



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2013_IJTDH_4985
Title of the Manuscript:	PATTERN OF NEONATAL MORTALITY IN A TERTIARY HEALTH FACILITY IN UMUAHIA, SOUTH EAST, NIGERIA

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
- The authors should shed further light on the 294 (73.5%) of 400 who were born by SVD, but died. They are silent on this figure, though it represents a very large proportion. - Similarly, I expect some discussion on the 15 (3.8%) of 400 who were born by elective CS, but died. The situation of the 97 (24.3%) of 400 emergency CS cases is understandable, but not that of the elective CS cases.	We have tried our best possible to explain the cause of the 294 children born by SVD, but died. See page 13.second paragraph (Furthermore we noted from this study that 73.5% of 400 who were born by SVD died. This institution serves as a referral centre to all the health centers to surrounding villages and towns. These villages are behooved with poor road networks and transport system. Some of the babies could have been transported from rural areas with challenges of hypothermia and contamination before getting to the Facility and hence increasing mortality in them.) We have discussed on the 15 (3.8%) of 400 who were born by elective CS, but died. See page 12 last paragraph and page 13 first paragraph (Though we could not get the records to actually ascertain the cause of death, however in Nigeria most elective caesarean section due to a maternal secondary indicators such as Diabetes mellitus, hypertension in pregnancy, twin pregnancy are carried out at 37-38 weeks were associated with significantly higher rates of admission to the neonatal care unit. This could lead to increased morbidity and mortality in the newborns.⁴⁶ Okeke et al in Nigeria noted that elective caesarean delivery should be advised at or after 39 weeks of gestation unless there is evidence of fetal lung maturity. This is because At 39 completed weeks of gestation, elective caesarean delivery is associated with better fetal outcomes than at 37-38 weeks of completed gestation.⁴⁶)

[illegible]