Peer-review report(s). Authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s):

Reviewer #1:

Scientific Quality: Grade B (Very good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Minor revision

Specific Comments to Authors:

Gestational diabetes mellitus is a disease unique to female pregnancy, with its incidence showing an increasing trend year by year. The incidence of pelvic organ prolapse is steadily rising, now constituting a significant health burden for women worldwide. This study is designed to evaluate the relationship between the levator ani muscle hiatus area and pelvic organ prolapse in patients with gestational diabetes mellitus using perineal ultrasound. The study is overall well designed, and the methods are described in detail. The results are interesting and well discussed. The reviewer recommends to accept this study after a minor revision. Comments to the authors:

1. The authors must proof the language of the study. Some minor language polishing should be corrected.

   Re: Thank you for your feedback. I have already found a professional editing service to proofread my English writing.

2. Background is missing in the abstract. Please describe the backgrounds in short in the abstract.

   Re: The prevalence of pelvic organ prolapse increases with age and parity. Specifically, the prevalence of POP among women aged 20 to 39 is 9.7%, while it rises to 49% among women over 80 years old. Additionally, as the number of deliveries increases, the prevalence of POP also rises accordingly, with a rate of 12.8% for women with one delivery history, 18.7% for those with two deliveries, and 24.6% for women with three or more deliveries. It causes immense suffering for pregnant women.

3. How about the limit of the study? Please make a short discussion about it.

   Re: This study only compares women with gestational diabetes to those without gestational diabetes, while women with other underlying diseases during pregnancy have not yet been analyzed.

4. Reference list should be edited and updated.

   Re: Updated.

Reviewer #2:

Scientific Quality: Grade B (Very good)
This is an interesting study of relationship between the levator ani muscle hiatus area and pelvic organ prolapse in parturients with gestational diabetes mellitus. The study is well performed and the findings are interesting. After a minor editing, the manuscript can be accepted for publication.

Re: Thank you for your feedback. I have already found a professional editing service to proofread my English writing.

Editorial Office’s comments. Authors must revise the manuscript according to the Editorial Office’s comments and suggestions, which are provided below:

(1) Science Editor:

1 Scientific quality: The authors submitted a study of changes with clinical significance in anal sphincter hiatal area in patients with gestational diabetes mellitus and pelvic organ prolapse. The topic is within the scope of the journal.

(1) Classification: Grade B and Grade B;

(2) Summary of the Peer-Review Report: This is an interesting study of relationship between the levator ani muscle hiatus area and pelvic organ prolapse in parturients with gestational diabetes mellitus. The study is well performed and the findings are interesting. 1. The authors must proof the language of the study. Some minor language polishing should be corrected. 2. Background is missing in the abstract. Please describe the background in short in the abstract. 3. How about the limit of the study? Please make a short discussion about it. 4. Reference list should be edited and updated. The questions raised by the reviewers should be answered;

(3) References recommendations: The reviewer didn’t request the authors to cite improper references published by him/herself.

(4) Manuscript Type: After verification, the manuscript type is "Retrospective Study".

2 Specific comments

(1) Country/Territory of origin: China

(2) The language classification is Grade B. Please visit the following website for the professional English language editing companies that we recommend: https://www.wjgnet.com/bpg/gerinfo/240.

(3) Manuscript Title: The title will concisely summarize the main topic of the study, being not overly long (no more than 18 words). Words such as ‘exploration’, ‘research’, ‘analysis’, ‘observation’, and ‘investigation’ are to be avoided. The title should not start with ‘A’, ‘An’, or ‘The’ and will not include any Arabic numbers or abbreviations. Please include the core key word in the title. If a title contains a colon, please capitalize the first letter of the first word after the colon. For example: Unexplained fetal tachycardia: A case report.

The title needs to be bolded.
(4) **Running Title:** A short running title of no more than 6 words should be provided. Abbreviations are permitted. For example, Losurdo G et al. Two-year follow-up of HCC.

(5) **The “Key Words” does not meet the requirements Key Words:** The ‘Key words’ list will provide 5-10 keywords that reflect the main content of the study. Please do not use abbreviations for the keywords (e.g., Ulcerative colitis, not UC). The first letter of each keyword will be capitalized, and each keyword will be separated by a semicolon, with no terminal period. An example of correct formatting is: Non-alcoholic fatty liver disease; Alcoholic liver disease; Non-alcoholic steatohepatitis; Insulin resistance; Oxidative stress.

(6) **Reference numbers in the main text.** The reference does not require superscripts, please modify it. The correct format is "the spleen hilum[3]."

If there are more than 3 consecutive references cited at the same time, use a "." connection. For example, This condition is defined in the absence of excessive alcohol intake, other liver diseases, or the consumption of steatogenic drugs[2-4]. If there are only 2, use ",". For example, mitigating the risk of disease progression[10,11].

The author should number the references in Arabic numerals according to the citation order in the text. The format of in-text citation of references should be [References Number], which should be with no space between “[ ]” and the preceding word. Example: The pathophysiology is thought to be due to an increased arterial flow that leads to secondary hepatocellular hyperplasia[1,2].

If the name of the author(s) of a reference is listed in the sentence, the reference number should be placed immediately after the author(s) of the reference. Example: Mandal et al[8] proposed that retractor aponeurosis disinsertion is the most likely cause of congenital low lid entropion.

In addition, please verify the order and total number of references cited to ensure that all references in the list are cited and in a correct numeric order.

(7) **REFERENCES:** There are issues with the references: The [J] symbol is not allowed in the references. References are not allowed to be duplicated.

Please provide the PMID numbers (https://pubmed.ncbi.nlm.nih.gov/) and DOI citation numbers (https://doi.crossref.org/simpleTextQuery) to the reference list and list all authors of the references. If a reference has no PMID and DOI, please provide the source website address of this reference.

To ensure the accuracy of the references, please use "Edit References by Auto-Analyzer" (https://www.f6publishing.com/Forms/main/ArticleReferenceTool.aspx) to edit the references of the manuscript.

(8) **Figures. Authors should place figure legends, figures, in separate pages at the end of the manuscript.**

Figures must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, etc.). All figures must have a detailed figure legend that provides a clear and comprehensive description of the information presented in the figure, so that the reader can understand without having to refer back to any other portion of the manuscript.

Abbreviations must be defined upon first appearance in the **Figure Legends.** Do not use non-standard
abbreviations, unless they appear at least two times in the text preceding the first usage/definition.

**Original figure documents.** In the meantime, authors should provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor, and upload it to the file destination of “Image File” in the F6Publishing system.

(9) **Figure Color:** When using different color markings on the Figures, please avoid using red or green, including the arrow colors on the Figures.

(10) **Tables.** Authors should place Table Titles, Tables, and Table Notes in separate pages at the end of the manuscript.

Tables must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, etc.). A brief, one-line title must be provided for each table. (The title needs to be bolded)

Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

The title "Table 1" or "Table 2" does not require a period to be added, and the title of the table does not have a period. For example, “Table 2 Characteristics of the studies included in the meta-analysis”.

(11) Please obtain permission for the use of picture(s). If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published, and correctly indicate the reference source and copyrights. For example, “Figure 1 Histopathological examination by hematoxylin-eosin staining (200×).” A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6].” And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable.

(12) **Abbreviations:** Regarding abbreviations, please do not list them separately. Abbreviations must be defined at the first occurrence. For example, when CT first appears in the manuscript, please use the format "computed tomography (CT)".

(13) **Abstract.** An informative, structured abstract of no more than 350 words should accompany each manuscript. Abbreviations should be avoided, but if used should be spelled out at first mention. The 5 sections of the structured abstract are:

**BACKGROUND (no more than 100 words).** This section should clearly describe the rationale for the study. It should end with a statement of the specific study hypothesis.

**AIM (no more than 20 words).** The purpose of the study should be stated clearly, with no or minimal
background information, following the format of: “To investigate/study/determine…”.

**METHODS (no more than 80 words).** This section should describe the materials and methods used for all of the data presented in the proceeding Results section of the abstract. This information should include the following details, as applicable: basic study design; setting, specifying the study location (e.g., primary or tertiary care setting, hospital, general community, etc.); number of participants and how they were selected; intervention, the method of administration and the duration; major statistical methods used.

**RESULTS (no more than 120 words).** This section should describe the key findings of the study, including absolute values and risk differences. *P* values should be presented where appropriate, and not for data that did not reach the threshold of statistical significance. Authors must provide relevant data to illustrate how the statistical values were obtained (e.g., 6.92 ± 3.86 vs 3.61 ± 1.67, *P* < 0.001).

**CONCLUSION (no more than 30 words).** This section should succinctly and cogently present the findings and implications that are within the scope of the data the authors have presented in the preceding Results section of the abstract. Authors should state only conclusions that are directly supported by the evidence presented and the implications of the findings presented. This section should be written in the present tense.

(14) It is not allowed to add a sequence number before first level subtitles, second level subtitles, and third level subtitles. For example: “1 INTRODUCTION”. Please delete ‘1’.

(15) The manuscript must ensure a clean page and no annotations or line numbers are allowed.

(16) When listing the sub items included in a major item in the main text, priority should be given to using numerical numbers to connect them, for example: (1); (2); and (3). The serial numbers are connected by semicolons, and the last one needs to be preceded by “and”. For example: (1) A; (2) B; (3) C; and (4) D.

**3 Recommendation:** Conditional acceptance.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good)

(2) **Company Editor-in-Chief:**

I have reviewed the Peer-Review Report, full text of the manuscript, all of which have met the basic publishing requirements of the *World Journal of Diabetes*, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors.

作者返修手稿建议

尊敬的作者：为了提高作者手稿的学术质量和书写格式的规范性，缩短出版周期和节省时间，以及促进手稿顺利接受和在线发表，我们强烈建议作者采取以下措施以解决返修手稿过程中的重要问题。

**第一，返修手稿。** 请作者邀请编辑部认可的论文润色公司([https://www.wjgnet.com/bpg/gerinfo/240](https://www.wjgnet.com/bpg/gerinfo/240))，协助作者按照**Checklist for Authors to Revise a Manuscript**要求修改手稿中的每一项内容。另外，作者指南，
见：https://www.wjgnet.com/bpg/gerinfo/204。

第二，同行评议。请论文润色公司，依据同行评议报告和科学编辑评论，协助作者对手稿的研究方法、数据分析和论点逻辑等进行进一步地审核，以确保手稿在学术上的正确性，协助作者解决审稿人提出的问题，并逐条地回复审稿人的问题和建议。

第三，表格和图片。请论文润色公司协助作者解决表格和图片规范化的问题。表格应有表序和表题，并有足够的自明性的信息，使读者不查阅手稿正文即可理解该表格的内容。表格内每一列应有表头，表格内非通用缩写应在表格注解中说明。表格一律使用三线表格（不用竖线），并且在正文中该出现的地方注出。图应有图序、主题和图注，以使其容易被读者理解。所有的图应在正文中该出现的地方注出。同一个主题内容的彩色图、黑白图、和线条图，应统一使用一个主题，并且每个子图的注解分别叙述。如：Figure 1


第四，参考文献。编辑部采用“顺序编码制”的著录方法，即根据文献在文中引用顺序以阿拉伯数字编号排序，并在文内引用处居中注明文献角码，如：[1-3]。每篇参考文献应包含 PMID 和 DOI 号码。参考文献测试系统，见：https://www.f6publishing.com/Forms/main/ArticleReferenceTool.aspx。

第五，语言润色。邀请论文润色公司协助作者解决手稿中的拼写错误、语法错误、时态错误、单复数错误、标点错误和科学用词错误等等。

第六，学术查重。邀请论文润色公司协助作者对手稿进行学术查重。手稿一旦被编辑部判定为存在抄袭，将会被退稿。

第七，提交手稿。最终论文润色公司协助作者完成手稿修改，并确认符合期刊标准后，作者在 Intelligent Manuscript Form Editor 中提交手稿。