



SDI Review Form 1.6

Journal Name:	Asian Journal of Medicine and Health
Manuscript Number:	Ms_AJMAH_35022
Title of the Manuscript:	Reducing Maternal Mortality: Awareness Of Danger Signs In Pregnancy
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	It is unclear among this convenience sample; how many patients are normally seen at the facility. Were the participants randomly selected? Were there any incentives provided? Were women given the risks/benefits? How was the tool tested for validity? See the following suggestions: Pg 3 World Health Organization (WHO) the first time, then may refer to WHO with future reference(s) Pg 4 Grammatical point: After the word "survey" use the words "was conducted" Pg 5 Error: "/2" should read "12" Ethical Issue: Given that the research deals with a protected (vulnerable, pregnant) population, the author should note that those who participated were not experiencing any of the health risk symptoms. Furthermore, the author should note that he/she was able to make appropriate referrals if participants indicated health risks/threats (at the time of data collection) to ensure patient participation health, safety, and well-being were prioritized. A second ethnical consideration for the author is to indicate how patient participation was/is kept confidential, and how the data will be used and stored.	Thank you. The participants were randomly selected. No incentives were provided. About one hundred clients are seen daily. All patients for obstetric scans who gave consent to the study were interviewed. Yes, they were given the risks/ benefits of the study. They were informed that no risk will come to them if they opted out of the study. On the benefits, they were informed that the study and evidence generated could inform policy and programming and change practice for the reduction of maternal mortality. Pre-testing was done to test the tool for validity and is so stated. Pg 3. Thank you. Done. Pg 4. Thanks. was conducted added. Pg 5. /2 corrected to 12. Yes. Thank you very much. Yes. This was done and has been added. Many thanks.
Minor REVISION comments	Consider changing the word "are" to "may be". While headache and convulsions are involved in pre-eclampsia and eclampsia (toxaemia), headache is not always indicative of pre-eclampsia. Therefore, I would	Very many thanks for your very detailed review. The manuscript has been fully revised and "are" changed to "may be". Thanks. Pg 8 and 9; the rhetorical questions have been



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	say may be related to the indicated condition. The same principle extends to severe abdominal pain (not absolute for a diagnosis, but may be anything from placental abruption to sepsis). Finally, when citing obstructed labour as greater than 12 hours, consider that it may be an arrested (non-obstructed labour), therefore, I would use the words “may be indicative of”, rather than making a symptom a diagnostic finding. Pg 8 contains a subjective statement regarding “enlightenment”. It is unclear if education was provided to the women, and if so, how it was delivered. The author asks many rhetorical questions of the reader which (particularly on page 9) should not be written as questioning the reader, but rather be addressed in terms of revealing that education and awareness are pivotal in terms of maternal decision-making, potentially influencing outcomes (considering the urgency of health risk/threat). Rather than asking the reader multiple rhetorical questions, consider the points as opportunities for future research and the need to facilitate standardized education. Keep in mind that formal education is not necessarily aimed at health education.	edited to show that education and awareness are pivotal in terms of maternal decision-making, and potentially influencing outcomes. We have also edited the manuscript such that rather than asking the reader multiple rhetorical questions, the points have been elucidated as opportunities for future research and the need to facilitate standardized education. Thank you for this insight. We are grateful.
<u>Optional/General</u> comments	I am unable to comment on the specifics of the formatted requirements. Typically, the first letter of the first word following a colon (:) should be capitalized. Also, there is inadequate spacing between paragraphs. Finally, some of the sources provided (i.e. Okonofua et al) are old. Sources (unless landmark studies) should be current (within 5 years) in scholarly work.	Thank you. The typographical and formatting errors have been corrected. For the references; although 3 out of the 24 references were published earlier than 2010, they were included because they are landmark studies.