

REVIEWER'S REPORT

Manuscript No.: IJAR-55878

Title: Peripartum Hysterectomy: A life-saving procedure with high maternal risk - A retrospective observational study from a tertiary institute in central India.

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revision

Do not accept (*Reasons below*)

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

Reviewer Name: Dr. Sumathi

Detailed Reviewer's Report

1. A peripartum hysterectomy is the surgical removal of the uterus during or shortly after childbirth, usually as a life-saving last resort for severe complications like uncontrollable postpartum hemorrhage (PPH) or uterine rupture, often caused by conditions like placenta accreta or uterine atony.
2. While rare, it's a major operation with potential risks, often performed emergently after other treatments fail, though planned procedures with experienced teams offer better outcomes.
3. Placenta accreta spectrum (PAS) is a serious pregnancy complication where the placenta grows too deeply into the uterine wall, failing to detach after birth and causing severe bleeding, often requiring hysterectomy.
4. It's a spectrum of conditions, including accreta (attaches to uterine wall), increta (grows into uterine muscle), and percreta (grows through the uterine wall, possibly into other organs like the bladder). The risk increases with prior C-sections or uterine surgery.
5. High maternal risk refers to a pregnancy with an increased chance of complications for the mother, baby, or both, stemming from pre-

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existing conditions (like diabetes, high blood pressure, or age >35), issues developing during pregnancy, lifestyle factors (substance use), or fetal issues (multiples, genetic conditions, growth problems). These pregnancies need specialized monitoring by maternal-fetal medicine (MFM) specialists to manage risks and ensure healthy outcomes.

6. When an observational study is retrospective, it means researchers look back at historical data or past events to investigate relationships between exposures and outcomes that have already happened, starting with people who have a condition (cases) and comparing them to those without (controls) to find common past risk factors, using existing records or participant recall.
7. Key words can be given more.
8. Result part should add graphs for tables.
9. Summary points also be added.
10. References must be in alphabetical order with add more.
11. After some changes good to publish in your journal.