PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Factors predicting successful vaginal birth after caesarean section: protocol for evidence-based consensus recommendations using a Delphi survey
AUTHORS	Zhu, Weiying; Ai, Ling; Feng, Ying; Yuan, Haiyan; Wang, Yu; Wang, Meitang; Mei, Zubing

VERSION 1 – REVIEW

REVIEWER	Familiari, Alessandra St Georges Univ London
REVIEW RETURNED	21-Dec-2020

GENERAL COMMENTS	The idea is original and absolutely is well designed, the rationale and the methodology are well explained. Strengths and limitations are clearly stated. I have some main comments: - There are several recent study that deserve to be mentioned (Familiari et al. Vaginal birth after caesarean section: a multicentre study on prognostic factors and feasibility. Arch Gynecol Obstet. 2020; Wu et al. Factors associated with successful vaginal birth after a cesarean section: a systematic review and meta-analysis. BMC Pregnancy Childbirth. 2019 Oct 17) . These studies should form the basis for the background. - The all manuscript should be condensed and form the methods of the study (to be written) - The paper only describe the intention to write a future paper which will be interesting and of great value for the clinical practice. But it needs to be written. I will be very happy to review the paper when it will be consistent with the results of the described methodology. However, in this form, the paper cannot be accepted for publication as it does not add anything to the already existing literature. Kind regards,

REVIEWER	Black, Mairead University of Aberdeen
REVIEW RETURNED	31-Dec-2020

GENERAL COMMENTS	The overall need for this study is not immediately clear, nor is it very clear on reading the whole paper. There are indeed existing validated models for predicting VBAC success which have some weaknesses but overall at least two of the existing models are arguably quite strong (and appear to have been dismissed somewhat in this paper). While I think the study aims to address these weaknesses, this does not come across clearly in the

	narrative of this paper. I wonder whether in fact there is a desire to develop a model specific to China and if so then this should be made clear. Overall the basis for the study is sound (assessing the up-to-date literature on identified predictive factors for VBAC success and expert consensus for which factors should be included in future prediction models) but could be made clearer. There are multiple issues with language throughout the paper. Abstract introduction contains a sentence that does not make sense.. 'However it remains far below expectations....'. It is also not clear what the GRADE approach refers to in the abstract - I assume the systematic review findings but it would be clearer if mentioned alongside the systematic review method. Strengths and limitations bullet points - the first one is missing the word 'study' - it is also unnecessary to use 'first' and 'novel' - just one would suffice. The reference no. 2 is used inappropriately in the second sentence of the introduction. The second sentence of the introduction is also contentious - recent evidence has continued to highlight the risks of VBAC hence some balance in the statement is suggested. The fourth sentence does not make sense - the 2-child policy in China has surely not led to increased VBAC in other ('some') countries..? In the second paragraph of the introduction the statement including 'for the obstetrician to decide' is inaccurate.. they don't decide the risk but instead they assess it and advise women accordingly.. determining risk and protective factors will indeed help with this. The final sentence of the paragraph should be reworded to address more than one model (rather than 'the model'). The final sentence of the introduction uses the term 'validate' in a context which will cause confusion - 'validation' of predictive models (assessing how well they perform outwith the population in which they were developed) means something very different to its intended use here. I suggest using a different term to portray the intended meaning. Population is not made explicit but appears to be hospitalised obstetric patients - this is very narrow and unlikely to be helpful for advance planning - some justification of this would add value. It is clear that the expert panel will decide which factors to include from the systematic review into the survey - it would be helpful to provide an example of the type of decisions to be made, or at least the sort of factors to be considered when assessing acceptability and feasibility of a predictive factor. By specifically targeting authors of papers reporting prediction models, is there not a risk of biasing the expert opinion towards what is already reported in the literature? Might is be possible that authors will favour selecting factors which they themselves reported in their studies? Is there public representation in the study group and if so what is their role? Regarding the survey - what is meant by a methodological judgement? Could an example be provided to illustrate the point? Please provide a reference to the methodology used in the consensus process. The figure mentions meta-analysis but this is not detailed in the methods text. The discussion opens with a statement about assessing predictive factors 'of' successful VBAC. this should say 'for' not 'of' and the

	use of the ward 'assess' is somewhat misleading as their predictive value is not being assessed, but instead the evidence of their predictive value is being assessed (using GRADE)..please make this clearer. Perhaps the use of the word 'potential' should be used alongside predictive factors throughout the manuscript as this would make it clearer that you are aiming to identify a comprehensive list of potential predictive factors which can ultimately be assessed in a future definitive prediction model. The weakness mentioned which involves clinical researchers (rather than obstetricians) being unaware of predictive factors works both ways.. some obstetricians may believe that certain factors are predictive because they base their views upon anecdote an experience of few cases.. in fact clinical researchers may have a more evidence-based perspective of predictive factors as they may be more aware of the evidence and how factors appear to interact.

VERSION 1 – AUTHOR RESPONSE

[Reviewer: 1
Dr. Alessandra Familiari, St Georges Univ London

Comments to the Author:
The idea is original and absolutely is well designed, the rationale and the methodology are well explained. Strengths and limitations are clearly stated.]

We appreciate the Reviewer's significant and positive comments on our study.

[I have some main comments:
- There are several recent studies that deserve to be mentioned (Familiari et al. Vaginal birth after caesarean section: a multicentre study on prognostic factors and feasibility. Arch Gynecol Obstet. 2020; Wu et al. Factors associated with successful vaginal birth after a cesarean section: a systematic review and meta-analysis. BMC Pregnancy Childbirth. 2019 Oct 17) . These studies should form the basis for the background.]

We appreciate the Reviewer's significant comment. In response to this, we have added the mentioned important studies to the background section as follows.

"Several studies have reported that patient demographic characteristics (patient race and ethnicity, education level and gestational week),[11 12] maternal factors (maternal age, body mass index, bishop score, diabetes, hypertensive disorders complicating pregnancy and previous vaginal deliver) [12-15], fetal factors (estimated birth weight)[16] and other related factors (oxytocin implementation)[15] that may be associated with a woman's chance for successful VBAC."
(page 6)

References
11. Lehmann S, Baghestan E, Børdahl PE, et al. Low risk pregnancies after a cesarean section: Determinants of trial of labor and its failure. Plos one 2020;15(1):e0226894.
12. Wu Y, Kataria Y, Wang Z, et al. Factors associated with successful vaginal birth after a cesarean section: a systematic review and meta-analysis. BMC pregnancy and childbirth 2019;19(1):1-12.

13. Manzanares S, Ruiz-Duran S, Pinto A, et al. An integrated model with classification criteria to predict vaginal delivery success after cesarean section. The Journal of Maternal-Fetal & Neonatal Medicine 2020;33(2):236-42.
14. Minsart A-F, Liu H, Moffett S, et al. Vaginal birth after caesarean delivery in Chinese women and Western immigrants in Shanghai. Journal of Obstetrics and Gynaecology 2017;37(4):446-49.
15. Familiari A, Neri C, Caruso A, et al. Vaginal birth after caesarean section: a multicentre study on prognostic factors and feasibility. Archives of gynecology and obstetrics 2020;301(2):509-15. doi: 10.1007/s00404-020-05454-0 [published Online First: 2020/02/13]
16. Smithies M, Woolcott CG, Brock J-AK, et al. Factors associated with trial of labour and mode of delivery in Robson Group 5: A select group of women with previous caesarean section. Journal of Obstetrics and Gynaecology Canada 2018;40(6):704-11.

[- The all manuscript should be condensed and form the methods of the study (to be written).]

We appreciate the Reviewer's significant comment. In response to this, we have condensed the whole manuscript and formed the methods of the study.
(Methods of body of manuscript)

[- The paper only described the intention to write a future paper which will be interesting and of great value for the clinical practice. But it needs to be written.]

We appreciate the Reviewer's significant comment on the value of our study. In response to this, this is, in fact, a protocol designed for future practice. As the Reviewer suggested, we have highlighted the value for the clinical practice of this study in Discussion section as follows:

"This study will present a group of agreed predictors that the expert panel can use to predict successful VBAC more accurately. First of all, the evaluated predictors may help obstetricians assess the risk of the individual patient. Based on the findings of this study, further investigations are warranted to provide some more possible predictors.

In a related study to be conducted by our research team, we will involve these variables that predict successful VBAC found in this consensus study. This will enable us to make adjustment for these factors in terms of the level of evidence based on the results of the study, which will improve the prediction accuracy. Further research should focus on evaluating the importance of these predictors. In addition, this study could provide the direction of future research on the evaluation of risk factors for successful VBAC, which will ultimately be incorporated in the development and validation of prediction models of successful VBAC."
(page 16-17)

[I will be very happy to review the paper when it will be consistent with the results of the described methodology. However, in this form, the paper cannot be accepted for publication as it does not add anything to the already existing literature.]

We appreciate the Reviewer's significant comment on our study. In response to this, the author raised important issues. Since this is a study protocol on the basis of both a systematic literature review and Delphi consensus, we have accumulated the current evidence regarding the predictors of successful VBAC and designed a two-round Delphi survey based on the literature review. Therefore, this is what we emphasize as the "evidence-based consensus recommendations". We will not develop some new or unreported predictors only after we complete the Delphi survey. However,

our study has several strengths and significant clinical value to the current practice which we have underlined in the Discussion section.

Accordingly, we have modified Discussion section as follows:

"Strengths and limitations
Our study has several strengths due to its rigorous methods that are robust and reproducible for several reasons. First, our systematic review will be conducted based on the PRISMA guidelines.[18] The search strategy is most comprehensive compared with the previously ones.[11] [28] Secondly, we will apply the GRADE approach to assess the certainty of evidence, which is a most solid method for decision making in several aspects, including for the development of future clinical guidelines.[17] Thirdly, our research team will provide objective suggestions to identify all potential predictive factors for successful VBAC. Fourthly, the consensus regarding the issue will be based on a two-round Delphi survey among international obstetric experts from multiple international obstetricians and gynecologists associations of the world, making the results more convincing. Moreover, the two-round Delphi survey will be completely anonymous to reduce bias to the greatest extent. These set of methods will guarantee the internal and external validity of the study results."
(page 15)

"Implications for clinical practice and further research
This study will present a group of agreed predictors that the expert panel can use to predict successful VBAC more accurately. First of all, the evaluated predictors may help obstetricians assess the risk of the individual patient. Based on the findings of this study, further investigations are warranted to provide some more possible predictors.

In a related study to be conducted by our research team, we will involve these variables that predict successful VBAC found in this consensus study. This will enable us to make adjustment for these factors in terms of the level of evidence based on the results of the study, which will improve the prediction accuracy. Further research should focus on evaluating the importance of these predictors. In addition, this study could provide the direction of future research on the evaluation of risk factors for successful VBAC, which will ultimately be incorporated in the development and validation of prediction models of successful VBAC."
(page 15)

[Reviewer: 2
Dr. Mairead Black, University of Aberdeen

Comments to the Author:
The overall need for this study is not immediately clear, nor is it very clear on reading the whole paper. There are indeed existing validated models for predicting VBAC success which have some weaknesses but overall at least two of the existing models are arguably quite strong (and appear to have been dismissed somewhat in this paper). While I think the study aims to address these weaknesses, this does not come across clearly in the narrative of this paper. I wonder whether in fact there is a desire to develop a model specific to China and if so then this should be made clear.]

We appreciate the Reviewer's significant comment on the overall need for our study. The Reviewer raised an important point. We meant to identify a set of potential predictive factors for successful VBAC, especially for Chinese women, to be included in prediction models which can be most

applicable to pregnant women in China, we have underlined the aims of our study, and added some details to our own article as follows:

“This study aims to use a novel approach to identify a set of potential predictive factors for successful VBAC, especially for Chinese women, to be included in prediction models which can be most applicable to pregnant women in China.”
(Abstract page 3)

“We plan to assess all potential predictive factors collected through a comprehensive literature review. Then the certainty of the evidence for the identified potential predictive factors will be assessed using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) process. Finally, a two-round international Delphi survey will be conducted to determine the level of consensus.”
(Introduction page 7)

“The results from this study will be interpreted for the purpose of clinical decision making for obstetricians to determine the suitable patients for VBAC, which will be most applicable to pregnant women in China.”
(Conclusion page 17)

[Overall the basis for the study is sound (assessing the up-to-date literature on identified predictive factors for VBAC success and expert consensus for which factors should be included in future prediction models) but could be made clearer.]

We appreciate the Reviewer’s nice comment. In light of this comment, we have underlined the basis of our study and made it clearer in the Abstract and the main manuscript.

Accordingly, we have modified Abstract and Introduction section as follows:

“First, an up-to-date systematic review of the published literature will be conducted to extract identified predictive factors for successful VBAC. Second, an online Delphi survey will be performed to achieve expert consensus on which factors should be included in future prediction models.”
(Abstract page 3-4)

“We plan to assess all potential predictive factors collected through a comprehensive literature review. Then the certainty of the evidence for the identified potential predictive factors will be assessed using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) process. Finally, a two-round international Delphi survey will be conducted to determine the level of consensus.”
(Introduction page 7)

[There are multiple issues with language throughout the paper.

Abstract introduction contains a sentence that does not make sense. 'However it remains far below expectations....'. It is also not clear what the GRADE approach refers to in the abstract - I assume the systematic review findings but it would be clearer if mentioned alongside the systematic review method.
Strengths and limitations bullet points - the first one is missing the word 'study' - it is also unnecessary to use 'first' and 'novel' - just one would suffice.]

We appreciate the Reviewer's pointing out this. In response to this, we have asked a native speaker proofread the whole manuscript. In terms of the mentioned points, we have revised them to make the sentences more clearly.

Accordingly, we have modified Abstract and Introduction section as follows:

"However, it remains to be addressed how we evaluate factors for successful VBAC."
(Abstract page 3)

"We plan to assess all potential predictive factors collected through a comprehensive literature review. Then the certainty of the evidence for the identified potential predictive factors will be assessed using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) process. Finally, a two-round international Delphi survey will be conducted to determine the level of consensus."
(Abstract page 3)

"Strengths and limitations of this study
• This study aims to use a mixed methods approach to select potential predictive factors for successful vaginal birth after caesarean section (VBAC) for obstetric patients."
(page 5)

[The reference no. 2 is used inappropriately in the second sentence of the introduction. The second sentence of the introduction is also contentious - recent evidence has continued to highlight the risks of VBAC hence some balance in the statement is suggested. The fourth sentence does not make sense - the 2-child policy in China has surely not led to increased VBAC in other ('some') countries..?]

We appreciate the Reviewer's pointing out this issue. In response to the comment, we have replaced the reference no.2 and the second and the fourth sentence of the Introduction section has been rewritten.

Accordingly, we have modified Introduction as follows:

"Though successful vaginal birth after cesarean delivery (VBAC) has been reported to reduce morbidity or complications compared to an elective repeat CD,[2] recent evidence has continued to highlight the risks of VBAC.[3]"
(page 6)

Reference
2. Obstetricians ACo, Gynecologists. ACOG Practice Bulletin No. 205: Vaginal birth after cesarean delivery. Obstetrics and gynecology 2019;133(2):e110-e27.

"In China, with the wide adoption of the two-child policy since 2016, a large percentage of women with a history of CD plan to have a second child and an elective repeat CD can be a suitable choice. However, a trial of labor after one cesarean (TOLAC) is encouraged in some countries which has been reported to reduce maternal adverse outcomes. [4-6] Studies have also shown that CD after an unsuccessful TOLAC may lead to increased bleeding, postoperative infection, endometritis and increased health care expenditure.[7-10]."
(page 6)

[In the second paragraph of the introduction the statement including 'for the obstetrician to decide' is inaccurate. they don't decide the risk but instead they assess it and advise women accordingly. determining risk and protective factors will indeed help with this. The final sentence of the paragraph should be reworded to address more than one model (rather than 'the model').]

We appreciate the Reviewer's pointing out this issue. In response to the comment, we have revised these mentioned sentences.

Accordingly, we have modified Introduction as follows:

"Therefore, for obstetricians, it is crucial to identify the potential protective and risk factors influencing a woman's successful VBAC based on the patients' baseline characteristics."
(page 6)

"However, the quality of these models varied considerably in terms of study design, enrolled patients, internal and external validity of the models, which make the models' applicability domain rather dubious."
(page 6-7)

[The final sentence of the introduction uses the term 'validate' in a context which will cause confusion - 'validation' of predictive models (assessing how well they perform outwith the population in which they were developed) means something very different to its intended use here. I suggest using a different term to portray the intended meaning.]

We appreciate the Reviewer's pointing out this issue. In response to the comment, we have revised these mentioned sentences.

Accordingly, we have modified Introduction as follows:

"This study aims to use a novel approach to identify a set of potential predictive factors for successful VBAC, especially for Chinese women, to be included in future prediction models which can be most applicable to pregnant women in China. We plan to assess all potential predictive factors collected through a comprehensive literature review. Then the certainty of the evidence for the identified potential predictive factors will be assessed using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) process. Finally, a two-round international Delphi survey will be conducted to determine the level of consensus."
(page 7)

[Population is not made explicit but appears to be hospitalised obstetric patients - this is very narrow and unlikely to be helpful for advance planning - some justification of this would add value.]

We appreciate the Reviewer's pointing out this issue. In response to the comment, we have revised the mentioned sentence.

Accordingly, we have modified Systematic literature review section as follows:

"---aims to update all potential predictive factors for successful VBAC among women with a previous history of CD ---"

(page 8)

[It is clear that the expert panel will decide which factors to include from the systematic review into the survey - it would be helpful to provide an example of the type of decisions to be made, or at least the sort of factors to be considered when assessing acceptability and feasibility of a predictive factor.]

We appreciate the Reviewer's important comments and suggestion. We have provided an example of the type of decisions to be made.

Accordingly, we have modified Method section as follows:

"The expert panel will answer questions on three categories of the potential predictive factors for successful VBAC: patient-related, maternal-related and fetal-related predictive factors. The results of the systematic review will be presented to the experts and they will be asked to rate their agreement with these three aspects of potential predictive factor proposals. For example, they will rate their agreements with the following statements: (1) that maternal age is a predictive factor of limited / critical importance to successful VBAC; (2) that level of education is a predictive factor of limited / critical importance to successful VBAC; or (3) that estimated fetal weight is a predictive factor of limited / critical importance to successful VBAC."
(page 11)

[By specifically targeting authors of papers reporting prediction models, is there not a risk of biasing the expert opinion towards what is already reported in the literature? Might is be possible that authors will favour selecting factors which they themselves reported in their studies? Is there public representation in the study group and if so what is their role?]

We appreciate the Reviewer's comment. The Reviewer raised an important issue. In response to the comment, we will develop these recommendations for successful VBAC based on evidence-based consensus recommendations. That means we will assess all potential predictive factors collected through a comprehensive literature review. Then the certainty of the evidence for the identified potential predictive factors will be assessed using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) process. Finally, a two-round international Delphi survey will be conducted to determine the level of consensus. Moreover, the expert panel of the study group is mostly composed of representative members from International Federation of Gynaecologists and Obstetricians all around the world. The above method has several strengths and can minimize the bias of the study.

Accordingly, we have modified Discussion section as follows:

"Strengths and limitations
Our study has several strengths due to its rigorous methods that are robust and reproducible for several reasons. First, our systematic review will be conducted based on the PRISMA guidelines.[20] The search strategy is most comprehensive compared with the previously ones.[12] [30] Secondly, we will apply the GRADE approach to assess the certainty of evidence, which is a most solid method for decision making in several aspects, including for the development of future clinical guidelines.[19] Thirdly, our research team will provide objective suggestions to identify all potential predictive factors for successful VBAC. Fourthly, the consensus regarding the issue will be based on a two-round Delphi survey among international obstetric experts from multiple international obstetricians and gynecologists associations of the world, making the results more convincing.

Moreover, the two-round Delphi survey will be completely anonymous to reduce bias to the greatest extent. These set of methods will guarantee the internal and external validity of the study results."
(page 15)

[Regarding the survey - what is meant by a methodological judgement? Could an example be provided to illustrate the point?]

We appreciate the Reviewer's comment. In response to this, we have addressed the detailed methodological judgement for the survey experts in the next paragraph as follows:

"The expert panel members will be asked to rate the importance of each candidate item using a 9-point Likert scale, where 1 to 3 means "low importance", 4 to 6 means "not critically important" and 7 to 9 means "critical importance".[23-26] An "unable to rate" option will also be set. The expert panel members will be instructed to choose "unable to rate" if they think they do not have adequate knowledge or expertise on a particular list of statement.[27 28] During the first round, panel members can suggest some more related items to be incorporated into the second round of survey after discussion by the research team. Only panel members who have finished the first-round survey can move to the second-round survey. During the second round, they will be reminded of what they rated during the first round and will be shown the distribution of responses across the 1 to 9 scale for each question in the questionnaire. The expert panel members have the right to retain their first-round scores or rescored for some specific statements. Both rounds of online voting are anonymous to minimise bias."
(page 12-13)

[Please provide a reference to the methodology used in the consensus process.]

We appreciate the Reviewer's important comments. We have added a reference to the methodology used in the consensus process.

Accordingly, we have added Method section as follows:

"Consensus definition and analysis plan
We will consider consensus to be reached and the potential predictive factors will be included if more than 70% of panel members score the statement within 7 to 9 (critical importance) or less than 15% of panel members score the statement within 1 to 3 (low importance); or in contrast, the potential predictive factors will be excluded if more than 70% of panel members score the statement within 1 to 3 (low importance) or less than 15% of panel members score the statement within 7 to 9 (critical importance).[32]"
(page 13)

Reference:
32. Bilbro NA, Hirst A, Paez A, Vasey B, Pufulete M, Sedrakyan A, McCulloch P; IDEAL Collaboration Reporting Guidelines Working Group. The IDEAL Reporting Guidelines: A Delphi Consensus Statement Stage Specific Recommendations for Reporting the Evaluation of Surgical Innovation. Ann Surg. 2021 Jan 1;273(1):82-85.

[The figure mentions meta-analysis but this is not detailed in the methods text.]

We appreciate the Reviewer's important comments. In response to this, we have added some details to the Method section regarding the meta-analysis process.

Accordingly, we have modified Method section as follows:

“For a given potential predictive factor, we will pool the summary relative risks (RRs) or odds ratios (ORs) with 95% CIs for predictive factors reported ≥2 studies using random-effects models.[21] Cochran Q and the I^2 statistics will be applied to investigate sources of heterogeneity, with an I^2 statistic >50% referring to substantial heterogeneity.[22] Publication bias will be tested using Egger's test, with a P value < 0.1 indicating significant difference.[23]”
(page 8)

References
21. DerSimonian R, Laird N. Meta-analysis in clinical trials. Controlled clinical trials 1986;7(3):177-88.
22. Higgins JP, Thompson SG, Deeks JJ, et al. Measuring inconsistency in meta-analyses. Bmj 2003;327(7414):557-60.
23. Egger M, Smith GD, Schneider M, et al. Bias in meta-analysis detected by a simple, graphical test. Bmj 1997;315(7109):629-34.

[The discussion opens with a statement about assessing predictive factors 'of' successful VBAC. this should say 'for' not 'of' and the use of the ward 'assess' is somewhat misleading as their predictive value is not being assessed, but instead the evidence of their predictive value is being assessed (using GRADE)..please make this clearer.]

We appreciate the Reviewer for pointing out this. We quite agree with Reviewer’s suggestions. In response to this, we have revised the statement in the Discussion section as follows:

“In this work, we will apply a novel evidence-based approach to systematically identify a set of potential predictive factors for successful VBAC in pregnant women with a history of CD. We will first conduct an extensive systematic literature review to identify a number of potentially relevant patient, maternal and fetal-related predictive factors through systematic review and assess the level of evidence of their predictive value using the GRADE approach.”
(page 14)

[Perhaps the use of the word 'potential' should be used alongside predictive factors throughout the manuscript as this would make it clearer that you are aiming to identify a comprehensive list of potential predictive factors which can ultimately be assessed in a future definitive prediction model.]

We appreciate the Reviewer’s comment. The Reviewer has raised an important point. In response to the comment, we have used the word 'potential' alongside predictive factors throughout the manuscript.
(Main manuscript and Abstract)

[The weakness mentioned which involves clinical researchers (rather than obstetricians) being unaware of predictive factors works both ways. some obstetricians may believe that certain factors are predictive because they base their views upon anecdote an experience of few cases. in fact clinical researchers may have a more evidence-based perspective of predictive factors as they may be more aware of the evidence and how factors appear to interact.]

We appreciate the Reviewer’s comment. The Reviewer raised an important point. We have added some comments as suggested by the Reviewer.

Accordingly, we have added these important suggestions to Discussion section as follows:

“Thirdly, some of the experts involved in the Delphi survey will be clinical researchers instead of obstetricians, and they might lack knowledge regarding certain aspects of factors for successful VBAC. However, clinical researchers will be trained in advance and may have a more evidence-based perspective of predictive factors, thus they may be more aware of the evidence and how factors appear to interact.”
(page 15-16)