

## Review Form 1.6

Journal Name:	<a href="#">Asian Journal of Pregnancy and Childbirth</a>
Manuscript Number:	Ms_AJPCB_78521
Title of the Manuscript:	Cesarean Birth Among Women Birthing in Asia: A Literature Synthesis Using the Robson 10-Group Classification System
Type of the Article	Review 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.journalajpcb.com/index.php/AJPCB/editorial-policy> )

### 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>The author needs to modify English statements to make them more meaningful as has been pointed out in manuscript .overall content is praiseworthy.</p> <p>In the one study in which Group 5 was not one of the top three contributors [39], we noted that the study was conducted at a tertiary care hospital, where high risk women and/or women with identified complications are typically referred. This may have importantly impacted the reason that Group 10 (preterm pregnancy) was their largest contributor to CB numbers/rates.....a more valid reason must be stipulated to support your inference</p>	<p>Thank you for this suggestion. I have corrected to be more clear.</p> <p><i>In the one study in which Group 5 was not one of the top three contributors [40], we noted that the study was conducted at a tertiary care hospital, where high risk women and/or women with identified complications are typically referred. This hospital was the highest referral center in Jakarta as well as Indonesia and showed the highest relative size (27.82%) of women allocated to Group 10 (preterm pregnancy). Because the highest level care is appropriate for those experiencing preterm labor, women who had planned to deliver in lower level care centers encountering this pregnancy complication may have frequently been transferred to the acute care setting. This may be the reason that Group 10 was their largest contributor to CB numbers/rates [40] in the acute care setting. It is also important to note that Group 10 includes all preterm birth including those with previous CB.</i></p>
<b>Optional/General</b> comments	<p>I wish to congratulate the author for choosing the topic which is the need of the hour for obstetricians and an eye opener for stake holders to modify policies to decrease CB rates .The author has studied the topic in depth and it was a pleasure going through the article.</p>	<p>Thank you very much for this feedback.</p>

[Review Form 1.6](#)

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>	