

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** Dear Sir, I read the manuscript entitled "Effect of Internet + continuous midwifery service model on psychological mood and pregnancy outcomes for women with high-risk pregnancies" with great interest. Authors analyzed the effect of a midwife-led Internet + continuous midwifery service model on the psychological mood and pregnancy outcomes of women with HRP. They found that combination of Internet- and midwife-led continuous midwifery services can effectively expand the use of high-quality nursing service resources, realize the integrated management of women with HRP before and after delivery, and support special groups of women with HRP. The article is excellent, and I really thank the authors for their suggestions. I have no further comments.

**Reply:** Thank you very much for your feedback on the manuscript. I'm glad to hear that you are satisfied with my revisions. If you have any further questions, please feel free to let me know. I will do my best to provide you with accurate and detailed answers. Wishing you a pleasant work experience!

Reviewer #2:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** This manuscript retrospectively analyzed the clinical data of 439 high-risk pregnant women who received prenatal examination and delivered in the Shanghai Sixth People's Hospital affiliated to Shanghai Jiao Tong University School of Medicine from April 2022 to December 2022, and finally concluded that the Internet + continuous midwifery service model is of great significance in improving and promoting the maternal and child health of high-risk pregnant women by promoting innovation through integration. The manuscript is well designed and written. The legends and tables are detailed. The Abstract gives a good overview about the topic. The results were well discussed. However, before publication, the following issues need to be noted: 1. The content of the article is to compare the traditional midwifery service model with the Internet + continuous midwifery service model, so the reviewer suggests adding "Midwife" and "Traditional midwifery service mode" in the keywords; 2. Whether it is more appropriate to update "mother" to "parturients" in the section of Delivery stage and Postpartum stage; 3. In the view of the reviewers, "excessive amniotic fluid" is a common pregnancy complication, not a pregnancy outcome. Please confirm if "hydramnios" is required from the adverse birth outcomes? 4. In addition, in the part of Adverse Delivery Outcomes, not only "neonatal weight" but also "fetal weight abnormality" are included, is it repeated? 4. For "adverse birth outcome", it is suggested adding a table to present the

proportion of adverse birth outcome.

Thank you for your review comments on the manuscript. Below are my replies to each question:

1. Regarding the suggestion of adding "midwife" and "traditional midwifery service model" to the keywords, I believe it is very reasonable and helpful in accurately describing the content of the study. I will make the corresponding modifications in the keyword section.
2. Given your suggestion, it is indeed more appropriate to change "mother" to "parturients" . I will make the necessary revisions in the corresponding sections of the text.
3. Your question about whether "excessive amniotic fluid" belongs to adverse delivery outcomes is very reasonable. I will review the data and make revisions in the Results section to ensure that only content related to adverse delivery outcomes is included.
4. You pointed out the potential issue of repetition between "neonatal weight" but also "fetal weight abnormality" in the section on adverse delivery outcomes. I will review the article again to ensure that these data are presented appropriately and avoid redundancy.
5. Your suggestion to add a table to display the proportions of adverse delivery outcomes is a good addition. I will follow your advice and include a corresponding table in the Results section to present the proportions of adverse delivery outcomes more clearly.

Thank you very much for providing your review comments. These suggestions will help improve the manuscript and enhance its quality. I will carefully consider each question and make the necessary revisions accordingly. If you have any further questions, please feel free to let me know.