Dear Reviewer 2,

We would like to resubmit our manuscript entitled "The possibility of using bioelectrical impedance analysis in pregnant and postpartum women". We appreciate your valuable remarks and hope that the quality of our manuscript is going to meet your expectations now that we have made some suggested alternations.

We have rearranged our paper in accordance with your valuable comments and suggestions. The manuscript has been checked by a native-speaker.

This review by Obuchowska et al. described and discussed the application of bioelectrical impedance analysis in pregnant and postpartum women.

This review was well written. However, some recently published literature should also be cited. For instance, Bai M, Susic D, O'Sullivan AJ, Henry A. Reproducibility of Bioelectrical Impedance Analysis in Pregnancy and the Association of Body Composition with the Risk of Gestational Diabetes: A Substudy of MUMS Cohort. J Obes. 2020;2020:3128767; Hashimoto S, Maoka T, Yamamoto R, et al. Comparison of bioelectrical impedance analysis in healthy pregnant women and patient on hemodialysis. Ther Apher Dial. 2021;25(2):160-165. doi:10.1111/1744-9987.13530

Thank you very much for finding the time to read our manuscript. Thank you for considering our manuscript. We agree that these publications by Bai et al. and Hashimoto et al. are very important and valuable. In the current version we added them in references and we have expanded manuscript as follows:

Lines 42-45:

"In the study of Bai et al., an excellent test repeatability throughout pregnancy has been demonstrated [13]. In spite of this, different bioimpedance measuring devices should not be used interchangeably [13]."

Lines 137-148:

“Hashimoto et al. compared the impedance analysis in healthy women and in women undergoing haemodialysis whose management of bodily fluids during pregnancy is known to be complicated [35]. Since radiographic examination for the evaluation of cardiothoracic ratio cannot be performed in pregnant women, the alternative use of BIA facilitates the measurement of body fluid volume and setting the corresponding dry weight during dialysis. According to recent studies, the live birth rate is gradually increasing as dialysis therapy advances [77,78]. That is why it is essential that the course of dialysis should be adjusted to each patient. Regardless of the course of pregnancy, the pre-dialysis levels of TBW and ICW in the pregnant woman on dialysis revealed no significant alterations. During the course of pregnancy, ECW tended to rise modestly. FFM, TBW and ECW all increased throughout late pregnancy [35].”

Lines 168-173:

“From early to late pregnancy, the rate of fat accumulation was comparable [13]. […] However, during pregnancy, the mean percentage of TBW decreases [13]. Overweight or obese women present significantly lower percentages of TBW. Body fat percentage (BFP), FM and TBW have been observed to be considerably greater in obese women [13].”

Lines 199-200:

“The mean BFP varies significantly during pregnancy [13].”

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After reviewing the available literature again, we included some additional references:

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We would like to take this opportunity to thank you for all the valuable and highly perceptive remarks which have definitely made a substantial contribution to the quality of our paper.

Yours faithfully,

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