

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Prevalence of undiagnosed asymptomatic bacteriuria and associated risk factors during pregnancy: a cross-sectional study at two tertiary centres in Cairo, Egypt
<b>AUTHORS</b>	ELZAYAT, MOHAMED; Barnett-Vanes, Ashton; Dabour, Mohamed; Cheng, Feng

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Amin Doosti-Irani Tehran University of medical sciences, Tehran, Iran
<b>REVIEW RETURNED</b>	05-Sep-2016

<b>GENERAL COMMENTS</b>	<p>In overall the topic of this paper is important in terms of public health. It is necessary a native speaker revise and edit the text.</p> <p><b>Abstract</b></p> <ol style="list-style-type: none"> <li>1. In line 16, please delete descriptive</li> <li>2. Line 23, "Outcome measure: Primary:" please revise it.</li> <li>3. Line 27, please report the 95% confidence Interval for prevalence of ASB.</li> </ol> <p><b>Introduction</b></p> <ol style="list-style-type: none"> <li>1. Lines 6-7, Reference is needed</li> <li>2. Line 14, Reference Number 4 is not related to prevalence of ASB. Please use the results of conducted systematic review or meta-analysis. Recently a meta-analysis reported a pooled prevalence of ASB among Iranian pregnant women and published in Plos One, its results may be useful for this study.</li> <li>3. Line 14, Please replace "in this cohort" with among pregnant women. Cohort is name of a study design.</li> <li>4. Line 17-18, refer to appendix in the introduction section is not appropriate. In introduction you should present the problem and it definition and the national and international status of interested problem in the first paragraph, in the next paragraph you should present the known knowledge about the interested problem. In the last paragraph you should present the gaps about the problem and necessity of this study and the aims of the study.</li> <li>5. Introduction should be revised. Sentences are very long. It is better use short sentence in the text.</li> </ol> <p><b>Methods</b></p> <ol style="list-style-type: none"> <li>1. Line 7, please delete descriptive, because you assess the risk factors of ASB.</li> <li>2. Lines 7-12, please describe the study area in summary, for example location (name of city) of these hospitals in Egypt and population of these location. Why "El Hussein and Sayed Galal Hospitals" selected for this study. Do these hospitals are referral in Egypt? if yes please explain.</li> <li>3. Line 21-24 (page 4), how you reach to 121 case in sample size</li> </ol>
-------------------------	---

	<p>calculation? In addition please describe the sampling frame of your study.</p> <p>4. Line 6-14 (page 5), HIV testing, CBC and blood glucose are not related to the aim of your study. Please report only the laboratory tests that related to the aim of your study.</p> <p>Results</p> <p>1. Line 17, (page 7), what means had significant bacteriuria? Please revise this section.</p> <p>2. Line 18, (page 7), Please report with 95% confidence Interval. All prevalence should be reported with 95% CI in the text and tables.</p> <p>3. Line 27-29 (page 7), In a cross sectional you cannot assess the efficacy of antibiotics. Please revise this section. For assess the efficacy of treatments randomized control trials (RCTs) are needed.</p> <p>Discussion</p> <p>4. In the first paragraph of discussion please provide the main finding of your results.</p> <p>5. Page 11 (line 13, 16), This inference according to your results its not correct. because the sample size of your study (170) is not sufficient for generalized to the all clinics in Egypt. please revise this section</p> <p>6. Page 11 (line 24), Please replace "likelihood" with probability.</p> <p>7. Page 11 (line 32, 33), You should discuss why there is no statistically significant association between parity, ....." one reason may be the low sample size of your study.</p> <p>8. Page 12 (line 19), Please replace "patients" with pregnant women.</p> <p>9. Page 12 (lines 38-40): Recommendations should be according to your results. Number 3, is not based on your results.</p>
--	--

<b>REVIEWER</b>	Robert Priscilla Heritage institute of Medical Sciences, NH 2 Bypass, Bhadwer, Varanasi - 221311 , Uttar Pradesh, India
<b>REVIEW RETURNED</b>	25-Sep-2016

<b>GENERAL COMMENTS</b>	<p>Every thing is fine . but the study conducted with in a month Jan - feb 2016. is it possible ? . if the rate of such patients are there, then only it can be processed.</p> <p>* in Urine Culture and Microscopic urinalysis. the Proportion (%) of patients with ASB in the study (A). in this tabular column showing the below values</p> <p>1. patient with ASB is 17,</p> <p>2. Patient without ASB is 153 showing in this manuscript,</p> <p>* But Patient without ASB should be as 154.</p>
-------------------------	--

### VERSION 1 – AUTHOR RESPONSE

Thanks for the reviewers for their valuable comments on my paper.

For Reviewer 1; Amin Doosti-Irani

I tried my best and changes to manuscript marked by using colored text.

For Reviewer 2; Robert Priscilla

Period of study:

1-This research carefully prepared and conducted in late January and all February. We were

collecting samples daily (8 am – 2 pm) except Friday. Then the processing of samples and lab analysis (2 pm – 5 pm).

Sample size:

2-A total of 171 pregnant women was included; then one case was excluded (microscopic urine analysis reported; pus cells more than 10 cells / high-power field (HPF)). Hence, 170 pregnant women included in this study.