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### **SDI Review Form 1.6**

Journal Name:	Asian Journal of Pediatric Research
Manuscript Number:	Ms_AJPR_47154
Title of the Manuscript:	Morbidity and mortality pattern among preterm babies admitted into the Special Care Baby Unit of University of Port Harcourt Teaching Hospital, Rivers State: A 5 year Review
Type of the Article	Original Research Article

### **General guideline for Peer Review process:**

This journal's peer review policy states that <u>NO</u> manuscript should be rejected only on the basis of '<u>lack of Novelty'</u>, 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)

### **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	<ol> <li>The theme dealt here is important. I have some advice.</li> <li>Title: "admitted to" and not "into" is right. "preterm death": there is no such word. Is this "death of preterm infant", "preterm-infant death", "death due to preterm delivery (immaturity)" or else. Will you please retrieve/look at PubMed and use some appropriate word? Was this data from developed or developing country? Please write it (blind review prevents me to grasp this).</li> <li>Introduction last: "single sentence paragraph" should be avoided.</li> <li>Results: "There were a total of 168 (24.6%) preterm deaths, 86(51.2%) females and 82(48.8%) males. The difference was statistically significant (X²=6.1855, p=0.013)." Please re-confirm if this is really statistically significant (51.2 vs. 48.8).</li> <li>Discussion: You touched some limitation and in it you suggested something but the most important bias is as follows.</li> <li>Out-born patients were transferred sometime after their birth: this means that "birth stress test" has been performed and those who "survived" were transported. I mean, needless to say, some infants with severe conditions died far before transfer to this hospital. This causes both better OR worse data. Your data happened to have shown poorer outcome in out-born than in-born. In the developed countries, if the infants died before arriving the hospital is easily retrieved and thus the above-mentioned selection bias can be rejected. Comparing inborn vs. outborn has no/less meaning without analysing this issue. State this issue definitely.</li> </ol>	
Minor REVISION comments		
Optional/General comments		

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## PART 2:

	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)
Are there ethical issues in this manuscript?	(If yes, Kindly please write down the ethical issues here in details)	

### **Reviewer Details:**

Name:	Shigeki Matsubara
Department, University & Country	Jichi Medical University, Japan

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