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Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_15826
Title of the Manuscript:	A COMPARISON OF THE ACCURACY OF THE USE OF LAST MENSTRUAL PERIOD AND SYMPHYSEAL FUNDAL HEIGHT FOR GESTATIONAL AGE DETERMINATION AMONG NIGERIAN WOMEN
Type of the Article	Original Research Article

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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	This paper is a very naive correlation among US scan , LMP and SFH with the gestational age. Everything is based on an unclear statistical analysis that compares the means of perhaps the gestational age expressed in weeks obtained by LMP and SFH using the US scan as gold standard. Therefore the mean difference (I don't understand the unit of measurement maybe weeks expressed in decimals (1 week = 10 decimals not 7 days ??)) is lower when SFH is compared with LMP at both the times of observation. Major points 1. The BMI and the parity are important covariates that should be included in the SFH measurement 2. The authors use 2 windows of measurements. "first visit after 22 weeks" and "second visit after 22 weeks" but they do not mention the crude mean week and the range. 3. As the authors state, the US scan itself can't be the gold standard of gestational age determination 4. Sounds weird that the accuracy calculation includes 2 weeks of range when the standard deviations expressed in Table 2 are around 1.5 weeks. I should reduce the tolerance	The study basically compared the mean gestational ages in weeks of the women as obtained from the LMP and SFH with that obtained by USS using student t-test. Though USS has its own limitations, in clinical practice it is still considered the gold standard for gestational age assessment in the first half of pregnancy^{2,4,12} . So this study was conceived to find a modality of GA assessment which is comparable to USS. This method may be useful in areas where there is no USS equipment and its expertise. This is especially so in developing countries like Nigeria where there is virtually no USS equipment in the rural areas and most of our women book for antenatal care late in pregnancy and do not reliably recall their LMP. 1. It is true that BMI and parity should be covariates in this study, but BMI of the women were not assessed and so this is stated as a limitation of the study (Lines 218– 219). 2. This was reported in the result section in lines (now 127 and 128) the range has been included also. 3. In spite of its limitations mentioned in lines 217 and 218, it is a reliable investigative procedure for pregnancy dating commonly in clinical practice all over the world as stated and referenced in lines 48 & 49. That is why it used



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		here as a method to be compared with others. 4. Previous studies of this nature considered the number of weeks within USS estimated GA to determine accuracy; some use 1 week or 2weeks e.g references 2 and 13. We choose 2 weeks since the SD as you observed was greater than 1 week and a range may be considered up to 2SD which in this case will even be about 3weeks.
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<u>Minor</u> REVISION comments	Minor point 1. Line 169 should report a p-value >0.05 not <0.001 2. Data about the outcome of pregnancy and neonatal weight should be provided 3. A comment about the divergent trend of the mean difference (-0.391 vs 0.388 for LMP and -0.028 vs 0.031) should be included. 4 A comment about the possible best time for gestational age measurement by using SFH should be included	1. This has been effected (Now line 177) 2. These women were not followed up to the time of delivery. So we don't have the data to provide these information 3. There is no divergent trend in the mean difference of the LMP, a review of our data revealed that it was an error in one of the entries and this has been appropriately corrected and the results reflected in Table 2. The divergent trend for the SFH is not unexpected considering the variable nature of the measurements during the first and second visits after the 22nd week of USS estimated GA 4. This has been stated earlier in the manuscript (Lines 204 - 205)
<u>Optional/General</u> comments	The paper itself is useful if the US scan is not available, but the statistics should be reviewed at all. I do suggest the use of a general linear model (GLM) able to analyze the data all at once so to reduce the bias. Student t test does not describe properly the real meaning of the paper.	Because those covariates were not measured as said earlier, use of GLM will not be feasible now. We believe that student t-test give to a reasonable extent the meaning of the paper which suggest that mean of SFH measurements in second half of pregnancy where most of our women book for antenatal care is more reliable than that of LMP when compared to USS mean value.