Response to Reviewer 2 Comments

**Point 1:** Line 39-40: It is not clear whether this data is global/local/some specific country.

**Response 1:** We appreciate this comment. In line 38 we have explained that the data is global.

**Point 2:** 2. Line 54-55: If it is already proved in the previous RCTs by the same authors then What is new with this study?

**Response 2:** One of our previous studies was an RCT comparing continuous Moyo versus intermittent Pinard Fetoscope where the other study was an observation study (pre and post intervention) comparing Moyo and Pinard. None of them compared Moyo versus Doppler in the urban settings. We still feel that the findings from this study add value to the scientific evidence of intrapartum FHR.

**Point 3:** Unmasked RCTs are prone to a number of biases. How did authors manage that?

**Response 3:** We appreciate this comment. We do acknowledge the potentiality of bias but like other RCTs comparing medical devices it was not possible to mask the care providers. However, we made sure that the allocations were concealed from the study implementers and assessors of the outcomes (page 3, line 105 to 113). We have mentioned it as a part of the limitations on page 13

**Point 4:** 4. 4. Line 208: 438 women were not approached for randomization. Why? it itself is a big source of potential bias which makes the results of this study completely reliable. Authors are in need to give a valid reason for this.

**Response 4:** There were potential reasons for these non-participation women. First some of these 438 women had precipitous labour hence delivered even before assessment for eligibility. Secondly, due to concurrent multiple admissions some of the research midwives might have been assessing other women while a few being admitted and hence missed out in the randomization. However, we believe that these few non-participation events occurred before randomization in a randomly manner and were less likely to cause bias in our findings. |We have made small additional on page 6, line 209.