

## REFERENCES

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## AUTHORS' REPLY

We thank the readers for their interest. In our study, stool examination was done on two consecutive days for identification of parasitic infection. Five cases with iron-deficiency anemia and six controls had worm infestation.

Bleeding manifestations and occult blood loss on stool examination was not seen in any patient. Worm infestation was not an exclusion criteria in our study. Work-up for celiac disease in children with iron deficiency anemia was performed only for the research purpose. For clinical management of anemia, irrespective of presence of worm infestation, oral iron therapy should be the first line of treatment and other conditions should be suspected if anemia does not respond to iron therapy, or may be if anemia is severe, as documented in our study. Moreover, the benefits of anti-helminthic therapy are seen with hookworm infestation, and not with other parasites.

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## Pain Control Interventions in Preterm Neonates: Few concerns

We read with interest the recent article by Shukla, *et al.* [1], which concluded that Kangaroo mother care with and without Music therapy (with expressed breast milk) significantly reduces pain on heel-stick as compared to expressed breast milk alone. In this study, authors have combined multiple interventions for reducing procedure-related pain in preterm neonates. In principle, combining different interventions would provide multisensory stimulation (tactile, gustatory, auditory and visual) to the baby and would lead to 'sensorial saturation' that should reduce the perception of pain to noxious procedures [2]. The study is a well-designed randomized controlled trial and addresses a clinically relevant issue. However, we would like to highlight a few concerns:

1. In the present study, after randomization and allocation to a particular group, the desired intervention (Music Therapy) could not be given to one participant, and his group was changed. Instead of changing the group at time of analysis, the participant should have been retained in the same group (Intention-to-treat analysis) or excluded from the analysis (per protocol analysis) [3].
2. The gestational age of the study population mentioned in abstract and the main text is different (26-

36 weeks in abstract and 28-36 weeks in the text).

3. For music therapy, the authors have used flute-based music using mobile phone. Instead of this, the mother could be asked to speak/sing to the infant at the time of painful stimulus. This would be easier to do and would not require any special equipment.
4. One of the exclusion criteria of the study was hypoxic ischemic encephalopathy (HIE), and Sarnat criteria was used to stage HIE. However, Sarnat staging is for neonates >36 weeks of gestational age and not for preterms below 36 weeks [4].

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