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Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_9911
Title of the Manuscript:	Placental Malaria and Its Associations with Pregnancy Outcome
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.

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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)
<u>Compulsory</u> REVISION comments	This manuscript does not bring much to our knowledge, most of the findings having been previously reported in dozens of previous articles during a few decades. The authors should start the results section by a clear description of the data, before starting comparisons between groups. For example, such a central piece of data as the prevalence of placental malaria is not given (nor the proportion of primigravidae). The authors miss probably the most original part of the work (as there are few data from Nigeria) and their conclusion (line 178 " This study has highlighted high prevalence of placental malaria in Nnewi") is clearly not supported by the data shown. Indeed this number of infected women can be extrapolated from careful reading of table III, and this prevalence appears to be 30%, much higher that reported in all previous studies. This point needs to be discussed as regards to the quality of histological exams (in this context it is surprising and very unfortunate the authors did not make a thick blood smear on peripheral or placental blood) and the specificity of the area. Anyway, such a high prevalence has never been reported, and the authors must demonstrate that their technic was valid. In this context, the authors should explain and justify their overall approach. Why did they use placental	But very few from south east Nigeria and none from Nnewi. This has been shown in table II. Prevalence has been included. The procedure and the interpretation of this result were included in the methodology. Blood smear is not necessary as it cannot demonstrate past infection which also have deleterious effect.. Has been included in the introduction.



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	histology in place of standard blood microscopy, that is much more easy to perform? Obviously, the single advantage is to be able to distinguish between past and active placental infection, but surprisingly the authors did not analyze their data in this way. In the discussion, this point should have been taken into account when the authors compare their data to previous studies. However, most of these studies were performed using blood microscopy and not placental histology. Therefore the comparison should be cautious.	The point has been included.
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<u>Minor</u> REVISION comments	The introduction gives numbers that are extracted from various WHO publications from 2003 and 2008, or quite old literature reviews. Please update these figures, using the most recent reports (for example the WHO malaria report from 2013 is available, such as the RBM Annual Report 2012). Please explain the formula used to calculate sample size, and how the authors reached a size of 200. The text of the result section is highly redundant with the tables. Please consider revising. The manuscript is very poorly written. Some words are missing, capital letters are found any where in the sentences, names of the authors (both in the text and in the reference section) are misspelled or changed to their first names (ref 10, for example). This is unacceptable. Table III, PM-/No anemia should show 52 and not 2.	This has been updated to WHO Malaria report 2013- The sample calculation included. Addition table added. Corrections made. 52 added.
<u>Optional/General</u> comments	Yes, there is no statement that the protocol has been submitted and approved by a local ethical committee.	The ethical committee clearance has been added. Thanks.