The authors, by using the data of a large multi-center cohort study of healthy pregnant women, aimed to examine urinary metabolic profiles in the first and second trimester of pregnancy in relation to third trimester FGR.

Minor remarks:

# page 5: the reference Maitre et al is listed as ref 22, and therefor should appear as number 8

# page 6: pregestational diabetes is known to be commonly associated with an excess of BW, rather with FGR

# page 10 table 1: why not choosing parity 0 and parity > 1 instead of >/= 1? What about low cord blood pH, low Apgar scores and incidence of pre-eclampsia?

Major remarks:

# Background: I remind that after the publication of the consensus conference (Lee et al, Pediatrics 2003), it was recommended to use - 2SD as the cut-off limit, ie the 3rd centile. There is some confusion between IUGR and FGR; the term IUGR is dedicated to what happens during the intra-uterine life, and FGR characterizes a newborn not reaching its growth potential.
Although the number of cases are not that high, would it be possible to have a group of babies with FGR but normal growth in-utero, and a group with both abnormal growth in-utero and FGR?

# page 13 : how many patients were enrolled in the TIDES cohort?

# page 13 : is it possible to know the number of cases with alterde in uterine growth?

# is it possible to speculate if, having chosen a tougher definition of FGR (ie 5th centile or -2SD) would have led to different results?

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

Yes

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