



SDI Review Form 1.6

Journal Name:	Asian Journal of Research in Medical and Pharmaceutical Sciences
Manuscript Number:	Ms_AJRIMPS_67768
Title of the Manuscript:	PREDICTORS OF SEVERE PERINEAL TEAR DURING DELIVERY IN YENAGOA, SOUTHERN NIGERIA
Type of the Article	ORIGNAL

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/journal/10/editorial-policy>)



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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		
Minor REVISION comments	<p>Thank you for the opportunity to review this publication.</p> <p>If possible, please consider using only publications under 5 years old.</p> <p>1. INTRODUCTION</p> <p>– The role of maternal age as a risk factor has also been reported in many studies globally. A study in Security Forces Hospital, Riyadh, Saudi Arabia identified advanced maternal age (> 40 year) as a risk factor for severe perineal tear. [12] Another study on risk factors for perineal tear in Limbe Regional Hospital in Cameroon identified maternal age as an independent risk factor, (OR 2.6, 95% CI: 1.1-4.3;P=0.02) [13]. A similar study in University Teaching Hospital of Yaoundé (Cameroon) reported maternal age above 27 years as a risk factor, [14] and in another publication, maternal age of 35 years was reported as a risk factor for 3rd and 4th degree perineal tear. [15]</p> <p>I do not know whether the information about the risk factor - <u>the mother's age</u> - is a single risk factor, since each publication gives, a different limit of 27, 35 or 40 years. There should be information here that this is not a single risk factor. This should probably be clarified.</p> <p>2. MATERIAL AND METHODS</p> <p>- whether all surgical deliveries were received by a specialist in gynecology and obstetrics? - what does it mean : low birth weight ? - no information is available whether the mother gained a lot of weight during pregnancy</p> <p>3. DISCUSSION</p> <p>- <i>The result from our study tends to follow the same trend, as the rate of perineal tear in Yenagoa was significantly higher in women with low parity. It has been explained that the perineum in women with low parity, (especially in nulliparous women) is very rigid and over stressed by the fetal head, with a high tendency to tear during delivery. Prophylactic episiotomy has therefore been advocated. [25]</i></p> <p>Perhaps it would be worth writing here about the role of urogynecological examination and management in these women? - more informations ex. DOI:10.3390/jcm9103255</p> <p>4. CONCLUSION</p> <p>It can reinforce information about women's self-awareness and the importance of education.</p>	
Optional/General comments	<p>It is believed that currently too many cesarean sections are performed therefore order to avoid surgical labor (CS), it is very important to increase natural births that will be safe for the woman and the child.</p>	



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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?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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