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## REVIEWER'S REPORT

**Manuscript No.: IJAR-57073**

**Title: PROFILE OF BACTERIAL PATHOGENS AND THEIR ANTIBIOTIC SENSITIVITY PATTERN IN NEONATAL SEPSIS,**

**Recommendation:**

Accept as it is .....

Accept after minor revision.....

**Accept after major revision .....x.....**

Do not accept (*Reasons below*) .....

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

**Reviewer's ID: JPR-142**

### *Detailed Reviewer's Report*

The manuscript addresses an important clinical issue—neonatal sepsis and antibiotic resistance patterns—which is highly relevant in the Indian healthcare setting. However, the study in its current form has significant methodological, analytical, and presentation limitations that must be addressed before it can be considered for publication.

#### Title & Abstract

The title is informative but lacks specificity regarding the study design and geographic context, which are important for indexing and clarity. The abstract summarizes the work but does not include statistical validation, confidence intervals, or justification of conclusions. The recommendation of antibiotics as “effective” appears overstated given the small sample size and absence of statistical analysis. The abstract should be revised to reflect objective findings rather than generalized clinical recommendations.

**Introduction-**The introduction provides a general background on neonatal sepsis but lacks a clearly defined research gap and strong rationale for the study. While antimicrobial resistance is mentioned, the manuscript does not explicitly link this issue to a specific hypothesis or objective. More recent references (last 5 years) should be incorporated, and the study objectives should be clearly structured (primary and secondary).

## REVIEWER'S REPORT

**Materials and Methods**-This section requires major revision. The study duration (3 months) and sample size (n=100) are insufficiently justified, and no sample size calculation or power analysis is provided. The inclusion and exclusion criteria are not clearly defined, particularly regarding diagnostic criteria for neonatal sepsis (e.g., early vs late onset). A critical omission is the lack of ethical approval and consent statement, which is mandatory for publication. Additionally, there is no mention of standard guidelines (CLSI/EUCAST) for antibiotic susceptibility testing, and methodological clarity needs improvement.

**Results**-The results are presented in a structured manner; however, the low culture positivity rate (10%) and very small number of isolates (n=10) limit the reliability of percentage-based conclusions. Reporting "100% sensitivity" from very few isolates is misleading without statistical support. The absence of demographic data, clinical characteristics, and patient outcomes significantly weakens the impact of the findings. Important observations, such as complete resistance in *Acinetobacter*, are not sufficiently explored.

**Statistical Analysis**-This is a major limitation of the study. The manuscript relies solely on descriptive statistics without any inferential statistical analysis (e.g., p-values, confidence intervals). Without statistical validation, the conclusions lack scientific rigor. Appropriate statistical methods must be applied to strengthen the findings.

**Discussion**-The discussion is largely descriptive and does not critically analyze the study findings. It mainly compares results with previous studies without explaining observed patterns, such as antibiotic resistance trends or pathogen prevalence variations. There is no discussion on clinical implications, hospital antibiotic policy, or infection control practices, which are essential for translational relevance. The discussion should be expanded to provide interpretation, reasoning, and contextual significance.

**Conclusion**-The conclusion is overgeneralized and not fully supported by the data. Recommending specific antibiotics as first-line therapy based on a small dataset without statistical validation is not appropriate. The conclusion should be tempered, include study limitations, and avoid making strong clinical recommendations.

**Tables and Figures**-Tables and figures are informative but require better formatting and clarity. They lack statistical indicators and proper labeling. The graphical representation (Figure 1) needs improvement for readability and professional presentation.

**Language and Formatting**-The manuscript contains numerous typographical errors, missing spaces, inconsistent formatting, and incorrect scientific nomenclature (e.g., *Acinetobacter baumani* instead of *baumannii*). The language quality requires professional editing to meet journal standards.

**References**-The reference list includes some relevant studies but lacks recent citations and consistency in formatting. Several references are outdated, and DOIs are missing, which may affect indexing and credibility.

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## REVIEWER'S REPORT

### Summary of Major Revision Requirements

- Include ethical approval statement
- Perform statistical analysis
- Justify sample size and study duration
- Improve discussion depth and interpretation
- Revise conclusion to avoid overstatement
- Correct language, formatting, and scientific terminology
- Add recent references and proper citation style