

### Title: Outcome of trial of labour for vaginal birth after one caesarean section

**Authors:** Reefaath Rahman, Begum Nasrin, Tarafder Runa Laila, Farzana Aktar, Nurun Nahar Khanam

**Reviewer H:** Kohinoor Begum, ORCID: [0009-0007-6314-7834](https://orcid.org/0009-0007-6314-7834) | COI: None

1. Comment The methods are described in sufficient details so that the study can be reproduced. Whether ethical concerns have been well described.

In my opinion the methodology should be described in a more elaborate way like who are engaged in the management of labour, whether any instrumentation needed or not, assessment tool of fetal distress *etc.*

**Response:** The methodology has been elaborated as per the suggestion (Page 5; Line 187-192).

2. Comment Quality, clarity and appropriateness of the table(s).

In spite of a single table, can breakout into 3-4 tables according to importance like sociodemographic, indications of previous C/S, indications of emergency C/S in this study, maternal and fetal outcome *etc.*

**Response:** Several tables have been created as according to importance like sociodemographic, indications of previous C/S, indications of emergency C/S in this study, maternal and fetal outcome *etc.* (Page 11,12).

3. Comment Pertinence of the Discussion section whether it justifies the main message of the manuscript without repeating the results.

There is repetition of only one paragraph like indications of previous caesarean section.

**Response:** Discussion has been changed thoroughly (Page 7; Line 252-292).

4. Comment Whether strength(s) and limitation(s) are well described.

The strengths and limitations need more elaboration.

**Response:** Limitations of the study have been thoroughly discussed in the revised copy (Page 8, Line 299-317).

**Responsible editor:** M Mostafa Zaman, ORCID: [0000-0002-1736-1342](https://orcid.org/0000-0002-1736-1342) | COI: None

5. Comment The Introduction should have data from Bangladesh.

**Response:** Data from Bangladesh is scarce. However, recent data were added in the manuscript (Page 4; line 136-141).

6. Comment Methods

The authors claim it is a prospective observational study. Because the women's data are analyzed for a single point in time, it should be labelled as a cross-sectional study. This is further supported by the study's reporting of prevalence or success rates for normal vaginal delivery. This has implications for the Discussion section as well.

**Response:** Type of the study corrected from prospective observational study to cross sectional study (Page 5; Line 163).

7. Comment The sample size estimation and sampling procedure have not been described. It is not whether 162 women recruited in this study constitute all women who meet the selection criteria during the study period. This is essential information about the representativeness of these women.

**Response:** Sample size estimation and sampling procedure were explained in (Page 5; Line 170-172).

8. Comment There is redundancy between lines 95 and 100.

**Response:** Redundancy between previous line 95 and 100 were removed.

9. Comment Women with DM, obesity and hypertensive disorder were excluded, but how were these defined?

**Response:** The WHO defines diabetes mellitus in pregnancy (DIP) as any degree of glucose intolerance with onset or first recognition during pregnancy. This can include pre-existing diabetes diagnosed during pregnancy or Gestational Diabetes Mellitus (GDM), which is a specific type of carbohydrate intolerance with onset during pregnancy.

#### Diagnosis criteria

Fasting plasma glucose >5.1 mmol/L, two hours after 75 gram glucose >8.5 mmol/L.

In this study only morbidly obese women BMI > 40, were excluded from the study. Morbidly obese pregnant women usually have many complications during pregnancy; therefore, they were excluded. BMI was calculated with their pre-pregnancy weight or with weight of their first antenatal visit. Hypertension was defined as blood pressure more than 140/90mmHg on 2 or more occasions 4 hours apart. DM, obesity and hypertension were defined (Page 5; line 177-184).

**10. Comment** Ethical concerns and their mitigations have to be described here. not the approval which is given at the footnote.

**Response:** Ethical concerns and their mitigations were described (Page 5; Line 198-201).

**11. Comment** Because this is an observational study, the authors should use the STROBE checklist, not the CONSORT checklist. Please upload a completed STROEB checklist for a cross-sectional study.

**Response:** Strobe checklist for cross sectional study was uploaded.

**12. Comment** **Results**

a. Please reduce the text volume to minimise the redundancy between the tables and text. Only the key findings should be described in the text.

b. Table 1: Please present the mean (SD) of age and BMI, in addition to the proportions presented.

**Response:**

**Results**

a.Text volume was minimised to reduce the redundancy

b.In table 1- the mean SD of age and BMI were added.

The study excluded only morbid obesity that is BMI >40. Obesity in pregnancy is defined by calculating the BMI in immediate pre pregnancy state or at first antenatal visit within first trimester (Ref: RCOG. Management of women with obesity in pregnancy. Green top guideline No 72. Royal college of Obstetricians and gynecologists, 2018.)

In table 2 the mean SD of the weight and Apgar score of the babies with p values were added

**13. Comment** **Discussion**

a. Avoid repeating results except those given in the first paragraph.

b. The Discussion should highlight the novelty or new knowledge to be added by the article.

c. The authors should discuss the clinicians' choice and mindset, and the preference of the patients, including the related health system factors, for vaginal delivery.

d. The generic recommendation of a longitudinal study using a larger sample size needs clarification. Do the authors mean that they have used a weak design, like a cross-sectional one, and an inadequate number of study participants? Then, the discussion should have addressed it before jumping into such a conclusion.

e. There is a mix of Vancouver and Harvard referencing systems (*e.g.*, line 151). Use Vancouver throughout the manuscript.

**Response:**

**Discussion**

Discussion highlighted the novelty or new knowledge in the article, clinicians choice and mindset and preference of the patients (Page 7; Line 250-296).

Limitations of the study were added in page 8 line 299-316.

Referencing style followed the Vancouver method solely.

Ethical approval memo number and its date was mentioned in page 9 line 339.

This paper is not based on someone's thesis.