Reviewer’s report

Title: Adverse pregnancy outcomes, ‘stillbirths and early neonatal deaths’ in Mutare district, Zimbabwe (2014): a descriptive study.

Version: 0 Date: 08 Nov 2018

Reviewer: Ruby Jose

Reviewer’s report:

Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting matePRCH-D-18-01064

Full Title: Adverse pregnancy outcomes in Mutare district, Zimbabwe (2014): A Cross-sectional Study

General Comments:

Overall, the topic seems to have been arrived at retrospectively as stated, but without much thought about the method of study, aim of the study.

It also appears to be that a statistician has written it up, as, the wordings and approach do not suggest an Obstetrician’s viewpoint.

The material and methods section leaves a lot of questions in my mind as it is not comprehensive.

All the results are not brought out in the appropriate section on results. In fact, some of the important results are not mentioned in the results or conclusion.

The English language needs a few corrections.

Specific comments:

ABSTRACT:

1. Adverse pregnancy outcomes encompass a whole host of outcomes, of which only 2 have been chosen. No doubt the more important ones have been chosen. Nevertheless, the title could have encased "stillbirths and early neonatal deaths", instead of all' adverse pregnancy outcomes. Which gives a whole lot more expectation from the paper.

2. Isn't there an AIM/ OBJECTIVE for the study?
3. "Delivery by non-normal vertex method" does this mean an instrumentall vaginal delivery? or an assisted vaginal breech delivery or a Cesarian section? Seems a complex way of describing an "abnormal delivery" please clarify. Why should delivery by Cesarian section have a high adverse outcome, unless done too late?

4. "Gestation age of less than 32 weeks has a nine times odds" should be written in the past tense

5. The conclusions should include the major pregnancy complications that sets the stage for these 2 particular adverse outcomes.

TEXT:

1. Most of the references, especially the first several {1-7} references are at least 6 years old. I am sure newer references are available and should be referenced in place of the older ones.

2. It would be important to know the incidence of hospital/facility delivery at this hospital. Are there any deliveries attempted at home or elsewhere?

3. How many deliveries were there in total?

4. Page 3, line 45: what were the inclusion /exclusion criteria?

5. Page 3, line 90: Rewrite as "Women sampled were between 17 and 43 years of age".

6. Page 6, line 129: "delivery (NVD), 23% (95% CI: 0.19 - 0.28) had non-NVD delivery" does non-NVD include twins/singleton/occipito posterior deliveries?

7. Page 6, line 132: pregnancy induced hypertension (PIH), prolonged labour and foetal distress. Was PIH the only antenatal complication? Was there no anemia, gestational diabetes, IUGR other medical problems? Prolonged labour and foetal distress would be considered as labour complications.

8. Page 6, line 142, 143, 144: Non normal vertex delivery (non-NVD) was categorised as caesarean section deliveries for various reasons (including breech) or delivery of a breech presentation (termed breech delivery). Please clarify, this is confusing.

9. Page 8, line 200, 201: "pregnancy outcomes increased if babies are delivered via caesarean section or breech presentation (non-NVD)" How could adverse pregnancy outcomes rise with Cesarian unless done too late? How are breech presentations managed usually in labour? Is there no protocol for vaginal/abdominal breech delivery?
10. Page 9, line 229: "Caesarean section delivery is associated with a risk of pre-rupture of membranes, a complication resulting in perinatal death." Kindly clarify. Why should Cesarian delivery have a high risk for prelabour rupture of membranes.

11. Page 9, lines 250, 251, 252: "Women who experienced complications, including cord prolapse, mal-presentation, antepartum haemorrhage (APH), eclampsia, prolonged labour, and pregnancy induced hypertension had a six times greater odds of adverse pregnancy outcome than women without complications in our study". This is an important finding. This is not mentioned in the results at all!!!

12. Page 10, lines 262, 263: "Low birth-weight (LBW) <2500 grams is a well-documented risk of an adverse pregnancy outcome" why is this fact not mentioned in the results section?????? Were these babies premature as well?

13. How could one have a 5% unskilled delivery rate at a hospital????

14. There are Zimbabwean reports and recommendations already, which are not in place in the Institution. In fact, even the basic recommendations for pregnancy care and high risk pregnancy is not followed, from what I understand. There is no point in such a study when these basic recommendations are not being followed. Apply the basic pregnancy care principles and then assess using a similar study.

Please overwrite this text when adding your comments to the authors.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.
I am able to assess the statistics

**Quality of written English**
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

**Declaration of competing interests**
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

i declare that i have no competing interests.

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license ([http://creativecommons.org/licenses/by/4.0/](http://creativecommons.org/licenses/by/4.0/)). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal