

Review of: "Prevalence and Associated Factors of Hemorrhoids and Other Perianal Complications During the Puerperium Among Mothers Who Gave Birth at Debre Tabor Referral Hospital, Debre Tabor, Ethiopia, 2022"

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Potential competing interests: No potential competing interests to declare.

I appreciate that the authors have tried to investigate an under-researched area. However, I have the following questions and suggestions/comments

Introduction

Puerperium is an extremely important period of time for a woman. Extensive physiological, biochemical, and dietary changes occur during pregnancy and the puerperium^[1]. The body secretes a large amount of progesterone, which causes decreased muscle tone and lower motility of the gastrointestinal tract^[2]. About 1/3rd of women after childbirth complain of perianal symptoms. Patients in the puerperium show a significant increase in the incidence of peri-anal symptoms compared to the normal population^[3]. Perianal problems, including constipation, hemorrhoids, and fissures, are among the most common digestive complications among women in the puerperium. Due to the recurring physical and psychological problems they cause for the patient, these disorders can cause a significant reduction in the quality of life of those afflicted with them^[4].

A completely untrue statement which has not been taken from the source cited here.

Study Area and Period

An institution-based cross-sectional study design was conducted from February 1 to April 2022 G.C. among mothers who gave birth in Debre Tabor Specialized Hospital. The hospital was founded in 1934, and it is located in the South Gondar administrative zone, Amhara National Regional State, which is about 667 km northwest of Addis Ababa (the capital city of Ethiopia). According to the 2015 population projection of major cities in Ethiopia, the total population of Debre Tabor town was estimated to be 119,176. Currently, Debre Tabor town has one Referral Hospital and three government health centers. Debre Tabor Hospital is a specialized referral hospital that serves more than three million people in the South Gondar zone and people in neighboring zones.

Could have talked more about the specific study area, like the maternity unit, and how many deliveries have been attended every month, and procedures related to services.

Qeios ID: IVA9Z5 · https://doi.org/10.32388/IVA9Z5



It doesn't make sense to make a pregnant woman the study subject when the prevalence taken for hemorrhoids is just adult people visiting the surgical OPD.

The main outcome variables of this study were perianal problems. Patients were diagnosed based on history and anorectal examination, which includes inspection, digital examination, and anoscopy.

Who collected the data and who confirmed these perianal complications? Considering the setup was inaccessible for regular surgical patients, how was it even possible to examine everyone with anoscopy?

What were the procedures to say she has perineal complications? Was that just looking at the digital examination, or all three combined? Not clear, as well as it has the issue of truthfulness.

ETHICS

Written informed consent was not taken, since most of the participants were unable to read and write.

That is not quite a justification as data collectors can read for them and could have signed after understanding the risks of involving in the study, and can still sign with their fingerprints, which is actually more valid. It is very disrespectful to take advantage of their illiteracy.

RESULTS

More than half (53.4%) of mothers live in a rural setting.

But in the table, it is the urban people who make up 53.4 percent. How is that to be justified?

39.3% of mothers are uneducated. Do you mean they don't have formal education?

50 minutes for the second stage is just a median value; otherwise, it can go up to 2 hours if it's a first-time pregnancy, or an hour if second time or more

How was "Past history of peri- anal diseases" taken as a variable? Was that a record or just from what people said? Considering the level of education they attained, this variable needs to be operationalized for the article readers to understand easily.

On the mode of delivery, you should have taken a look at whether there were instrumental deliveries, which is more important for the subject of study than just CS vs. vaginal.

There was no significant statistical relationship between the prevalence of hemorrhoids and the type of current mode of delivery or a family history of any anorectal disorders, prolonged length of the second stage of labor, or the presence of hemorrhoids during the puerperium.

There is a statement up saying that there is 0.03,.. Significant association between outcome and family Hx

Does this "Perianal Problems During Puerperium" exclude hemorrhoids?



Table 4 is completely distorted, e.g., p-value is in the wrong column and the values in another.

I suggest the author take a learning from experienced researchers and come up with a better analysis, meaningful literature reviews, and, most importantly, have the technical expertise by involving professionals from maternal health, and be ethical in all matters related to taking data.