

REVIEWER'S REPORT

Manuscript No.: IJAR-52121

Date: 05/05/2025

Title: Maternal and Fetal Outcomes in Postdated Pregnancies

Recommendation:

- ✓ Accept as it is
 Accept after minor revision.....
 Accept after major revision
 Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality		✓		
Clarity		✓		
Significance	✓			

Reviewer Name: Dr. S. K. Nath

Date: 07/05/2025

Reviewer's Comment for Publication:

The study concludes that most postdated pregnancies in the sample had favorable maternal and neonatal outcomes, emphasizing the importance of vigilant monitoring, timely intervention, and individualized labor management strategies. Although risks increase with gestational age, careful management can mitigate adverse outcomes. Overall, this research provides valuable insights into the management and outcomes of postdated pregnancies, reinforcing the need for personalized care protocols to optimize maternal and fetal health.

Reviewer's Comment / Report

Strengths

- Clear Objective and Design:** The study aims to assess maternal morbidity, mortality, and fetal outcomes, employing a prospective observational design, which allows for systematic data collection.
- Sample Size and Population:** Including 108 women with singleton, cephalic, postdated pregnancies provides a substantial dataset for analysis.
- Comprehensive Data Collection:** The study evaluates multiple parameters, including maternal complications, fetal outcomes, mode of delivery, and gestational age-specific outcomes.
- Relevant Findings:** The study highlights that most postdated pregnancies result in favorable outcomes with careful monitoring, supporting clinical decisions on managing such pregnancies.
- Use of Established Guidelines:** Labor management based on the Bishop score and adherence to RCOG guidelines reflects standard practice.

Weaknesses

- Limited Scope and Generalizability:** The study was conducted in a single tertiary hospital, which may limit the generalizability of findings to other settings or populations.
- Sample Size Constraints for Subgroups:** Certain groups, especially those beyond 42 weeks, had small sample sizes, affecting statistical power.
- Lack of Control Group:** Without a comparison group of pregnancies at term or preterm, it is difficult to attribute outcomes solely to postdated pregnancies.
- Potential Biases:** Being hospital-based with purposive sampling may introduce selection bias.
- Statistical Limitations:** Many associations found (e.g., between gestational age and complications) were statistically insignificant, possibly due to sample size.
- Details on Fetal Monitoring:** While fetal heart rate monitoring is mentioned, more detailed protocols could improve insight into intra- and postpartum management.