



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_35015
Title of the Manuscript:	Effectiveness of sulphadoxine pyrimethamine in intermittent preventive treatment of malaria in pregnancy at Federal medical centre, Abeokuta
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	Line 49: Put all the <i>Plasmodium falciparum</i> in italics Line 91: Please write LBW in full Line 132: How did you stain the slides for using Giemsa stain? Please can you define your control group well? Your control group were not supposed to be treated with SP at all, if am right. Please clarify. At follow up in the case study grp, the parasite did not clear completely from the participants, how did you manage them? Those that developed features of malaria and had more parasite density in the control grp, what were they treated with? Please cite current references, especially the WHO and FMOH. This study was carried out in 2011. Do you not think that with the new malaria interventions in the state by government, the prevalence malaria in pregnancy will have gone down very well?	This has been effected. LBW has been written in full. The process of staining the slides has been described briefly in the methods section (Lines 135-139) and appropriately referenced. The control group consisted of the subjects that did not receive the SP at first contact after collection of blood sample for the blood film malarial parasites. They were subsequently given SP at their next visit after collection of 2nd sample for malarial parasites to evaluate level of clearance in both groups. It will be unethical not to give SP to the control group since SP has been recommended as part of routine beneficial antenatal practice. At follow up, all subjects in the case study group had repeat dose of SP at least 4 weeks after the 1st dose irrespective of the level of parasite clearance. Those that developed features of malaria and increased parasite density among the control group were treated with full course of recommended antimalaria (Arthemisinin Combination Therapy –ACT) Current References from WHO and FMOH have been cited. It is possible that malaria prevalence may have gone down with interventions by government in the state. However, malaria is still a common clinical presentation among our obstetric population with its attendant sequelae. Present on-



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		going studies on the subject will throw more light on the current situation.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		