Response to Editor and Reviewers Comments Nutrients-2664763

Dear Editor-in-Chief and Reviewers,

Thank you for your prompt and thoughtful consideration of our manuscript entitled, "Preconception Maternal Mentoring for Improved Fetal Growth among Indonesian Women: Results from a Cluster Randomized Controlled Trial" (nutrients-2664763). We are delighted by the opportunity to revise and resubmit.

We have made modifications to various aspects of our manuscript based on your feedback. We appreciate your effort in helping us to improve our manuscript.

Appended to this letter is our point-by-point response to comments raised by the reviewers. Should you have further questions or concerns, please do not hesitate to contact the corresponding author. We look forward to hearing your decision.

Sincerely,

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Editor's Comments:

1. We detected the repetition rate of this manuscript is 41%/20%. According to our regulations, we suggest reducing repetition rate under 30%/10%. Please rephrase the highlighted sentences in the attached iThenticate report in your revised manuscript.

Response: Thank you very much for bringing this to our attention. We have changed the title of the manuscript and reduced the repetition rate by rephrasing the highlighted sentences as suggested.

2. In addition, in order to increase the readability and the comprehensive quality of the manuscript, we suggest adding more content to your manuscript. The details of the word count can be found at the following link:

https://www.mdpi.com/about/article_types

Response: Thank you for this valuable suggestion. We have added more content, especially in the Discussion section, now reaching closer to the recommended word count.

Reviewer(s)' Comments to Author: REVIEWER 1

Comments and Suggestions for Authors

1. Most women in the United States do not meet the recommendations for healthful nutrition and weight before and during pregnancy. Women and providers often ask what a healthy diet for a pregnant woman should look like. The message should be "eat better, not more." This can be achieved by basing diet on a variety of nutrient-dense, whole foods, including fruits, vegetables, legumes, whole grains, healthy fats with omega-3 fatty acids that include nuts and seeds, and fish, in place of poorer quality highly processed foods. This article is useful to ensure an apprropriate diet and it is crucial to prevent small for gestational age newborns affected by high morbidity.

Response: We thank you very much for this comment. Women in Indonnesia mostly do not understand and do not meet the recommendations for healthful nutrition and weight before and during pregnancy. Health providers are recommended to continuously educate people, especially women, about having a balanced diet.

Minor revision is suggested:

2. Table 1, a column for percentage is redundant, it sounds better into brackets); similarly p with three digits (two sound enough).

Response: Thank you for this suggestion. We have revised Table 1 and have included two digits for p-values as recommended.

REVIEWER 2

Here are my comments:

1. In the INTRODUCTION chapter, the current state of knowledge should be presented in more detail.

Response: Thank you for providing this insight. We have worked to include further detail regarding the current state of knowledge to the Introduction section.

2. In the MATERIALS AND METHODS chapter, I think that lines 89-99 should be placed before lines 80-87, to keep the logic of the presentation of the method.

Response: Thank you for this suggestion. We have revised accordingly.

3. Although you remember that this study is more extensive and you refer to the article "The effect of a maternal mentoring program on the timing of first antenatal care visit among pregnant women in Bantul, Indonesia: Results of a cluster randomized trial," (Heal. Promot. Perspect., 2021), please explain what the mentoring activities consist of: what supplements were provided, what food, what advice, etc...

Rensponse: Thank you for this point. The full package of the maternal mentoring materials used in this study are described in lines 109 to 120. We did not provide participants with any supplements or foods in this study, but we did provide education on how best to follow health provider recommendations.

RESULTS chapter

4. Several errors appear in Table 1. You should also carefully check the other values that appear in the table.

	Intervention group	Control group	Conclusion
			Error!!
Age	173+12=185	174+21=195	380<384
Parity	182+7=189	189+5=194	383<384
Time for pregnancy preparation	166+22=188	160+28=188	376<384

I noticed that in the other tables there is no constant no. of study participants. I don't understand this situation.

Response: Thank you very much for bringing this to our attention. We have resolved this issue and revised Table 1 accordingly. We do not have errors anymore.

5. Table 2 shows that no. newborns is not the same as the number of people involved in the study. This must be specified in the manuscript.

Response: Thank you for this comment. This study started during the preconception stage for all women participants. Total, there were 200 married couples in the case group and 214 married couples in the control group who were deemed eligible and provided consent to participate, of which 189 couples in the intervention group and 195 couples in the control group reported being ready to get pregnant. Among those, 152 women in the intervention group and 158 in the control group got pregnant during the study period. We followed these pregnant women, and by May 2020, there were 113 newborns in the intervention group and 119 newborns in the control group who had their weight and length measured. Due to the COVID-19 pandemic, we did encounter some challenges with following the remaining women from our initial sample.

6. The DISCUSSION chapter is poorly documented. There are not enough comparisons with other studies or with studies from other areas of the world.

Response: Thank you for sharing this perspective. We have revised the Discussion section, including the addition of more comparisons between our study and previous literature. Please see lines 203 to 212 and 226 to 252.

7. The CONCLUSIONS chapter should highlight more clearly whether the aim of the study has been achieved.

Response: Thank you very much for your comment on this point. We believe our conclusions are clear and in line with our study objective, given the following statement: "Our findings demonstrate that a maternal mentoring program provided in addition to standard care procedures may be effective for improved fetal growth and increased birth weight among a particularly high-risk population of women".

REVIEWER 3

This is an interesting work dedicated to a topical topic. There are the following questions and suggestions for this work:

Thank you for the kind words and thoughtful review.

1. In the introduction of the work, it is recommended to indicate other pregnancy disorders related to the topic under study - for example, growth retardation

Response: Thank you for this suggestion. We refer to numerous studies which detail pregnancy outcomes related to the topic of interest in Lines 44-62.

2. In the introduction of the work, it is recommended to show the significance of various factors on the indicators of the newborn's weight

Response: Thank you for this suggestion. We refer to numerous studies which detail pregnancy outcomes related to the topic of interest in Lines 56-62.

3. In Table 1 there is no information about the age of women in the study groups

Response: Thank you for catching this missing information. We have revised Table 1 accordingly.

4. It is necessary to provide data on somatic pathology in the examined women and the peculiarities of the course of pregnancy in them.

Response: Thank you for sharing this recommendation with us. We are unclear as to what exactly you are suggesting in regard to the somatic pathology of women during their course of pregnancy. If you could please elaborate on this suggestion, we would be happy to revise our manuscript accordingly.