	<0.001	86.26%
Health institution delivery	1.60 (1.05, 2.43)	0.03	91.73%	2.46 (1.94, 3.11)	<0.001	75.88%
Vaginal delivery	3.64 (1.99, 6.64)	<0.001	85.14%	–	–	–

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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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