

Reply to Reviewer #1:

Dear reviewer,

Thank you for your comments and we really appreciate your advises.

1. After carefully reading your comments, we fully agree with your advises. So we had added references after “However, there is currently no evidence of vertical transmission of SARS-CoV-2 via intrauterine infection in women who develop COVID-19 pneumonia. In addition, there are no reports of patients’ breast milk testing positive for the virus. However, after birth a newborn is susceptible to the virus due to person-to-person spread.” in page 5.

2. In Emergency and outpatient admissions, “We recommend RT-PCR and a chest CT scan for patients with suspected COVID-19 in addition to routine examinations.”, it is different from the Chinese expert consensus on the perinatal and neonatal management for the prevention and control of the 2019 novel coronavirus infection (First edition), because COVID-19 pneumonia manifests with chest CT imaging abnormalities as early as in asymptomatic patients and Multiple patchy ground glass opacities in bilateral multiple lobular with periphery distribution are typical chest CT imaging features of the COVID-19 pneumonia. Combining assessment of imaging features with clinical and laboratory findings could facilitate early diagnosis of COVID-19 pneumonia. (Shi H.et al. (2020). The Lancet Infectious diseases; Xu X.et al. (2020). European journal of nuclear medicine and molecular imaging) and we had added this discussion about the variation in the paragraph in page 6.

3. In “Postoperative management of children who tested positive for SARS-CoV-2 or are highly suspected of having COVID-19”, we had add some discussions about the pharmacological therapy (Could antibiotics prescribed in patients with probable or confirmed bacterial infection? In more severe cases, intravenous immunoglobulin could be used?) in the 2 following paragraphs of “Children are susceptible to.....” and “According to Coronavirus Disease 2019.....” in page 11 and 12.

Thank you for your advises and we think that our manuscript would greatly benefit from your suggestions.

Reply to Reviewer #2:

Dear reviewer,

Thank you for your comments and we really appreciate your advises.

After carefully learning you advise, we added a section of how we reached these recommendations in terms of methodology in the section of Introduction in page 4:

“As a tertiary referral hospital, one of the National Clinical Research Centers for Child Health and the National Children’s Medical Centers, our center provides cares for a large proportion of prenatal and neonatal cases in north China and has accumulated plentiful practical experience in the patient transport and treatment. Following the latest National recommendations for diagnosis and treatment of COVID-19, we developed the recommendation focusing on practices such as patient transport, surgery selection and protection requirements in the neonatal surgery department aiming to improve treatment strategies for patients and prevent infection in medical staff during the current COVID-19 pandemic.

This recommendation is in accordance with the latest “Guideline for the diagnosis and treatment of COVID-19 infections (version 7) (National Health Committee of China)”, “the Coronavirus Disease 2019 (COVID-19) Treatment Guidelines published by National Institutes of Health (the United States) (Updated: May 12, 2020)” and other literature and experts' consensus related to COVID-19 published recently combined with the procedures performed in the institution and our previous clinical treatment experience.”

Reply to Science Editor:

Dear Editor,

Thank you for your consideration and we really appreciate your advises.

After carefully learning you advise, we provided the author contributions in the page 1 of the manuscript and we revised the references throughout and added PMID and DOI numbers.

Thank you for your consideration and we think that our manuscript would greatly benefit from your suggestions.