



SDI Review Form 1.6

Journal Name:	Asian Journal of Cardiology Research
Manuscript Number:	Ms_AJCR_43361
Title of the Manuscript:	Intrauterine Growth Restriction and Doppler Waveform
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	The theme dealt here is important. - There are many misspelling. I will point out them only in Abstract. Acidemia is right and not academia. Oligohydramnios is right. Throughout the whole manuscript, there are such mistakes here and there. Pointing out all of them is none of the business of the reviewer. Please at least perform spell-check. Preferably, a native paper-writing specialist should edit the one. - Introduction As to early onset vs. late onset FGR, you must cite adequate references. There are many articles that arouse question this "conventional/traditional" concept of two types of FGR. Especially, "symmetrical" is not always marker of early onset FGR. Now, FGR (and not IUGR) is widely used. Hyaline membrane disease should be respiratory distress syndrome; the former is the terminology of 3 decades ago. - Delete all description of Doppler history. Introduction should be reduced by 1/2. - Material and Methods Resistance index is right. Cite standard fetal weight normogram in Indian population. - Result line 144 "of" not "off" Line 147 "12" not "twelve". "placenta praevia" and not "placenta Praevia". You use Capital letter here and there. Why? - The findings here made have been already well known among obstetricians and practically used very widely. At least you had better cite some recent review regarding this issue. then, state it, and then state some significance deduced from this study. - English should be extensively edited. Many words are combined together, and, thus, I found great difficulty to read this manuscript	Respected Sir/Mam - I have corrected IUGR as FGR throughout the manuscript and the terminology has changed - All symmetrically small babies are not early onset FGR because constitutional small babies of genetically small parents have been described to SGA (Small for gestational age) babies as these babies are physiologically and genetically normal and need to be separated from FGR babies. Citations on early and late onset FGR are added (in yellow) Fetal Growth Restriction (FGR) is defined by international fetal medicine experts with consensus on solitary parameters either Estimated Fetal Weight <3rd percentile for that gestational age, Abdominal Circumference <3rd percentile for that gestational age or absent umbilical artery end diastolic flow Reference 1 and 2 - Gordijn SJ, Beune IM, Thilaganathan B, Papageorgiou A, Baschat AA, Baker PN, Silver RM, Wynia K, Ganzevoort W. Consensus definition of fetal growth restriction: a Delphi procedure. <i>Ultrasound Obstet Gynecol.</i> 2016; 48(3): 333–339. doi: 10.1002/uog.15884 - Savchev S, Figueras F, Sanz-Cortes M, Cruz-Lemini M, Triunfo S, Botet F, Gratacos E. Evaluation of an optimal gestational age cut-off for the definition of early- and late-onset fetal growth restriction. <i>Fetal Diagn Ther.</i> 2014; 36(2): 99–105. doi: 10.1159/000355525. - Doppler history has been deleted - Fetal weight normogram in Indian population has been cited. Reference 5 S Suresh. Rule of three .cd.cdr- Mediscan System. Available: www.mediscansystems.org/docs /Rule %20of %20three.pdf - Spelling check is done - Recent review article are added in references and Discussion section(yellow) Few recent studies have also emphasized the role of aortic isthmus Doppler study when Umbilical artery pulsatility index is high as this vessel directly measures the cardiac output in a compromised fetus. Aortic isthmus flow index is found to be increased in growth-restricted fetuses. Absolute end-diastolic (EDV) and mean velocities are usually decreased in the IUGR fetuses (14,15,16). Diagnosis of FGR is a challenge in routine obstetric practice. Vigilant surveillance, antenatal treatment with steroids to enhance maturity and optimizing the time of delivery can prevent fetal and neonatal complications(17). References 14-17 14. Tynan D., Alphonse J.b, Henry A., Welsh A.W. The Aortic



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		Isthmus: A Significant yet Underexplored Watershed of the Fetal Circulation. Fetal Diagnosis and Therapeutics. 15. Karakus R, Ozgu-Erdinc AS, Esercan A, Dogan MM. Doppler Assessment of the Aortic Isthmus in Intrauterine Growth-Restricted Fetuses. Ultrasound Q. 2015 Sep; 31(3): 170-4. doi: 10.1097/RUQ.0000000000000126. 16. Kennelly MM1, Farah N, Hogan J, Reilly A, Turner MJ, Stuart B. Longitudinal study of aortic isthmus Doppler in appropriately grown and small-for-gestational-age fetuses with normal and abnormal umbilical artery Doppler. Ultrasound Obstet Gynecol. 2012 Apr; 39(4): 414-20. doi: 10.1002/uog.9076. 17. Dall'Asta, A., Brunelli, V., Prefumo, F., Frusca, T., & Lees, C. C. (2017). Early onset fetal growth restriction. Maternal Health, Neonatology and Perinatology, 3, 2. http://doi.org/10.1186/s40748-016-0041-x 18. English grammer is changed at al places
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		