Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	**Ms_IJTDH_40679**
Title of the Manuscript:	**MATERNAL BEHAVIOURAL FACTORS ANTITHETCAL TO GOOD ANTENATAL OUTCOME: THE NIGER DELTA UNIVERSITY TEACHING HOSPITAL EXPERIENCE**
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)

SDI Review Form 1.6

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	1. Title: Rather over ambitious without relevance to the results and discussion. Suggestion: 'Hospital Delivery: Determinants and associated factors among booked parturient at the Niger Delta University Teaching Hospital' 2. Abstract: i. Objective: This should be in prose not bullets; rather too many and distracted the authors. can be reduced to "To determine the hospital delivery rate and the associated factors amon parturient at the Niger Delta University Teaching Hospital". Others will just be part of the results but not a main objective. ii, Methods: change study subjects to participants; include information on sampling method, data collection and management. iii. Results: Relevant information were omitted, religion is irrelevant here What do you imply with your sentences on lines 31-32 as well as 35-36. Include- hospital delivery rate; see corrections on the results in the text. iv. Conclusion: Not from the results of this study- was a conjecture. Conclusions must be directly derivable from the study. 3. Introduction Line 51: references more 3 or more should be written as 1-4 instead of 1,2,3,4. Lines 77-80: Avoid the quote- reframe to imply the idea. Lines 75-90: there is no evidence for this claim in your write up. You were just dancing around the idea. Lines 90-103: too many objectives- should be written in one sentence to include one or two points- see earlier suggestion in the abstract. 4. Methods Lines 114-115 vs. 110-118- sound confusing. you initially wrote "áll" women then decided to calculate sample size. this sounded more like 'a total population study involving all booked women'. Line 118: Why use the rate from Jos for a study in Niger Delta? Is there no report in South-South or South East or even SouthWest? Better still use the NDHS report. Line 130-134: You calculated 328 what is the rationale for adding 72 case files? Provide scientific evidence. Provide additional information such as: -Total number of ANC booking during the period, annual delivery rate. -Do you have health talk at the ANC, any protocol on birth plan for these women, what is the location- distance from your hospital to the town, who attends to the women during ANC? Are fees paid- how is this comparable to fees paid at private and general hospitals? What is the delivery fee at your facility- compare this to PHC, General and private facilities. How many of these women were also attending ANC at other facilities? All these will affect the hospital delivery rate It is unscientific to conclude that women who did not deiver at your facility delivered with tba or faith home. Experience showed that most women register at multiple health facilities for anc but deliver at the cheapest or closest to their home. If there is no information about these, it will be unscientifi to make the heavy claims and conslusions you have made in this article. 5. Results:	Lines 130-134. The calculated sample size of 328 is the minimum that can be used for the study. Adding to sample size improves the outcome of the study. However, a very large sample size will explode the results while a small sample size will not represent the true population. If women register in multiple centres and deliver in one of them and by skilled providers, then the health facility delivery rate and MMR as reported by the National demographic and health survey would have been higher. All other comments corrected in text

These were poorly presented.
Your tables are rather poor- no need for subtotal, no need to repeat frequency and percent in the same table. what do you mean by the row below tertiary under education in table 1? Why did you write the ages in words?
Suggested tables:
Table 1: Bio-social characteristics of participants:
Maternal age, social class, education, parity (0,1,2,3,4, etc.), marital status,

Table 2: Associated factors with hospital delivery.

Factor	Delivered at study site		OR	95%CI	p-value
	Yes	No			
Time of booking					
-1st trimester					
-2nd trimester					
-3rd trimester					
Distance of residence from hospital					
-≤5km					
->5km					
Booked at another facility					
-Yes					
-No					
Mode of payment for services					
-Out of pocket					
-Health insurance					
Social class					
-Low					
-Medium					
-High					
Level of formal education					
-None					
-Primary					
-Secondary					
-Tertiary					
Number of ANC visits					
-≤4					
->4					
Had a documented birth plan on the case file					
-Yes					
-No					

Table 3: Presentation and pregnancy outcome among participants who delivered at the hospital

Parameter	Distance of residence from hospital		Chi-square	p-value
	≤5km	>5km		
Time of presentation in labour -latent phase -active phase				
Cervical dilatation 0-4 5-7 8-10				
Rupture of membrane before presentation -No -Yes Duration of membrane rupture (hours) -0 to 8 -9-18 -19-24 ->24				

Table 4: ANY OTHER INFORMATION OF IMPORTANCE TO YOU.

6. Discussion: Very poor, to be rewritten based on new information from tables.
7. References: Check in line with journal recommendation.

Minor REVISION comments

Optional/General comments