



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_31142
Title of the Manuscript:	CAESAREAN DELIVERY AT A TEACHING HOSPITAL, SOUTH-SOUTH NIGERIA: A FIVE-YEAR REVIEW
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)
<u>Compulsory</u> REVISION comments	Line 101: If the lowest percentage over the years was 40.7 (in 2011), how is it possible to have the overall percentage across 5 years at 30.3%? For the average to be 30.3%, there has to be a lower average for one of these years.	The overall percentage for the five-year period was 30.3% based on the total number of deliveries. However, between 2013 and 2015, there were fewer patients due to industrial actions, with majority of them having caesarean delivery which affected the caesarean section rate based on the number of deliveries.
<u>Minor</u> REVISION comments	- Line 17 and line 18: Add the word "in" as follows: ...pyrexia <i>in</i> 241.... +...infection in 104... - Line 32: Add comma after the word indication - Line 33: Finish the sentence after the word 'child'. Start a new sentence from 'This' - Line 45: Use the apostrophe: ... countries' ... - Line 45-47: The sentence "This rise Echoed globally" is grammatically unclear. Please consider revising - Line 53: Mix up in plural vs singular use. Shoulder read as: ...where a greater <i>proportion</i> of the population <i>is</i> located. - Line 57: Instead of morbidities and mortalities, use: morbidity and mortality.	The word "in" has been added. Comma has been added. The sentence has been written appropriately. Apostrophe has been used. The sentence has been rephrased. Appropriate tenses have been used. The correction has been made. The correction has been made.



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	8. Line 67: Instead of morbidities and mortalities, use: morbidity and mortality. 9. Line 78: Add the word "and": ...five units <i>and</i> each unit... 10. Line 96: The results section of the manuscript does not mention any p-values. Therefore, it need not be stated in the methods section either 11. Lines 102 to 107: Since the age categories, parity and booked/unbooked status are being presented in a table, they need not be restated in the text. On the other hand, if they are being stated in the text, then this table could be eliminated (I prefer eliminating the table since there are too many tables already) 12. Table 2: It may be nice to add another row showing the total number of deliveries in that period. 13. Lines 110 to 114: No need to state actual numbers with each cause. Just stating the percentages in parentheses should suffice. 14. Table 3: Needs explanation in the table as to what are the figures: percentages I assume. 15. Line 149: Close parenthesis after 27.4 16. Line 150: "...but lower in other centers in Nigeria." I think this could better be stated as "... but higher than in other centers in	The word "and" has been added. The word "P-values" have been espoused from the manuscript. Table 1 has been eliminated as suggested. An additional row showing the total number of deliveries has been added. The actual numbers have been espoused. The figures are in percentages and it has been indicated appropriately. The caesarean section rate in this study was lower than in previous studies done in other centres in Nigeria. It has been corrected. It has been added as required.
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	Nigeria...” 17. Line 153: Plural/singular correction needed. The “a” could be removed and sentence could read as: “It shows rising emergency CS rates annually” 18. Line 169: Add the word “overall” after the word “indication” 19. Line 175 and 176: Instead of the word “mortalities” I would prefer the word “deaths” 20. Lines 185-187: This is not a valid conclusion from the study since the rate of use of cardiotocography is not reported. 21. Line 192: Please state the details of the ethics committee. Is it a hospital IRB or ethics committee, or an independent committee etc.	The word “deaths” has been used in place of mortalities. This sentence has been rephrased. Cardiotocography was not used in this study, so we made a recommendation for it to be used together with fetal acid-base study for objective diagnosis of fetal distress. The study was reviewed by the hospital ethical committee and approval was given.
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<u>Optional/General</u> comments	1. It would be good to know why the numbers of CS were so low in 2014 and 2013, compared to 2011 and 2012. This could be an interesting point in discussion. 2. It would also be good to know as to how many cases received cardiotocography during these procedures, if this information is readily available. One could also see if the rate of perinatal mortality related to the lack of use of cardiotocography. Additionally, without this data, lines 185-187 in the conclusion are invalid. 3. Overall a good study that should be followed by additional problem-directed interventions. 4. I would have loved more data for causative factors associated with mortality etc, somewhat on the lines of what I have recommended with cardiotocography above. This could also include any relation with gestational age at delivery impacting fetal outcome, difference in duration of stay in hospital after emergency vs elective CS and so on. This would add even more value to this manuscript.	The number of CS was so low in 2013 and 2014 because of incessant industrial actions both locally and nationwide. The number of patients that had cardiotocographic monitoring could not be obtained because of poor record keeping. However, there is only one functional cardiotocographic machine which was not readily available to every patient in labour This has been noted and has been stated in the recommendations in view of internal audit for problem-directed interventions.. This was a retrospective study, the data on causative factors associated with perinatal deaths were not consistent. This was stated as one of the limitations of the study. However, for future studies and for planned internal audit, this would be taken into consideration.
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