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Journal Name:	Asian Journal of Research in Medical and Pharmaceutical Sciences
Manuscript Number:	Ms_AJRIMPS_35748
Title of the Manuscript:	SOCIO-ECONOMIC FACTORS ASSOCIATED WITH PATIENTS WITH VESICOVAGINAL FISTULA IN MACHAKOS COUNTY, KENYA
Type of the Article	Review Paper

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 <i>(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)</i>
<u>Compulsory</u> REVISION comments	This is very interesting paper. Please revise this paper about VVF due to Prolonged, obstructed labor, how do you Prevent Vesicovaginal Fistula? and surgical repair.	
<u>Minor</u> REVISION comments	<p>1. Prolonged, obstructed labor is the leading cause of vesicovaginal fistula worldwide. Obstructed labor occurs when the uterus contracts normally during childbirth but the baby does not pass through the birth canal. It could occur in conditions like a big baby, an abnormally positioned baby or a small maternal pelvis or birth canal. Very young mothers are physically immature to have babies, and often suffer from obstructed labor. The head of the fetus may press against the maternal bones of the pelvis, thereby compressing the tissues of the anterior vaginal wall and the bladder. As a result, these tissues do not get enough blood supply and slough off, resulting in a fistula.</p> <p>2. How do you Prevent Vesicovaginal Fistula? Some of the ways to prevent a vesicovaginal fistula are:</p> <ul style="list-style-type: none"> • Adequate antenatal care should be extended to at risk mothers who are likely to develop obstructed labor. A cesarean section should be planned for those who need it. • In case of a long-standing obstructed labor, the urinary bladder should be drained continuously for a period of 5-7 days following the delivery of 	



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	<p>the baby.</p> <p>3. Surgical repair: The ideal time for surgery of vesicovaginal fistula due to obstructed labor is after three months following delivery. By this time, the general condition of the woman improves and the local tissues are likely to be free from infection. The repair is done through either the vagina or the abdomen, or through a combined approach depending upon the choice and expertise of surgeon. Laparoscopic surgery is also sometimes used.</p>	
<u>Optional/General</u> comments	Please revise this paper according to my suggestion.	

Reviewer Details:

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