

**Dear Editor,**

**Thank you for your consideration of the manuscript "Short and long term prognosis in perinatal asphyxia: an update" ESPS manuscript No: 21915 for publication in the World Journal of Clinical Pediatrics and for your invitation to submit a revision. We are also grateful to the reviewers for their time and thoughtful input. We have hopefully addressed the reviewer's comments to yours and their satisfaction as detailed below. Reviewers' comments have been marked C: and author responses have been marked R:**

**Reviewer 1**

**Reviewer's code: 00646232**

C: Dear Respected Editor Good day I reviewed with interest this manuscript described the {Short and long term prognosis in perinatal asphyxia: an update}.The topic is interesting and we need a comprehensive article to review all the updates about this important topic. However, I have some comment that I hope to improve the quality of the work. I impeded my comments also on the Word file and Table files to make it easy for the authors to track what I mean.

R: Thank you for your interest. Unfortunately the file with reviewer changes tracked in Word was not available to download by authors but hopefully we have addressed issues based on reviewers writted comments here

C: 1- The article needs some language and grammar correction. The authors need to make it more lucid and catchy.

R: Thank you, hopefully we have succeeded in this

C: 2- There is a need for some table so that the article does not look like prepared notes. 3- Add some tables. Looks like you have prepared notes . For example; the authors can add a table showing the outcome of HIE including the percentage

R: Tables have been added

C: 4- The authors need to state the aim and conclusion precisely and to make it crisp.

R: Thank you we have endeavoured to improve this

C: 5- In acid base section: The authors needs to add that the scalp lactate monitoring instead of pH may result in increase rate of instrumental deliveries with no decrease in newborns with severe metabolic acidosis.

R: Thank you, this reference has been added

C: 6- In APGAR score section: A hint about the Combined- Apgar scoring system, which consists of the Expanded and Specified Apgar scoring systems should be added. The Combined- Apgar score is highly sensitive and specific in predicting birth asphyxia and also is a good predictor of the occurrence of HIE and IVH in asphyxiated neonates.

R: Thank you, this reference has been added

C: 7- The NOVEL MARKERS FOR THE PREDICTION OF OUTCOME Section is better to be before the outcome sections.

R: Thank you, the manuscript has been rearranged accordingly

C: 8- In NOVEL MARKERS FOR THE PREDICTION OF OUTCOME Section: The authors need to give the authors need to give a hint about CSF biomarkers.

R: Thank you, this section has been expanded on

C: 9- A section about the recent trend in management of neonatal asphyxia is needed with special stress on therapeutic hypothermia.

R: Thank you, this has been included

C: 10. I attached the manuscript with some corrections to help the authors for easy tracking.

R: Unfortunately we did not receive this document

## **Reviewer 2**

**Reviewer's code:** 00069139

C: The mini-review nicely addressd the issue of neurological outcomes in pediatric patients with perinatal asphyxia with a focus on the timing and effects of a therapeutic hypothermia. Overall, the manuscript was well prepared and provide up-to-date insight on this focus. However, as a plain reader who has no deep knowledge in the special therapy; some points that may improve the manuscript are put below;

R: Thank you for your interest

C: The Backgroud stated that HIE must be differentiated from other causes of neonatal encephalopathy. Currently, is there any test or method that a paediatrician commonly employed to diagnose HIE? -

R: Thank you, the difficulty in making this differentiation has been expanded on in the background section

C: The second paragraph of 'Outcome in perinatal asphyxia' section: 'Therapeutic hypothermia must be instigated without 6 hours or ideally sooner following delivery to be effective.' Should it be 'within 6 hours'?

R: Thank you, this has been changed

C: The authors emphasised that TH should be initiated within early hours of life. However, on the 'clinical examination', it seems that clinical signs at early period are not accurate. As a reader, I am wondering how TH should be considered. A few statements about this may help the reader.

R: Thank you, a section on indications for treatment has been included

C: It might be more comprehensive if 1-2 tables could be added in order to summarise about current predictive tools and how good are they. The second table may summarize the developmental and behavioral problems found in HIE kids.

R: Tables have been added

C: Conclusion; 'gap to widen' should it be gap to be widen?

R: Thank you but I believe the syntax to be correct

