



**SDI Review Form 1.6**

Journal Name:	<a href="#">Asian Research Journal of Gynaecology and Obstetrics</a>
Manuscript Number:	<b>Ms_ARJGO_50251</b>
Title of the Manuscript:	<b>VACUUM AS INSTRUMENT OF CHOICE</b>
Type of the Article	<b>Opinion Article</b>

**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)
<b>Compulsory</b> REVISION comments		
<b>Minor</b> REVISION comments	<p><b>Abstract</b></p> <ul style="list-style-type: none"> <li>• 2nd stage, non reassuring - should be '2<sup>nd</sup> stage, and non-reassuring '</li> </ul> <p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>• The preferred bracket for references is [ ], not ( )</li> <li>• Favorable changes occur in presence of – should be 'favorable changes occur in the presence of'</li> <li>• Breech, transverse presentation – should be 'breech presentation, and transverse lie'</li> <li>• &lt;34+0weeks of gestation – '&lt; weeks gestation' is preferable</li> </ul> <p><b>Table 1: Contradictions</b></p> <ul style="list-style-type: none"> <li>• Suspected fetal macrosomia (defined as weight of &gt; 4500grams) – please review, I believe above 4000grams is the correct definition</li> </ul> <p><b>Maternal complications</b></p> <ul style="list-style-type: none"> <li>• Women who sustain laceration in previous delivery are at greater risk of repeat laceration in present delivery – please include the reference</li> </ul> <p><b>Comparing vacuum and forceps</b></p> <ul style="list-style-type: none"> <li>• 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</li> </ul> <p><b>Conclusion</b></p> <ul style="list-style-type: none"> <li>• Need to reinvent the training of vacuum application – the meaning of reinvent as used here is not clear, I prefer you rephrase this statement</li> </ul> <p><b>References</b></p> <ul style="list-style-type: none"> <li>• Too old – the most current in your article was published in 2009 (10 years ago), there are many recent publications on instrumental vaginal delivery</li> </ul>	



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	<ul style="list-style-type: none"> <li>• Strictly adhere to the Vancouver method</li> <li>• Reference 4 – please remove Sept</li> <li>• Reference 10 – remove May</li> <li>• Reference 11 Sept</li> <li>• Reference 12 – remove May</li> </ul>	
<p><b>Optional/General</b> comments</p>	<p>This is a very good, clinically oriented and well written article</p>	

**PART 2:**

	<p><b>Reviewer's comment</b></p>	<p><b>Author's comment</b> <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></p>
<p><b>Are there ethical issues in this manuscript?</b></p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	

**Reviewer Details:**

<p>Name:</p>	<p><b><i>Ikobho Ebenezer Howells</i></b></p>
<p>Department, University &amp; Country</p>	<p><b><i>Niger Delta University Teaching Hospital, Nigeria</i></b></p>