



SDI Review Form 1.6

Journal Name:	Journal of Advances in Medical and Pharmaceutical Sciences
Manuscript Number:	Ms_JAMPS_40680
Title of the Manuscript:	Prevalence of Induced Abortion Amongst Women Attending Antenatal Care Services in a Tertiary Health Institution in Nigeria.
Type of the 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	To authors, The theme dealt here is important. I have some advice. - Abstract should be more straightforward and simple. Please rewrite things much more clearly and simply. - Introduction is too long. You should only mention 1) Nigeria does not have law for legal abortion, and thus 2) many women die due to inadequate abortion procedure, and thus, 3) here, the authors attempted to clarify the situation by using questionnaire. This suffices. - At last, the study subject were "pregnant women" after abortion. Those who suffered infertile or even died after artificial abortion were not included. Thus, this is a great limitation to illustrate the present situation of this area. Definitely state this. Please state the reason why you focused pregnant women this time. Please state this. - Please state if you appropriately obtained IRB approval. This is mandatory. - Table 1: "frequency" is peculiar. Is this "number"? - Please do not indicate the data in "double", both in Tables and in the manuscript. State only important things in the manuscript. 95% interval 3.9600-8.0645: this is peculiar. 3.96-8.06 suffices. "The place being clean" totally depends on the subjective feeling. Define "clean". "There were other women waiting" does not mean "dirty procedures". This is subjective and not scientific. - You concluded "these were young women in the prime of their fertility period in their lifetime, who want to postpone child bearing because they were not married and because they want to further their education". This may not represent the situation of your country because your hospital locates sub-urban area and patients did come to antenatal visit this time, which indicates that study populations are relatively from "higher" society. Even if this reflects some aspects of your country, what is new? I mean that "original article" must have "something new". Almost all your findings and also discussion have been already known. Please describe, "what is new". Then, delete all parts that only reconfirmed the preexisting knowledge. Please avoid "textbook like" description. In my opinion, the discussion should be 1/2. The more you write, the more vague/unclear your point becomes. Focus the point, please. - Reference list is awkward. Some have Issue numbers whereas others not. Some indicate "one author and et al" and others "five authors et al" or "eight authors without et al". Some indicate DOI and others not. You may consider that "somebody" will edit the ones but "somebody" must take very laborious efforts for it. You had better be friendly not only readers but also reviewers/editorials. - English should be extensively edited.	(3) The authors agreed with the reviewer. These women who survived a termination of pregnancy and currently pregnant was because from the study, it can be seen that overwhelming majority of the procedures were performed by doctors and Nurses in private clinics or other settings that almost met WHO standards. What is actually demonstrated in the results of this study is that if restrictive abortion laws are lifted, and women desiring to have an abortive process have direct access to Government health facilities, doctors and Nurses will reduce maternal morbidity and mortality. (4). Approval for the study was obtained from the ethical committee of the Teaching Hospital. This was communicated in a letter to the editor among others on the submission of the manuscript. (5) Corrected. See table 1. (7) Corrected (8) As explicitly defined by 'WHO' for abortion procedures. (9) The authors agreed with reviewer. However, a visit to environments where unsafe abortions are being procured, obviously will cast the mind of the individual to a 'dirty environment': A bowl of water mixed with sodium hypochlorite is all the abortion provider has to sterilise his MVA kit with other instruments he uses. It is a source of infection and tetanus transmission. (10). It is a known fact that women who live in urban areas are more likely to access places for pregnancy termination than women who live in rural areas, this was discussed in our study. Our study was conducted at 'The Niger Delta University Teaching Hospital, Okolobiri. Okolobiri is a semi urban centre located about 30 km to Yenagoa, the Bayelsa State capital, so our study subjects is a mix of the middle class and the poor. Secondly, when you look at the demographic characteristics of our subjects, majority of them had good education. An educated woman is well informed and may be able to decipher where to have quality treatment. Thirdly, in Southern Nigeria where this study was done, one cannot walk 7 km in rural areas without seeing a government or a private health facility. What is new from this study is that if our women who would want to procure termination of unwanted pregnancies have access to well trained providers as in this study, will reduce maternal mortality and morbidity.
Minor REVISION comments		
Optional/General comments		