

## Responses to comments

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MS TITLE: Evaluation of factors that predict the success rate of trial of labor after the cesarean section

AUTHORS: Yang Mi<sup>a</sup>, Pengfei Qu<sup>a</sup>, Na Guo<sup>a</sup>, Ruimiao Bai<sup>a</sup>, Jiayi Gao<sup>b</sup>, Zhengfei Ma<sup>c</sup>, Yiping He<sup>a</sup>, Caili Wang<sup>a</sup>, Xiaoqin Luo<sup>b\*</sup>

Responses to referee (We highlighted all the amends on the manuscript in green):

### Editorial Board Member

**Comment (1):** L 82 *The authors state that: VBAC guidelines developed by the Royal Academy of Obstetrics and Gynecology in the United States, Canada and the United Kingdom - this should read VBAC guidelines were developed by the Royal Academy of Obstetrics and Gynecology in the United Kingdom, Canada and the United States.*

*Can the authors be more specific, which of these guidelines were used or are all three guidelines the same?*

**Responses:** Thanks to the editor's comments, we have revised it based on the comments (Line 82-84 in the revised manuscript). The inclusion and exclusion criteria of this study were formulated based on the comprehensive consideration of these three guidelines. We have also added references to the VBAC guidelines developed by the United States that were previously missing.

**Comment (2):** L89 *The term 'uterine body cesarean section' is not clear do the authors mean longitudinal incision for CS?*

**Responses:** This refers to the classic cesarean section and we have changed it to a professional term (Line 89-90 in the revised manuscript). Although this method is rarely used now, it is more suitable in some special cases. Hence, we excluded those patients who had a classical CS before so that more possible confounding factors can be avoided.

**Comment (3):** L99 *The following sentence is unclear: 'If not however, induction of labor with appropriate method according to the maturity of the cervix was selected' should read, 'If induction of labor was indicated, the method selected was according to the maturity of the cervix.'*

**Responses:** Thanks to the editor's comments. We have revised it in the revised manuscript (Line 100-101).

**Comment (4):** L111 *number of inspection - do the authors mean number of antenatal visits?*

**Responses:** This item refers to the number of antenatal visits, and we have revised it to a

professional term (Line 112 in the revised manuscript).

**Comment (5):** *L112 cervical score - Was this the Bishop's score? Was this assessed routinely and if so when was this assessed? On admission to labor ward?*

**Responses:** Yes, this item refers to the Bishop's score, which have replaced cervical score in the revised manuscript (Line 113). This is a routine assessment and is carried out in the third trimester, usually once at 37 weeks of gestation in China, to estimate the date of labor and whether vaginal delivery can be performed. Besides, it is also performed on admission to labor ward to predict the time of delivery or estimate the effect of artificial membrane rupture to shorten the labor process.

**Comment (6):** *L236 'A study pointed out that compared with the normal weight neonatal' . . . should read . . . A previous study pointed out that compared to a neonate with a normal weight. neonatal weighting should be baby weighing*

**Responses:** Thanks to the editor's comments, and we have revised it (Line 237-239 in the revised manuscript).

**Comment (7):** *L242 do these weights relate to Chinese or Asian newborns? Perhaps this could be stated. See Harper, L. M., Stamilio, D. M., Odibo, A. O., Peipert, J. F., & Macones, G. A. (2011). Vaginal birth after cesarean for cephalopelvic disproportion: effect of birth weight difference on success. *Obstetrics and gynecology*, 117(2 Pt 1), 343–348. <https://doi.org/10.1097/AOG.0b013e31820776fd>*

**Responses:** Thanks to the editor's suggestions, we have studied this document carefully. Here, we made a suggestion based on the results of our research that keep the fetal weight within 3300g would has more chance to undergo TOLAC. This is consistent with previous studies which showed less fetal weight is favorable although different countries may have different suggestion of specific birth weight.

## **Reviewer**

**Generally comments:** *I would like to appreciate the cooperation of the authors that will certainly enhance the manuscript's scientific value. This manuscript has improved since it was sent to me last time.*

**Response:** Thanks for the positive comments from the reviewer.

**Comment (1):** *Methods section Page 5, line 88, change into " uterine rupture during previous delivery" rather than "pregnancy".*

**Response:** Thanks for the reviewer's comment, and we have revised it based on the comment (Line 88 in the revised manuscript).

*Comment (2): Page 5, Line 93 and 94 still did not indicate whether ANC was provided in the center of the setting or not, Please address this issue.*

**Responses:** The hospital owns a pregnancy nutrition clinic. Both the obstetrics and clinical nutrition departments jointly carry out education on the nutritional needs of each stage of pregnancy, and carry out weight management in accordance with standardized procedures. In the first trimester, all pregnant women will be given a group education in the nutrition clinic. During the subsequent stages of antenatal visits, the doctor will also guide and adjust the diet according to the actual situation of the patient. At the same time, the hospital has established a pregnancy nutrition APP, which is used to answer patients' nutritional questions at any time and to monitor weight.

*Comment (3): Adding Recommendations section needs to be considered.*

**Responses:** We appreciate the reviewer's concern. In the section of Discussion, we suggested that pregnant women should improve pre-pregnancy or during-pregnancy management, such as good nutrition and weight management, will increase the success rate of TOLAC (Line 280-281 in the revised manuscript).

*Comment (4): Other than references No. 11 and No. 19 (both in 2005), most references are updated as previously required.*

**Responses:** The original No. 19 reference was updated (updated to the current No. 20 and 21, line 250-251 in the revised manuscript). The original No.11 has not been updated because there is no newer guide than 2005.