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SDI Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_47396
Title of the Manuscript:	Comparison of the effect of vaginal capsule of evening primrose oil and misoprostol on cervical ripening of nulliparous women with post-term pregnancy: A clinical Trial
Type of the Article	Original Research Article

General quideline 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)

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>Minor</u> REVISION comments	The theme dealt here is very important. I have some advice. I. Introduction: Delete the first sentence of "Pregnancy is a new and unique situation (Babanazari, 2017)." These "common sense" should not be described in a scientific paper. These words sound as if the authors say that ordinary readers may not know these things. Two words appear indicating the same thing: post term and prolonged pregnancy. Usually we use the former. Be consistent. "The most common cause of pregnancy" should be "post-term pregnancy". These careless mistakes are present here and there. To point out these kinds of errors IS NOT reviewer's job. Hereafter I will not point out these kind of mistakes and thus please completely check all the manuscript. English should be revised. Please ask some linguist to edit English. 2. Materials: "normal heart embolism pattern": what is this? 500-mg capsule of evening primrose oil was administered. How did you determine this dose? Please cite references. If this was your own strategy, please describe its rationale. 3. Findings: "3441.53" should be "3441": this holds true to all numbers and variables. Table 1 should indicate study vs. control group similar to Table 2 and 3. No use to indicate backgrounds of "all" women. Table 2 and 3 are identical. Delete one. Figure 1: "what was measured" is not written in both X and Y-axis. "Bishop score" and "time" should be described here. 4. Introduction is too long compared "what was demonstrated here". Shorten the Introduction. 5. Induction labor should be evaluated fundamentally if "labor induction succeeded" and the increased Bishop score is ONLY a surrogate marker. Even if one has gained increased Bishop score by this method, whether induction labor was actually obtained is much more important. You can very easily obtain the following data: 1) if vaginal delivery was actually done or cesarean was required (induction succeeses rate and cesarean rate), 2) induction-delivery time, 3) if all continued to stay in hospital or if some go back to one's home withou	
Optional/General comments		

PART 2:

		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:

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University, Japan

Created by: EA Checked by: ME Approved by: CEO Version: 1.6 (10-04-2018)