Dear editor of the *World Journal of Obstetrics and Gynecology*

We would like to thank you for considering our work for publication

And we thank the reviewers for their positive comments

We hope the changes we made will meet your approval

Reviewer #1:

I recommended the title is updated to include the study location.

Thank you for your comment; the title was revised

1. The study design did indicate this as a cross-sectional study. I suggest the design is made a longitudinal study since participants were followed up until the time of delivery. Cross-sectional studies do not require follow-ups.

A revision was done as advised see line 112-116.

2. There are also some typographical errors and ambiguities, mostly in the methodology, The phrase 'University Hospital, ' I recommend the full name of the hospital be provided instead.

The sugested changes were done see line 112-114.

3. Maternal assessment: there is no indication informed consent was sort from the study participants, the name of the ethical review committee was not provided provide the full name of the ethical review committee that approved the study.

Thank you for addresing this critical point ; it was careless of us to miss it.The text had been modified ; kindly see line 115-116.

The ethical committee of Mustansiriyah University approved the study (IRB 160, February 2019). The Declaration of Helsinki was followed in the study; all participants gave informed consent after explaining the study aims and methods prior to enrollment.

4. we hoped to see discussion for the indications of CS delivery With the monitoring of PLR among pregnant women, key indicators of EoPE and FGR would be identified and such complications could be prevented to improve both maternal and child health. Well done once again.

Thank you for your comments ; kindly see line   311-313 for the revised version

Our findings clearly demonstrated that there was no statistical correlation between the PLR and the mode of delivery or the indication of the delivery, which was consistent with previous studies that criticized the insignificant role of blood ratios in predicting maternal outcomes [33, 34].

Reviewer #2:

1. More coherent conclusions should be made

Dear reviewer, we totally agree

We hope the revised version will meet your approval line 339-342

PLR is a reliable predictor of adverse fetal outcomes, including FGR parameters, poor Apgar score, and admission to the neonatal care unit among pregnant women with EoPE. PLR had high sensitivity and specificity with no added expanders, making it a recommendable marker in their prediction. In light of the promising role of anti-coagulant use in preventing obstetrical-related complications, PLR may be used in predicting, categorizing, and preventing early-onset PE-related complications.

2. language grammar should be observed more

English proofreading had been done

Thank you for raising that.