Reviewer’s report

Title: Intra- versus retroplacental hematomas: A retrospective case-control study on pregnancy outcomes

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Reviewer: Haixiang Sun

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Intrauterine hematoma is a common pregnancy complication. As the authors mentioned that the previous literature focused on intrauterine hematoma is general in nature, and no studies have evaluated the outcomes of intraplacental hematomas separately. While this study compared pregnancies complicated between intraplacental hematoma and retroplacental hematoma. They found intra- and retroplacental hematomas have different risk profiles for the affected pregnancy and act as independent risk factors. With this merit, the report may be of interesting to many readers; however, many concerns need to be addressed.

1. In the BACKGROUND section, the ultrasound diagnosis criteria both for intraplacental hematoma and retroplacental hematoma should be stated. It is better if the authors provide the ultrasound figures both for intraplacental hematoma and retroplacental hematoma, so the authors can easily figure out the differences between them.

2. The data for birth weight, gestational weeks of delivery, cesarean section rate should also be showed in the results section. What is the difference between placental abruption and intraplacental hematoma or retroplacental hematoma? Did some patients in your study also diagnosis as placental abruption?

3. Some patients were diagnosed intraplacental hematoma or retroplacental hematoma in the earlier gestation, did the intraplacental hematoma or retroplacental hematoma was absorbed during the following-up? If not, the author should provide the placenta pathological results to conform the ultrasound diagnosis.

4. In the methods section, how were the controls chosen?

5. The authors showed that cases of IUFD occurred only in the retroplacental hematoma group, more details about the IUFD should be showed, such as gestation weeks when found, whether has birth defect, etc.

6. As the retroplacental hematoma occurred at 12-21 weeks, while intraplacental hematoma occurred at 22-29 weeks, whether can we get the conclusion that if it happens at 12-21 weeks it is retroplacental hematoma, if it happens at 22-29 weeks it should be intraplacental hematoma? And the different mechanisms for these two diseases should be discussed in the discussion section, as Fitzgerald B et al mentioned that rounded intraplacental haematomas form as a result of disruption of vasculopathic decidual arterioles in a setting of maternal vascular underperfusion.
and are thus aetiologically distinct from classically described intervillous thrombi (J Clin Pathol. 2011 Aug;64(8):729-32).

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

No

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

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Please indicate the quality of language in the manuscript:

Acceptable

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