



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:

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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	The declared aim of this paper was to evaluate the effectiveness of intermittent preventive therapy of malaria in pregnancy, however the study protocol does not evaluate this issue. It appears that this study only compared the response to treatment of a single dose of sulphadoxine- pyrimethamine during pregnancy and the follow up was only 14 days. Treated patients had a decrease in the level of parasitemia compared to those not treated at the time. This proves that treatment works in pregnant woman, but does not help to evaluate the effect of IPTp in the prevention of maternal and infant mortality, anaemia, and other adverse effects of infection in pregnancy. .	The study protocol attempted to evaluate the effectiveness Sulphadoxine Pyrimethamine (SP) in intermittent Preventive therapy of malaria in pregnancy using parasitologic response following a course of SP in a cohort of asymptomatic pregnant women as a marker of effectiveness. This has been highlighted in the manuscript in lines106-108 All the pregnant women irrespective of the presence and level of parasitaemia were given SP The outcome measure for the study are stated in Lines 27-28 The study did not set out to evaluate the effectiveness of IPTp in preventing adverse pregnancy outcomes such as maternal and perinatal morbidity and mortality
Minor REVISION comments	The study protocol should be described and detailed better. 1. This study evaluates response to treatment and not preventive treatment. 2. Inclusion and exclusion criteria should be clearly defined: For example presence of multiple pregnancies, certain level of anaemia, presence of preeclampsia, an intrauterine foetal death, or a previous suspected reaction to a sulpha drug. Apparently the presence of symptoms of malaria but not the detection of parasitemia was considered as an exclusion criteria. 3. It is not clear from the description if this was an open study, single blinded or double-blinded study.	The study protocol was clearly described as detailed in the methods section of the manuscript. 1. The study evaluated effectiveness of SP in preventive treatment of malaria as all the participants were given SP irrespective of the parasitaemia status and did not have clinical malaria (Malaria illness). WHO defines "Intermittent preventive treatment of malaria in pregnancy as a full therapeutic course of antimalarial medicine given to pregnant women at routine antenatal care visits, regardless of whether the recipient is infected with malaria". Those that had malarial illness were excluded from the study. Moreover, SP monotherapy is not used for clinical case management of malaria^{12,14}



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		2. The inclusion and exclusion criteria for the study are spelt out from Lines 113-120 under methods section of the manuscript. Multiple pregnancy and preeclampsia were not part of exclusion criteria in this study. 3. The study was a single blinded study in design. The laboratory Scientist that prepared and analysed the blood samples was blinded to the grouping of the patients. Lines 132-133
<u>Optional/General</u> comments	According to the 2017 WHO update report (Malaria prevention works), "despite expanded coverage, 69% of pregnant women in sub-Saharan Africa are still not accessing the WHO-recommended three or more doses of IPTp". Therefore it is important to increase the awareness to this problem and continue to evaluate the efficiency of both intermittent preventive therapy and intermittent treatment. To achieve this, up to date recommendations should be included (WHO Malaria Policy Advisory Committee and Secretariat Malar J (2016) 15:117) This work would be more suitable in the evaluation of the value of intermittent screening and treatment in pregnancy. The rationale expressed in this paper: "The prospect of this promising result with the use of SP is however being eroded by recent evidence of an increasing incidence of treatment failure with the use of SP in children under the age of five years, thus raising questions about its effectiveness in IPT in the same environment" is not referenced. More information about drug susceptibility of strains circulating in this region would be useful. The importance of drug resistance should be discussed. Ideally the follow up data should be included (that is final parasitemias and outcome after completion of treatment). This will reflect the susceptibility of local strains to SP. Although the approval by the hospital health research ethics committee was mentioned, there is no information if written informed consent was obtained. This is a must	Comments noted with thanks. The manuscript has been revised in the relevant sections in line with the WHO 2017 update report and WHO Malaria Policy Advisory Committee and Secretariat: conclusions and recommendations of 18th biannual meeting Malar J (2016) 15:117. Intermittent Screening and Treatment in pregnancy (ISTp) is not recommended as alternative to IPTp as it was found not cost effective and resulted in a higher proportion of maternal infections and clinical malaria during pregnancy compared to intermittent preventive treatment in pregnancy (IPTp) with SP given during ANC visits. Also, the effects of ISTp on birth weight varied. Statement on treatment failure with SP in children has been referenced. More information has been provided on the drug resistance. Lines 96-106 The participants only had blood samples for parasitemia taken twice during the study and ultimately had 2 doses of SP as was recommended as at the time of study. The hospital HREC approval was obtained for the study. Also, all participants gave their written informed consent before enrolment into the study.