

## Review Form 1.6

Journal Name:	<a href="#">Journal of Scientific Research and Reports</a>
Manuscript Number:	Ms_JSRR_87168
Title of the Manuscript:	Maternal – fetal outcome in cases of HELLP syndrome at the Delta State University Teaching Hospital
Type of the Article	Original Research 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:

<https://www.journaljsrr.com/index.php/JSRR/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)
<b>Compulsory</b> REVISION comments	<p>There are significant revisions that should be completed prior to the manuscript being considered for re-submission to review.</p> <ol style="list-style-type: none"> <li>1) HELLP syndrome is the same spectrum of disease of gestational hypertension, preeclampsia without severe features, preeclampsia with severe features, and eclampsia.</li> <li>2) In the abstract: What is the definition of "elderly" mother? What is the definition of "early neonatal death"?</li> <li>3) In Introduction: DIC = disseminated intravascular coagulopathy – please use full name prior to utilizing an abbreviation</li> <li>4) Abbreviation of "PHS" is not defined in the introduction.</li> <li>5) Data collection: Confusion regarding the study population – Section 2.2 states "the total number of pregnancies complicated by HELLP syndrome was 210 – then Table 2 states only 11.4% of the study population had HELLP syndrome – then the discussion states "8.3% of the participants had HELLP syndrome". This is a very significant inconsistency. Using 8.3%, if this is the correct number – means the "n" for this study is only 17 patients – is this n large enough to be drawing statistically significant conclusions? Overall, what was the power calculation needed prior to starting the study to find clinical significance?</li> <li>6) Operational terms and definitions: Would encourage the author to provide a more accurate definition of preeclampsia, preeclampsia with severe features, as well as HELLP syndrome. For example, proteinuria is no longer required in the setting of continual severe range blood pressure, certain creatinine values, and certain AST/ALT values. Also, I would exercise caution in stating "imminent eclampsia includes cases with symptoms of headache, blurring of vision, and upper abdominal pain" – is this is true statement? These are subjective findings associated with preeclampsia with severe features, but does not mean a mother is on the verge of an eclamptic seizure.</li> <li>7) The paper reports that part of the objective was to investigate maternal and fetal morbidity and mortality – but there is no maternal aspect evident in the paper aside from discussing liver function enzymes and creatinine levels. What about HTN so severe requiring multiple medications, development of neurological sequelae, PRES syndrome, ICU admission? Neonatal complications such as RDS and IVH are listed – but then there is no data, conclusions, tables regarding these outcomes – also, how would you account for these complications being secondary to maternal HELLP syndrome versus them being known complications associated with prematurity without a maternal comorbidity?</li> <li>8) What are the authors using to define fresh stillbirth versus macerated stillbirth? Also, what is the difference between a stillbirth and an intra uterine fetal demise? Clinically, these are synonyms and are not different.</li> <li>9) There is reference to Classes of HELLP syndrome. Are there standardized definitions that are accepted by obstetrical societies? I am aware of "partial" versus "complete" HELLP syndrome – but is this clinically significant? A mother either has HELLP syndrome or she does not.</li> </ol>	
<b>Minor</b> REVISION comments	<p>Make sure to use appropriate abbreviation throughout paper to consistency. HELLP syndrome, not HELLPS. There</p>	
<b>Optional/General</b> comments	<p>This was a very interesting investigation, particularly due to the authors looking at a population which has not been well studied. However, there are significant revisions that needs to be completed. Definitions need to be clarified and appropriate. It is unclear what the actual study size of the population. What was the power calculation for the study to ensure that any findings should be considered statistically significant? It is already well known and established that hypertensive disorders of pregnancy are associated with poor maternal, fetal, and neonatal outcomes (particularly in the setting of a medically indicated preterm delivery), so an additional contribution/finding would make the manuscript stronger in terms of providing new knowledge. If revision can be completed, would recommend re-submission for additional peer review opposed to moving directly to publication.</p>	

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**PART 2:**

	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>	

As per the guideline of editorial office we have followed VANCOUVER reference style for our paper.

Kindly see the following link:

<http://sciencedomain.org/archives/20>

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