

Responses to the Reviewers

General Note:

The reviewers' comments were copied from the World Journal of Clinical Cases Editor decision letter without changes. Our responses addressing the individual comments and critiques are provided below. We sincerely thank the Editor and all Reviewers for their valuable feedback, which we have used to improve the quality of our manuscript.

Reviewer

Thank you for your thoughtful comments on our article. According to your suggestions, we have provided some supplemental evidence and corrected several mistakes in our previous draft. We thank you for reminding us to supplement the patient consent and provide more evidence for the assessment and management of uterine scar after caesarean section. Additionally, the language and grammar have been further revised by a native English speaker at a language editing company. The detailed revisions are listed below.

Specific Comments:

1. You mentioned that we should further revised by native English speaker.

Response: Thank you for this suggestion. We apologize for the poor quality of our writing, and we have had this revised manuscript copy-edited again by a professional English editing service that specializes in scientific papers.

2. You mentioned that this manuscript should conform to The CARE Guidelines and supplement the patient consent.

Response: Thank you for making this important point. We apologize that the ethics notation and patient consent were not clearly noted in our submission due to our misunderstanding of the written format requirement. We had both of these items before submission. Thus, we reviewed the accuracy of all ethical documents and verified the completeness of the documents according to the type of manuscript. And at the end of the article, we added a“FUNDING AND ETHICS”Part.

3. You suggested that we should stress the available pieces of evidence for the assessment and management of uterine scar after cesarean section, especially regarding the ultrasound evaluation of low uterine segment before labour, in order to stratify the risk of uterine rupture and other related consequence

Response: Thank you for this insightful comment. We referred to a large number of studies in the literature on the assessment and management of VBAC at home and abroad. Many reports are available on the influencing factors and prediction models for the success of VBAC. Given the growing number of caesarean deliveries, choosing a scientific and reasonable mode of delivery based on complications such as uterine rupture warrants increasing attention. However, no standardised predictor of uterine rupture is currently available. In the Introduction part of our manuscript, we added some details regarding the current domestic situation with respect to the prediction and evaluation of uterine rupture.

Details and relevant available evidence are described on page 3 (lines 12 to 20) of the revised Word document.

4. You mentioned that we can add few lines to stress the role of hysteroscopy to assess the presence of isthmocele and to manage it, and its relation to subsequent risk of uterine rupture during labour.

Response: Thank you for this suggestion. Although clinicians attach considerable importance to the evaluation and management of uterine diverticulum during pregnancy, whether CSD is an absolute contraindication to vaginal delivery is uncertain, and early identification and clinical treatment of CSD before pregnancy is more important. In the Introduction part of our manuscript, we propose some assessment and management methods for lower uterine segment scar to effectively

prevent and reduce the risk of uterine rupture. You can find this text on page 3 (lines 20-22) and page 4 (lines 1 to 9) of the revised Word document.

We tried our best to improve the manuscript and made some changes to the text. These changes do not influence the content or framework of the paper. The changes are not listed here, but they are marked in the revised paper. We sincerely appreciate the Editor's/Reviewers' important feedback and hope that the corrections will meet with your approval.

Once again, thank you very much for your comments and suggestions.