



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_31082
Title of the Manuscript:	QUALITY OF INTRA-PARTUM CARE RECEIVED BY PARTURIENT DURING ACTIVE PHASE OF FIRST STAGE OF LABOUR AT UNIVERSITY COLLEGE HOSPITAL, IBADAN, NIGERIA
Type of the Article	Original Research 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.

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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	I think the article would read better if it uses the generally acceptable structure for manuscript writing: abstract, introduction, methodology, results/findings, discussion and a conclusion. For example, in this manuscript, it would be useful if the authors incorporate the scope of the study, justification of the study, statement of research problem and research questions into the introduction. Even under the material and methods, the authors have created too many unnecessary sub-headings. All these can be explained chronologically within the main methodology without having to split them into distinct sub-topics. The authors should explain at this point also what partograph was used as a standard reference tool (e.g. the partograph by WHO) and define the normal frequencies of measurements for BP, PR and so on. Hypothesis being tested should have come either the introductory remarks or under the methodology not under Discussion. Under the results section, the authors have included up to about 12 tables. These, in my opinion, are too many. It will be more instructive if the authors just describe the findings and make reference to a few (3-4) tables. Implication of the findings should be integrated with the discussion not after the conclusion. The authors have already described who approved the study under the methodology and so this should not be repeated at the end of the manuscript.	Thank you for the review of this manuscript. Your comments were highly appreciated; some were addressed as follows: This manuscript has been revised to follow generally acceptable structure for manuscript writing. Introduction: scope of study, justification and statement of research problem were incorporated into the introduction. Material and Methods: many sub-headings have been removed/reduced and methodology is now presented in one block; explanations of such have been added in the main methodology. WHO reference of partograph has been specified in the manuscript. Normal frequencies of parameters have been provided. Hypotheses had been removed but discussed as part of introduction. Results: tables have been reduced to 4 while the remaining findings were described. Implication of the findings has been integrated with the discussion. Ethical approval at the end of the manuscript has been deleted.
Minor REVISION comments	In the abstract under the results section, the authors stated that 41.4%, 41.1%, 61.4% and 34.8% of the women had their BP, PR, FHR and progress of labor monitored and	Abstract: The conclusion has been revised to reflect the true findings of optimal level of care.



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	documented respectively. However, the overall conclusion was that monitoring was optimal. I would like the authors to review this conclusion. In the results section, the authors have repeatedly used 'less than average' and 'above average' to describe observations. A more standard description such as percentage should be used.	Results section: percentage has been used to describe observations instead of "less than average" and "above average"
<u>Optional/General</u> comments	The article is useful and timely for this setting where emphasis is being made on quality of care improvement to improve maternal and child outcomes. The article would certainly benefit the system as a whole. However, extensive revision need to be made. In many places, the language did not flow well (for example, in line 18 – 20 "Outcome for mother and child is strongly related to the access of intra-partum care as high-quality intra-partum care is an effective strategy in reducing maternal mortality and morbidity associated with labour and childbirth"). Also, the authors should have explained if whether the maternity care providers in the hospital were aware of the purpose of the study. If that is the case, the findings may not be reliable as providers would have modified their practices knowing that they were being evaluated. At, least, this should be stated as one of the limitation of the study.	Language in line 18-20 and in some other area has been revised. Maternity care providers in the hospital were not aware of the purpose of the study in order to prevent them from modifying their practices which may alter the true picture of their practices. Some other limitations in relation to poor record keeping practices have also been mentioned. Thank you for your comments.