



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_38337
Title of the Manuscript:	A STUDY OF NEONATAL MORTALITY IN A SPECIALIST HOSPITAL IN GUSAU, ZAMFARA, NORTH-WESTERN NIGERIA
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	ABSTRACT: - The objective of study is inappropriately captured in the abstract; the statement gives the impression of what was done as opposed to the purpose of study or what the study was meant to achieve. For instance, 'the study was done to.....' is a better way of presenting the study objectives. - Lines 14-16: incomplete sentence! - The conclusion also gives the impression that 'mortality rate' occurs within 24hr of admission..... authors should recast this sentence. - Since there was no significant difference in mortality rate between inborn and out born babies, the recommendation is not applicable. INTRODUCTION: - Lines 41-43: not clear. May need to replace 'hence rank Nigeria contribute' with 'contributing'..... Results: - Lines 80-81: The sentence must be reconstructed :(what was not significant was the difference in gender specific mortality rates) - Line 82: This is not very clear; what is meant here is ' half of the new born deaths occurred within 24 hours of admission, - There is no information on causes of admissions (and their relative frequencies) into the neonatal ward during the period under review. This information would have made the contribution of each case to neonatal mortality more meaningful. An additional table will be required for this. - Table 2 should show how these cases were distributed according to birth place status (inborn/out born). DISCUSSION: - Lines 97-99: The NMR for Nigeria is not derived from hospital based data and cannot therefore be compared directly with the findings from this study. - There was no significant difference in mortality rates between inborn and out born babies. What could have been responsible for this finding? This should be discussed. - The recommendation is not supported by the study findings. The study did not show that late presentation to hospital contributed to neonatal mortality	- Abstract objective modified as suggested - Sentence completed - Conclusion recasted as suggested - Recommendation modified - Sentence modified - Sentence reconstructed - Sentence modified - Getting data on causes of admission during the study period would require extra days and delay in resubmitting the manuscript as new data have to be extracted for this purpose. - Table revised - Sentence deleted - Reason have been postulated - Recommendation deleted
Minor REVISION comments	DATA ANALYSIS: Lines70-71: delete 'for cleaning and analysis' Line 46: delete s from 'takes' Were there any limitations to this study?	Noted and effected Limitations have been written
Optional/General comments		