Dear Professor Janesh Gupta, MSc, MD, FRCOG

 Editor-in-Chief

 European Journal of Obstetrics & Gynecology and Reproductive Biology (EJOG)

 Revision note: Ms. No. EJOGRB-17-16919, "Characteristics and severity of preeclampsia in young and elderly gravidas with hypertensive disease"

1. Percentages be reduced to two significant figures.
	1. ***All percentages were reduces as requested***
2. Could you spell out or avoid altogether non standard abbreviations.  e.g YMA could either be spelled out or often be replaced by the single word young
	1. ***Non standard abbreviations were spelled out***
3. The methodology is not clear concerning recruitment. In fact in the study period (5yrs) the authors did select all singletons AMA with preeclampsia or they just choose 46? And the 92 YMA choosed on a 2:1 basis what were the criteria for their selection? Although the authors controlled for previous hypertension since 30% of the AMA population had this disease I think they should be removed for the studied population. Also it is not clear how many had severe preeclampsia before AND after delivery since this must have occurred as seen by women who have had HELLP syndrome before delivery and were considered with severe preeclampsia post partum
	1. ***We collected data on all women who fulfilled the inclusion criteria during the study period. Forty-six primiparous women 45 years and older were identified. The control group included 2 primiparous women 18-35 years old diagnosed with preeclampsia for each woman in the study group who delivered during the same period***
	2. ***Since the number of women in the study group was small due to the rarity of this population we preferred not to remove patients with chronic hypertension and superimposed preeclampsia. Moreover the only major difference between the groups in our study was in the occurrence of preeclampsia in the postpartum period, and since this was not previously described to be associated with superimposed preeclampsia and indeed in our multivariate analysis was not associated with postpartum preeclampsia, we did not find any indication to remove this group of women***
	3. ***Prepartum severe preeclampsia in our study was: 69.6% among young women and 60.9% among AMA women. HELLP syndrome was: 16.3% among young women and 13% among AMA women as depicted in Table 2. Severe hypertensive disease and presentation or exacerbation of preeclampsia during the postpartum period in our study was defined as deterioration of any parameter of preeclampsia. At our center, women with postpartum severe hypertension are suspected to have severe preeclampsia even without proteinuria due to a high rate of false positives in urine collection after delivery, and suspected to have HELLP syndrome when having hypertension with elevated liver enzymes and/or low platelets,*** ***without waiting for full presentation of the disease. Therefore, we chose to relate to exacerbation of hypertensive disease in general and not to severe preeclampsia or HELLP syndrome specifically as depicted in Table 1. This was updated in the Materials and Methods section.***
4. The discussion is somewhat confuse since the simple objective stated in Introduction (to evaluate the severity and characteristics of preeclampsia in AMA and YMA) changed to a comparison between prepartum vs postpartum preeclampsia. I suggest the authors should be focused in the objective proposed in the introduction
	1. ***We have made changes to the discussion and clarified the objective of the study. Our objective was to compare the severity of preeclampsia as well as the timing of the disease***
5. there are several spelling orthographic mistakes
	1. ***The manuscript was edited for spelling and grammar***
6. Many grammatical errors, the paper needs evaluation by someone fluent in written English
	1. ***The manuscript was edited by a professional English editor***
7. This is a retrospective, small case control study
	1. ***This was changed in the Methods section***
8. The authors have added some new information about the pattern and behavior of preeclampsia in elderly and young nulligravidas. This should help in counselling women.
9. The AMA is defined as >40 years and young as < 35 years. Why has the age group 35-40 excluded. It will be good to include women in age group between 35-40 years as a third group.
	1. ***We aimed to compare the severity and timing of preeclampsia in older women during their first pregnancy and in young women with preeclampsia. To achieve this goal we must create a disparity between the groups. Women aged 35-40 are considered by some as elderly gravidas and by others as young. To avoid any dispute regarding this difference we analyzed the data of the age groups that are clearly young and clearly old***
10. Please look at the comments in the PDF text also:
	1. ***Corrections were made as requested in the new file attached (in the body of the text, as well as in the graphs and tables).***

- At the “Results” part:

***- Following the principle of logistic regression, all parameters found in the univariate analysis with P<0.1 were included in the logistic regression. Two universal parameters: maternal age and GA were added as well. Only parameters found with p<0.05 in the logistic regression were considered significant in the multivariate analysis. Changes were made to the text and hopefully it is clearer now.***

- At the “Discussion” part:

***- We didn't find a specific “anaesthesia chart” for this issue. however, the relevant references were added.***

***- The paragraph about new onset postpartum preeclampsia is trying to give a possible explanation for our finding that exacerbation of hypertensive disease after the delivery is more frequent among women with AMA. It is possible that hypertensive disease after delivery (such as new onset postpartum preeclampsia and postpartum exacerbation of hypertensive disease) has a different mechanism than prepartum preeclampsia. As we revealed in our study, there was no difference in the characteristics and severity of prepartum preeclampsia between the groups. (זה ברור?)***

***- The sentence “Other studies that evaluated the characteristics of preeclampsia compared AMA women to the general population of YMA" was changed and the relevant reference was added. We hope it is clear now.***

* 1. ***Corrections were made to the order of the references.***