

REVIEWER'S REPORT

Manuscript No.: IJAR-52168

Date: 12-06-2025

Title: Clinical Utility of Shock Index in the Early Detection of Adverse Outcomes in Postpartum Hemorrhage

Recommendation:

Accept as it is.....YES.....

Accept after minor revision.....

Accept after major revision

Do not accept (*Reasons below*)

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

Reviewer's Name: Dr Aamina

Reviewer's Decision about Paper: **Recommended for Publication.**

Comments (*Use additional pages, if required*)

Reviewer's Comment / Report

Abstract Review:

The abstract succinctly summarizes the study's background, objective, methodology, key findings, and conclusion. It clearly establishes the relevance of the Shock Index (SI) in the context of postpartum hemorrhage (PPH), highlighting its predictive value for adverse maternal outcomes. The prospective design, setting, and sample size are specified, and the findings are supported by quantifiable results, including an AUC value from ROC analysis, which enhances the clarity and scientific rigor of the abstract.

Introduction Review:

The introduction provides a compelling context for the study by referencing national statistics on

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maternal mortality and linking them to the persistent challenge of postpartum hemorrhage. The problem is well-defined, and global epidemiological data from authoritative sources reinforce the public health significance of the research. The classification of PPH etiologies using the "Four Ts" framework adds a useful clinical orientation. The introduction successfully establishes the rationale for exploring SI as a predictive clinical tool.

Objective and Rationale Review:

The stated objective—to evaluate the role of SI in predicting adverse maternal outcomes—aligns logically with the identified problem. The rationale is built on the need for early detection tools that can guide timely intervention and improve clinical outcomes in PPH cases. The study's intent to assess SI in relation to specific clinical endpoints (ICU admission, transfusion, surgical intervention) is clearly articulated and clinically meaningful.

Methodology Review:

The study follows a prospective cohort design and includes a defined sample size of 65 patients with PPH over a one-year period. It is conducted at a recognized medical facility, with structured measurement of SI at regular intervals post-delivery. The use of outcome-based endpoints such as ICU admission and transfusion reflects clinically relevant indicators. The methodological clarity supports reproducibility and ensures alignment with the research question.

Results Review:

The results indicate a significant association between elevated SI values (>1.1) and adverse outcomes. The inclusion of percentages and the AUC value (0.80) from the ROC analysis strengthens the empirical basis of the findings. The statistical interpretation demonstrates a robust predictive capacity for SI in the context of hemodynamic instability during PPH. The reporting is precise and directly supports the conclusion.

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Conclusion Review:

The conclusion emphasizes the clinical utility of SI as an early warning indicator and recommends its integration into obstetric emergency protocols. The statement is consistent with the findings and underlines the practical implications of the study for improving maternal care and outcomes. It provides a logical and evidence-based summary of the study's contribution.

Evaluation Summary:

This study presents a focused and timely investigation into the role of Shock Index as an early clinical marker for adverse outcomes in postpartum hemorrhage. It combines relevant epidemiological background, clear objectives, and methodical data collection with practical clinical implications. The findings are statistically supported and suggest potential for integration of SI into maternal monitoring systems to enhance patient safety and care quality in obstetric settings.
