

**Peer Review File**

**Article Information:** <http://dx.doi.org/10.21037/apm-20-1322>

**Review Comments:**

This manuscript shared two scarce cases in which uterine prolapse occurred in pregnant women.

The valuable experience is beneficial for peers, making the paper in line with the Annals of Palliative Medicine. Below are some concerns before publication.

**Comment 1 : Title**

The current title is too broad. Please refine it and make a focused one. For example, replace "successful management" with specific techniques.

**Reply 1:** Thank you for pointing out this important issue. Following your comment, we replaced "successful management" with "successful deliveries of uterine prolapse in two primigravid women after obstetric management and perinatal care". The newly updated information is marked in red color.

**Changes in the text:** we changed the title as "Successful deliveries of uterine prolapse in two primigravid women after obstetric management and perinatal care : case reports and literature review".

**Comment 2 : Abstract**

It is too short, missing a lot of critical information, including (1) more detailed information about the cases, e.g. when the uterine prolapse occurred? How about the infants? Any treatments after delivery? Any adverse events during the follow-up? (2) Takeaway lessons should be more practical and specific—E.g. When.....peers could consider ....like the two cases.

**Reply 2:** We respectfully agree with you and appreciate your specific instructions for the revision. Following your suggestion, we added the missing information at

abstract and the updated information is marked in red color.

**Changes in the text:** What we added in abstract as follows: "In our report, two patients noticed a lump protruding from vagina in the third and second trimester of pregnancy and were found uterine prolapse (28+3 weeks and 24 weeks of gestation respectively)".....and "But the patient underwent emergency cesarean section because of obstetric factors two days later and two healthy twins were born. Another one treated with conservative antenatal management for a month, and with cesarean delivery at 33+6 week of pregnancy. After the delivery, patients were found no uterine prolapse at one month post-partum examination".

**Comment 3 :** Case presentation

Similar, much information is missing. (1) Name of each medication, dosage and duration. (2) The management and status of the infants. (3) Adverse/unanticipated events presentation.

**Reply 3:** We appreciate your significant recommendation. Following your comment, we added the informations in case presentation. The updated information is marked in red color. Thank you!

**Changes in the text:** What we added in abstract as follows: "ursodeoxycholic acid capsules (250mg, bid for 2 months)" ; "prophylactic broad-spectrum antibiotic therapy was initiated (cefmetazole Sodium for Injectio, 1g, q12h). Corticosteroids were administered for fetal lung maturation(6mg, bid, intramuscular injection for two days)"; "Two male neonates of 1,410 and 1,130g with Apgar score 9-10-10 and 8-9-10 necessitating pediatric care were delivered emergency urinary retention was performed and the acute tocolysis drugs (magnesium sulfate, pump in 2g per hour) "; "Corticosteroids were administered for fetal lung maturation (6mg, bid, intramuscular injection for two days). A female infant weighing 2260g with Apgar score 10-10-10 was safely delivered".

**Comment 4 :** Figures

Draw a timeline to outline the two cases.

**Reply 4:** We appreciate your significant recommendation. Following your comment, we added a figure (Fig. 2) and relative figure legends.

**Changes in the text:** We added a figure (Fig. 2) and figure legends as follow: "The timeline of two cases. The timeline consisted of two parts, one is parturition stage, which including the time of first found uterine prolapsed, the time of admission and delivery; another is postpartum follow-up".

**Comment 5 :** Table

Add the two cases into the table.

**Reply 5:** We appreciate your significant recommendation. Following your suggestion, we added the two cases into the table and marked in red color.

**Changes in the text:** Revised the table.

**Comment 6 :** Discussion

(1) Add a paragraph to discuss the management of the baby.

(2) Add another section to list both tricks and pitfalls of this manuscript.

**Reply 6:** Thank you for pointing out this important issue. According to your opinion, we added new content in discussion. The updated information is marked in red color.

**Changes in the text:** We added new content : (1) "In our study, both cases were preterm labor, and we found the active prenatal treatment is necessary. Two women were given corticosteroids to promote fetal lung maturation. All newborns had no abnormality and showed good score, except for twins needed pediatric care because of their low weight" ;(2) "According to previous literature reports, pregnancy with uterine prolapse often occurred in late pregnancy or during delivery. Of the 26 previously reported patients, 10 patients occurred in the third trimester of pregnancy (stage 3) and 5 occurred during delivery (stage 4), but no one was found in the second trimester of pregnancy ( Table 1). In theory, if the uterine prolapse occurs more earlier, the complications during pregnancy and adverse outcomes was more serious, the probability of premature birth was greater. But in our report, the second case was found

uterine prolapse at 24 weeks of gestation. This woman was given effective prenatal care and treatment, she had fewer pregnancy complications than the first one, and the gestational age of delivery was higher (Fig.2). Therefore, these results suggested that the prognosis of uterine prolapse during pregnancy may not be positively correlated with the gestational age. What's more important is to find out the problem early and give active and effective treatment and prenatal care that can reduce the incidence of pregnancy complications".

**Comment 7 :** Reference

The format is incorrect. Please refer to the author instruction.

**Reply 7:** We appreciate your careful review. Following your comment, we have thoroughly revised the reference. Be sure to list the first three names of authors and then use "et al" when there were more than three authors. To ensure that the names of journals were abbreviated in the style used in PubMed.

**Changes in the text:** The updated information is marked in red color.