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REVIEWER'S REPORT

Manuscript No: IJAR-54270 Date: 9/10/2025

Title: COMPARINGDELAYEDANDEARLYCORDCLAMPING:A SYSTEMATIC REVIEW OF BENEFITS AND RISKS

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: Mrs. Shreya Vaz **Date:**9/10/2025

Reviewer's Comment for Publication.

The article presents a brief report of the delayed cord clamping (DCC) versus early cord clamping (ECC), focusing on both neonatal and maternal outcomes. A comprehensive search (PubMed, Cochrane, Scopus; 2008–2023) identified randomized controlled trials, cohort studies, and meta-analyses. Key neonatal benefits of DCC include increased hemoglobin and iron stores, improved cardiovascular stability, and reduced transfusion requirements, with no significant increase in phototherapy needs. Maternal outcomes (postpartum hemorrhage, placental retention) do not differ significantly between DCC and ECC. The authors conclude that DCC should be standard practice in term and preterm deliveries, aligning with WHO and ACOG guidelines

Detailed Reviewer'sReport

This article is based comprises a brief, and about the delayed cord clamping (DCC) versus early cord clamping (ECC), focusing on both neonatal and maternal outcomes. A comprehensive search (PubMed, Cochrane, Scopus; 2008–2023) identified randomized controlled trials, cohort studies, and meta-analyses. Key neonatal benefits of DCC include increased hemoglobin and iron stores, improved cardiovascular stability, and reduced transfusion requirements, with no significant increase in phototherapy needs. Maternal outcomes (postpartum hemorrhage, placental retention) do not differ

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significantly between DCC and ECC. The authors conclude that DCC should be standard practice in term and preterm deliveries, aligning with WHO and ACOG guidelines.

Major Strengths

1. Comprehensive Scope: Inclusion of high-quality RCTs, cohort studies, and meta-analyses ensures broad coverage of current evidence.

2. Clinical Relevance: Findings directly inform obstetric practice and guideline recommendations (WHO, ACOG).

3. Balanced Discussion: Both neonatal benefits and potential risks (jaundice) are addressed with clear evidence of risk management.

4. Clear Structure:Logical flow from background and methodology through results and implications supports reader comprehension.

Major Weaknesses

1. Search Strategy Detail: The Methods section lacks explicit search terms, date of last search, and PRISMA flowchart details (Figure 1 is referenced but not presented).

2. Risk of Bias Assessment: There is no formal appraisal (e.g., Cochrane risk of bias tool) of included studies, limiting transparency regarding study quality.

3. Heterogeneity Consideration: Quantitative heterogeneity among studies (e.g., variations in delay duration, population risk profiles) is not assessed or discussed.

4. Long-Term Outcomes:Longitudinal neurodevelopmental impacts are mentioned but evidence synthesis is limited to a single trial.

Specific Comments

Title and Abstract

- Title: Accurately reflects content.

- Abstract:Well summarises aims and outcomes but should report the number of included studies and the date of the literature search.

Introduction

- Provides strong rationale but could better define DCC/ECC time thresholds (e.g., ≥30 s vs. ≤15 s).

Methods

- Search Strategy: Include exact keywords, search dates, and database coverage.

- Selection Criteria: Clarify language restrictions and exclusion criteria (e.g., non-English).

- Data Extraction:Describe procedures for duplicate screening and data extraction.

- Risk of Bias:Incorporate formal quality assessment (e.g., GRADE, Cochrane ROB).

Results

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- Study Characteristics: A summary table of included trials (sample sizes, design, delay times) would enhance clarity.
- Quantitative Synthesis: Consider meta-analysis or forest plots to quantify effect sizes and heterogeneity.
- Subgroup Analyses: Report preterm versus term outcomes separately where data permit.

Discussion

- Interpretation of Jaundice Risk: Emphasize clinical monitoring protocols.
- Guideline Alignment:Discuss implications for low-resource settings with high anemia prevalence.
- Limitations: Acknowledge lack of formal bias assessment and heterogeneity.

Conclusion

- Appropriately recommends DCC as standard practice. Suggest tempering statement by calling for further high-quality longitudinal studies.

Minor Suggestions

- Ensure consistency in terminology (e.g., "postpartum hemorrhage" vs. "postpartum haemorrhage").
- Provide actual PRISMA flowchart as Figure 1.
- Update references style to journal format (e.g., include DOIs where available).
- Clarify whether cord milking studies were included or excluded.

Overall Assessment

This systematic review addresses an important clinical question with strong evidence synthesis. Prior to acceptance, the authors should enhance methodological transparency—particularly search strategy, risk of bias assessment, and quantitative synthesis—and provide full PRISMA documentation. With these revisions, the manuscript will make a valuable contribution to obstetric and neonatal practice.

References; All the references are provided