SDI Review Form 1.6

PART 1:

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	**2013_IJTDH_4868**
Title of the Manuscript:	**Use of intermittent preventive treatment for malaria among pregnant women in kubwa, abuja, Nigeria**
Type of the Article	**Research paper**

General guideline for Peer Review process is available in this link:
(http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline)

- This form has total 7 parts. Kindly note that you should use all the parts of this review form.

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PART 2: 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		
Minor REVISION comments	**GENERAL:** The overall paper itself is generally well written on a worthy topic. **SPECIFIC COMMENTS:** ***Title:*** OK ***Abstract:*** Generally satisfactory. Delete line 25 & 26: subsection on place and duration of study. It is not necessary since it is already mention in the methods - it is just repeating itself. Sentence lines 32 – 34 could be shorten with two separate sentences rather than one long sentence. For example: *The use of IPTp among pregnant women in this facility is low, accounting for only 6% of the study population*. Next sentences should highlight the remaining aspects of the results/findings. ***Conclusion:*** OK **Key words:** consider including IPTp – more specific. **MAIN TEXT:** ***INTRODUCTION*** Lines 46 – 47: *In pregnant women, malaria causes*	Subsection on place and duration of study (line 25 and 26) are required content in Author's guideline. **INTRODUCTION** Line 47: The sentence should be ' In pregnant women, malaria causes maternal anaemia and post-partum mortality. Line 55-61: Full therapeutic course of IPTp is at least 2 doses in pregnancy. The first dose of SP is administered after quickening (first fetal movements felt by a pregnant woman at ≥ 20 weeks gestational age) and the second and third doses (where applicable) are prescribed 4-6 weeks thereafter. 3rd dose is usually administered to pregnant women with HIV. Line 59: Quickening in relation to IPTp is explained above. Line 64: PCV= Packed Cell Volume. Line 65: Correction done.

	maternal anaemia and post partum morbidity – a little unclear what authors want to say about post partum morbidity. Lines 55 – 61 needs to be clear on full therapeutic course and doses within a therapeutic course. Line 59: what does *quickening* mean in the context of IPTp – not clear Line 64: PCV is an acronym so where in the text preceding is given what PCV is. At this point it is also to mentioned that fetal weight is not necessary – may be use birth-weight instead of fetal (fetal/fetus belongs to the uterus so we cannot measure that! Line 65: word *work* should be replaced with analaysis. ***METHODS:*** Lines 74 – 75: Clinical records or data form 200 booked pregnant women were analyzed and not 200 hundred pregnant women. Sentence line needs to be rephrased. Line 78: Neonatal birth weight – again need to avoid using neonatal – may use birth weight and should be consistent across the whole text. Lines 80 – 81: the symbols, <, >, ≤, ≥ needs clearer understanding what each symbol means or represents. For example: ------ birth weight ≤ 2.5 kg is regarded as low birth weight while haematocrit reading of <30% is considered as maternal anaemia. For ≤ 2.5 kg, it means the birth weight of 2.5 kg is low birth weight while <30% mean that 30% and greater would not be considered maternal anaemia. At this point it is worth mentioning	Methods Line 74-75: Correction done Line 78: Correction done Line 80: Correction done

	that PCV or haematocrit should be used throughout the text NOT interchangeably. ***No ethical issues mentioned. Did the authors sought ethical approval to access patients data for analysis.*** **RESULTS:** General needs minor topographical revision. Line 84: sentence line ------- population were shown may be corrected to read ---- population are shown in Table 1. Line 85: It would be reasonable to use Mean (SD: standard deviation) rather than mean (SEM). Line 87: delete – The rate of -- start with *Appropriate use of sulphadoxine-pyrimethamine* ----- Line 90: Decide to use PCV or haematocrit Lines 91 – 98: needs revision – the different categories of PCV, and birth weight needs to be clear and needs to be described in the methods section. This also include definition of underweight or overweight in relation to IPTp Lines 98 – 101: Out 70 primigravida ---------- This information would be better if these were presented in the beginning of the Results. This would provide good flow of result presentation. Table 1: Term Frequency needs to be replaced with number of patients. Tables3: Term Frequency needs to be replaced with No.	RESULTS Line 84: I think "were" is the appropriate word in the sentence. Line 85: Correction done Line 87: Correction done Line 90: Correction done Lines 91-98: Corrections done Lines 98-101: Correction done Table 1, 3 and 4: Corrected

	of patients. Table 4: Number of births rather than Frequency **DISCUSSION** Generally OK. Only check typographical mistakes and use of words/terms. For example: line 156 – *worrisome* could be better with *concern* **CONCLUSION** Conclusion OK	
Optional/General comments	Was ethical approval should from the hospital before patients data were retrieved and analyzed. There is not mention of that in the manuscript.	Ethical approval was obtained from the hospital management to retrieve and analyse patient's clinical records.