### Journal Name:
International Blood Research & Reviews

### Manuscript Number:
Ms_IBRR_42009

### Title of the Manuscript:
PREVALENCE OF GLUCOSE-6-PHOSPHATE DEHYDROGENASE DEFICIENCY AMONG NEONATES IN USMANU DANFODIYO UNIVERSITY TEACHING HOSPITAL (UDUTH), SOKOTO, NIGERIA: TOTAL ANTIOXIDANT CAPACITY AND LIPID PEROXIDATION IN G6PD DEFICIENT NEONATES

### Type of the Article
General guideline for Peer Review process:

This journal’s peer review policy states that **NO** manuscript should be rejected only on the basis of **lack of Novelty**, provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

### Review Comments

<table>
<thead>
<tr>
<th>Reviewer’s comment</th>
<th>Author’s comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</th>
</tr>
</thead>
</table>
| **Compulsory REVISION comments** | 1. The title of paper reflects two objectives. Kindly change the title to a more straightforward and focused title, Is focus on prevalence of G-6-PD among the neonates or oxidative stress biomarkers in G-6-PD deficient neonates? The title could carry both but in a clearer manner.  
2. In result section of abstract, results of bilirubin, TAC and MDA are presented in a confusing manner. State results for G-6-PD deficient and then for G-6-PD normal separately for easier understanding for the reader. Lines 21 and 22.  
3. Table 2 could be put in a better way or perhaps a graphical representation will show gender distribution within both G-6-PD deficient and G-6-PD normal neonates better, showing percentage distribution of each gender in each G-6-PD group.  
4. Indicate the cut off values for your parameters (bilirubin, TAC and MDA). This will help to show level of increase or decrease in these parameters in the two groups.  
5. It will be good to add a few sentences in your discussion explaining why MDA level was found to be slightly higher in the G-6-PD deficient neonates compared with the G-6-PD normal and why TAC was higher in the G-6-PD normal compared with the G-6-PD deficient. |
| **Minor REVISION comments** | Choose one abbreviation for Glucose-6-Phosphate Dehydrogenase. Either G-6-PD or G6PD throughout the manuscript.  
Do not interchange G-6-PD normal group with control group. If neonates with normal G-6-PD activity are serving as control, then kindly state that before using “ control”.  
Check for grammatical errors in text.  
Line 37- write out RBC(red blood cells) before the abbreviation.  
Line 40- write out PPP (pentose phosphate pathway) before using the abbreviation in line 47  
Line 53-hemolytic or haemolyzed in line 52, hyperbilirubinaemia in line 57 etc? Stick to one style of spelling.  
Line 62- rephrase, cerebral palsy among infants in Nigeria, not Nigeria infants.  
Line 76- from the mother of each neonate  
Line 91- of the 300 neonates, 90(30%)……  
Line 110- table heading. Capitalize first letter of each word  
Line 150- this is consistent with studies by ---- and ------ |
**Reviewer Details:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Hadiza Abdullahi</th>
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<tbody>
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<td>North West University, Kano, Nigeria</td>
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</table>