



### REVIEWER'S REPORT

Manuscript No.: IJAR-50422

Date: 26-02-2025

**Title:** DISPARITIES IN CESAREAN SECTION RATES AMONG ROBSON GROUPS IN HIGH- VS. LOW-RESOURCE SETTINGS

**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

**Introduction** The manuscript titled "Disparities in Cesarean Section Rates Among Robson Groups in High- vs. Low-Resource Settings" presents a well-structured and insightful analysis of the variations in cesarean section (CS) rates across different healthcare environments. By utilizing the Robson Ten-Group Classification System (RTGCS), the study effectively highlights the contrasting trends in CS utilization between high- and low-resource settings. The research is timely and addresses a critical issue in maternal healthcare, offering valuable insights for clinicians, policymakers, and global health researchers.

#### Strengths

- Relevance and Significance:** The study addresses a globally significant issue, as rising CS rates have sparked concerns over both overuse and underuse, impacting maternal and neonatal health outcomes.
- Methodological Rigor:** The retrospective observational study design, including a well-defined sample of 200 antenatal patients from two contrasting healthcare settings, ensures comprehensive data collection.
- Use of Robson Classification:** The application of RTGCS strengthens the study's credibility, enabling standardized comparisons of CS rates across different hospital settings.

## REVIEWER'S REPORT

4. **Statistical Analysis:** The study employs robust statistical tools, such as Chi-square and t-tests, to validate the findings, enhancing the reliability of the results.
5. **Balanced Discussion:** The discussion effectively outlines the factors contributing to CS disparities, including healthcare accessibility, clinical decision-making practices, and patient-related considerations.
6. **Global Context:** The manuscript places findings within the broader context of international research, referencing WHO guidelines and studies from various regions, thereby reinforcing its relevance.

### Findings and Interpretation

- The study effectively demonstrates that high-resource hospitals exhibit higher elective CS rates, reluctance toward VBAC, and a lower threshold for fetal distress diagnosis.
- Conversely, low-resource settings show a predominance of emergency CS, higher induction failure rates, and delays in obstetric interventions due to infrastructure limitations.
- These findings align with global trends, supporting the notion that CS rates are often influenced by systemic, economic, and institutional factors rather than purely medical indications.
- The conclusion is well-supported, emphasizing the need for targeted strategies to optimize CS utilization, particularly in balancing accessibility and necessity across diverse healthcare environments.

**Conclusion** This study provides an insightful and data-driven examination of CS rate disparities among Robson groups in different healthcare settings. By identifying key contributing factors, the research offers a strong foundation for future studies and policy interventions aimed at improving maternal and neonatal outcomes globally. The manuscript is well-organized, methodologically sound, and contributes valuable knowledge to obstetric care and health systems research.