



SDI Review Form 1.6

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| Journal Name: | Asian Research Journal of Gynaecology and Obstetrics |
| Manuscript Number: | Ms_ARJGO_50251 |
| Title of the Manuscript: | VACUUM AS INSTRUMENT OF CHOICE |
| Type of the Article | Opinion 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 | | Noted |
| Minor REVISION comments | <p>Abstract</p> <ul style="list-style-type: none"> 2nd stage, non reassuring - should be '2nd stage, and non-reassuring ' <p>Introduction</p> <ul style="list-style-type: none"> The preferred bracket for references is [], not () Favorable changes occur in presence of – should be 'favorable changes occur in the presence of' Breech, transverse presentation – should be 'breech presentation, and transverse lie' <34+0weeks of gestation – '< weeks gestation' is preferable <p>Table 1: Contradictions</p> <ul style="list-style-type: none"> Suspected fetal macrosomia (defined as weight of > 4500grams) – please review, I believe above 4000grams is the correct definition <p>Maternal complications</p> <ul style="list-style-type: none"> Women who sustain laceration in previous delivery are at greater risk of repeat laceration in present delivery – please include the reference <p>Comparing vacuum and forceps</p> <ul style="list-style-type: none"> I suggest you Include some clinical conditions where preference should be given to vacuum or forceps, e.g. women with HIV, preterm delivery, and cardiac failure <p>Conclusion</p> <ul style="list-style-type: none"> Need to reinvent the training of vacuum application – the meaning of reinvent as used here is not clear, I prefer you rephrase this statement <p>References</p> <ul style="list-style-type: none"> Too old – the most current in your article was published in 2009 (10 years ago), there are many recent publications on instrumental vaginal delivery | <p>Noted and updated</p> <p>Noted and updated</p> <p>Noted and updated</p> <p>Noted and updated</p> <p>Noted and updated</p> <p>Noted and updated – (I have checked the recent RCOG guidelines and the figure has been revised)</p> <p>Noted and updated</p> <p>Noted and updated</p> <p>Noted and updated</p> |



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| | <ul style="list-style-type: none">• Strictly adhere to the Vancouver method• Reference 4 – please remove Sept• Reference 10 – remove May• Reference 11 Sept• Reference 12 – remove May | <p>Noted and updated – Few recent references have been added</p> <p>Noted and updated</p> <p>Noted and updated</p> <p>Noted and updated</p> <p>Noted and updated</p> <p>Noted and updated</p> |
| <u>Optional/General</u> comments | <p>This is a very good, clinically oriented and well written article</p> | <p>Thanks for the appreciation</p> |

PART 2:

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|---|--|---|
| | Reviewer's comment | Author's comment <i>(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)</i> |
| Are there ethical issues in this manuscript? | <i>(If yes, Kindly please write down the ethical issues here in details)</i> | No |