

Review Form 1.7

Journal Name:	Asian Hematology Research Journal
Manuscript Number:	Ms_AHRJ_115099
Title of the Manuscript:	HEMOSTATIC PARAMETERS IN WOMEN WITH OBSTETRIC HEMORRHAGE
Type of the Article	Original research

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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)
<p><b>Compulsory</b> REVISION comments</p> <p>1. <b>Is the manuscript important for scientific community?</b> (Please write few sentences on this manuscript)</p> <p>2. <b>Is the title of the article suitable?</b> (If not please suggest an alternative title)</p> <p>3. <b>Is the abstract of the article comprehensive?</b></p> <p>4. <b>Are subsections and structure of the manuscript appropriate?</b></p> <p>5. <b>Do you think the manuscript is scientifically correct?</b></p> <p>6. <b>Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</b></p> <p><b><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></b></p>	<p>Yes</p> <p>Yes</p> <p>No</p> <p>No</p> <p>1. The main objective of the research is unclear. The author highlights a critical association between obstetric bleeding and coagulogram parameters, emphasizing the significance of indicators such as prothrombin time, activated partial thromboplastin time (APTT), fibrinogen levels, and platelet count. However, the study's findings do not offer any new information. The increase in prothrombin time, APTT, or international normalized ratio (INR) in the postpartum period has long been documented as an indication for the use of procoagulant therapy to prevent the development of disseminated intravascular coagulation (DIC) syndrome in many countries.</p> <p>2. The author's statement that platelet count always correlates with the severity and risk of bleeding is erroneous. A crucial aspect in maintaining hemostasis is not so much the quantity of platelets as their functional activity. This fact is inadvertently confirmed by the author himself when providing the example of the clinical application of desmopressin as an effective means to stop obstetric bleeding.</p> <p>3. Thrombocytopenia at a level of <math>100 \times 10^9/L</math>, associated with an increased frequency of obstetric bleeding, is caused not so much by a decrease in platelet count due to blood loss, but rather by the transition from the hypercoagulable phase of DIC syndrome to the hypocoagulable phase. This is typically the result of unprofessional and untimely intervention in the process of preventing hemostatic disorders during bleeding.</p> <p>4. The complexity of obstetric bleeding rarely depends on the quantity of plasma coagulation factors, as the minimal effective amount of each can vary significantly. For example, for Factor VIII it is 30-35%, for Factor VII - 5-7%, for Factor I - 0.8 g/L, for Factor IX - 5-20%, for Factor X - 10-20%, for Factor XIII - 2-5%, and so on. Therefore, the assertion that the complexity of obstetric bleeding is always due to a deficiency in plasma coagulation factors that arises during bleeding is not entirely accurate.</p> <p>5. From the perspective of pathogenesis and mechanism of action, the shunt hemostasis drug Novo-7 (VIIa) is not recommended for stopping bleeding in pregnant women. Indications for its clinical use are not only limited to specific pathologies, but also depend on a range of conditions.</p> <p>6. The main focus in treating blood loss is a complex set of measures primarily aimed at preventing the development of coagulopathy, rather than merely providing access to advanced medical technologies.</p>	<p>Thanks</p> <p>Noted</p> <p>Effectted revision</p> <p>Done</p> <p>Revised</p>

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	<p>7. Comprehensive assessment of hemostasis is not limited to coagulogram indicators and platelet levels alone.</p> <p>8. The article text is difficult to comprehend due to an excess of unnecessary information that does not align with the study design.</p> <p>9. In the discussion section, the logical chain of reasoning when evaluating the obtained data is not sufficiently clear.</p>	
<p><b>Minor</b> REVISION comments</p> <p>1. Is language/English quality of the article suitable for scholarly communications?</p>		
<p><b>Optional/General</b> comments</p>	<p>Considering the above, this article is not ready for publication in its current form and requires significant revision, taking into account the mentioned comments.</p>	

PART 2:

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