



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2013_IJTDH_7573
Title of the Manuscript:	Effect of malaria and geohelminth infection on birth outcomes in Kumasi, Ghana
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		
Minor REVISION comments	MATERIALS AND METHODS There is no need to repeat the objectives of the study again while describing the study setting (lines 75 to 77) Additional information should be supplied on how the sample size was estimated. Other questions arising from the methodology include; - Since adverse birth outcome was a variable in this study, why were women with complications (lines 96 to 97) excluded? - What cadre of trained study participants? (lines 99 to 100) was used for data collection? - Was the instrument used in the cited study [17] adapted for this study (lines 102 to 103) without any modification? - If there was modification, how was the new instrument validated? - Was the survey instrument pretested? Definition of variables (lines 126 to 135) should be referenced. The World Health Organization (WHO) classification of anemia should be used and referenced as such (lines 134 and 135). RESULTS Description of participants' socio-demographic profile should be revised. Values should be used with proportions in brackets, rather than just reporting proportions alone, as number of respondents could vary from one item to another. Why was median used as a measure of central tendency for age, rather than mean (for central tendency) and standard deviation (to measure	Lines 75-77: Revised as suggested. The sample size was calculated based on the prevalence of adverse outcomes reported by Yatich et al. Lines 96-97: It was necessary to exclude women with prior complications since this will invariably affect the outcome. We were interested in studying the outcome in women whose pregnancy was considered normal. Lines 99-100: We assume the reviewer meant "trained study personnel". Three study personnel were used. One was a recent high school graduate who was awaiting his admission into the university (KNSUT). The 2nd was a 3rd year university student in the city of Wa (Upper West Region). The 3rd was a recent university graduate who was awaiting his National service posting. Lines 102-103: It is the same instrument that was used for the entire study. There was no need for any modification. We used the demographic information from the instrument and abstracted the



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	dispersion)? Table 1 is crowded; insert a space between subgroups of characteristics. Also, remove the p values and indicate significance with a star symbol (*). Use prevalence instead of rate of infection (lines 185 and 186); likewise on line 189. For any important finding described in the text, indicate if it is statistically significant or not, and include the value of the test statistic and p value (line 194). Table 2 is not only crowded, but it is also difficult to comprehend. It should be broken down into two tables of homogenous variables such as preventive services (malaria prophylaxis, IPT and bed net use etc) in one table; and outcome variables (anemia status and adverse birth outcome in another). Also, the column for the crude OR doesn't appear to be necessary. Label the CI appropriately as 95%CI. Table 3: Indicate statistical significance with double star sign (**) since a single star sign (*) was used for helminths associated with blood loss; instead of bold highlight. DISCUSSION AND CONCLUSION Give the full meaning of all abbreviations (IPT, SP, ACT, DOT, ANC, HIV, etc) where ever it is first used.	medical and obstetrics information from maternal antenatal booklets and laboratory data for this paper. This is one of a series of papers for the study. The `instrument was pretested before use. Lines 126-135: References included. The proportions have been added and mean and SD is used as a measure of central tendency and dispersion respectively. Spaces have been inserted in the table and significant p-values indicated with * as suggested. Lines 185 and 189 have been corrected. Spaces have been inserted in Table 1 and an asterisk used to indicate statistical significance. Table 2 has been divided and CI fully written out as suggested. The OR column has been removed. Table 3 now Table 4: We thought should consistently indicate statistical significance with an asterisk (*). Line 194: The test statistics and p-values have been added as suggested. All abbreviations except for HIV were defined at first use. We assumed HIV is a familiar and universally known acronym now. We have included it in the text.
<u>Optional/General</u> comments		