Reviewer’s report

Title: The MOVE-trial: Monocryl® vs. Vicryl Rapide™ for skin repair in mediolateral Episiotomies: a randomized controlled trial.

Version: 1 Date: 08 May 2017

Reviewer: Jerry Lowder

Reviewer's report:

The authors made significant improvements to their manuscript reporting the results of their randomized controlled trial of suture types (Monocryl® vs Vicryl Rapide™) for repair of uncomplicated episiotomy after vaginal delivery in primiparous patients. They addressed the reviewer comments, however there are a few outstanding points that could be clarified.

Specific Comments:

1. While the authors met their goal enrollment of 250 patients to achieve a 90% power to detect a 1cm difference in VAS scores at 10 days, the significant loss to follow up results in comparison groups that are underpowered to detect their primary difference. Although the authors address the loss to follow up as a limitation to the study, they should use caution in assuming that their results are not biased. Especially since VAS scores did not correlate with analgesic use in this cohort, it may be inaccurate to assume that those who did not complete the questionnaires are similar to those who did (or have less pain than those that did).

Background:

1. Line 63: Please replace 'has' with 'have'

Results:

1. Line 210-213: The decision to remove this section from table 4 and discuss in text adds to the clarity of the table. However, these differences are small and not clinically or statistically significant. These 4 lines could be replaced with a statement that there is no difference in intercourse at 10 days postpartum or in analgesic use at 6 weeks or 3 months postpartum.

2. Line 218-224: The thorough discussion of VAS scores in the ventouse vs spontaneous groups may be unnecessary. As this study did not aim to address differences in pain with ventouse deliveries, but this was a notable difference in the groups after randomization, the
statement beginning with "after correction for the difference" (line 224-227) is sufficient for this discussion. Lines 218-224 can likely be eliminated.

3. Line 232: Please replace 'then' with 'than'

4. Line 239-244: Please include corresponding p-values to correlation coefficients.

Discussion:

1. Line 263-264: it seems this sentence is missing the word 'pain' after 'interrupted sutures may cause…'

2. Lines 287-289: The addition of the statement regarding the benefit of resuturing episiotomies deserves further discussion in this paragraph. The statement seems out of place as the concluding thought of the paragraph.

3. Lines 302-303: The statement 'depending on the suture material' is confusing. The percentages refer to the follow-up time, not the suture material group, and there was no difference between suture materials as stated in the subsequent sentence. That statement can be removed.

4. Line 313: Please replace 'lost' with 'loss'.

5. Line 316-317: The authors state in line 316 that patients were contacted with text messages but go on in 317 to say 'despite phone calls'. Did patients receive both text messages and phone calls? Please clarify.

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.

Yes

Are the conclusions drawn adequately supported by the data shown?
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I am able to assess the statistics.

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