

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*
- Email correspondence between the editorial office and the authors*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:

obgyn@greenjournal.org.

Date: Aug 02, 2018
To: "Christopher M. Zahn" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-1345

RE: Manuscript Number ONG-18-1345

Levels of Maternal Care Verification Pilot: Translating Guidance into Practice

Dear Dr. Zahn:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Aug 23, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

REVIEWER #1:

This is a well-written commentary on Levels of Maternal Care Verification Pilot program spearheaded by ACOG in conjunction with SMFM, CDC and state governmental entities. The results of the pilot program has allowed for optimization of assessment tools and development of a tool kit that can be of use to health care organizations and state governments.

1. What are the timelines for the "next steps" as detailed in the commentary?
2. Authors may wish to consider creating a web based accessible repository for the materials being developed so that stakeholders can be engaged remotely and follow the progress of this important project. Additional information on profiles of hospitals engaged in the pilot program may be useful to readers.
3. Unrelated to the tools development phase, but of importance to the likelihood of adoption by stakeholders (and therefore likely success of the overall program) is the role this group may play in future implementation process. Consolidation of obstetric care is a predictable consequence of adopting this concept and may result in women traveling longer distances for care; therefore, engaging the public and giving them a voice early in this process may be crucial to its success. Additional implementation issues include spreading best practice. What role do authors see for this group in helping manage statewide or health system implementation, even in an advisory role?

REVIEWER #2:

The authors provide a concise and well written summary of their pilot program.

I have 2 suggestions for improvement:

1. The lack of good concordance between pre- and post -site visit evaluation of level of care designation is concerning and suggests the need for clearer pre-site visit self-evaluation instructions, as also noted by the authors. The authors briefly mention a few problems in the narrative, but since this would seem to be the most important take-home message of this paper, a box insert with a concrete list of common errors in the self reporting process would be very helpful to the reader. This could be attached to the actual instructions as this process moves beyond the pilot phase and is rolled out nationwide. Mandating a site visit to every hospital in the U.S. providing obstetric services is a gargantuan task - such a list might also close the gap between self-reporting and site-visit evaluation and obviate the need for so many site visits to get it right.

2. While enthusiasm for this maternal levels of care project is high, some caution is called for. Current data from the only study evaluating the potential impact of this process on maternal mortality suggests that only a small minority of maternal deaths (7%) would have been preventable even with a perfect system of risk recognition and delivery at an appropriate level facility. (AJOG 2014;211:32.e1-9) Most women who die, and presumably a lot of those with sub-death morbidity, die of complications that cannot be recognized prior to delivery admission. Thus it is highly unlikely that this maternal level of care designation will produce the results seen with neonatal levels of care. Such a discussion, or at least a comment to the effect that while this seems like a good idea, the actual impact remains to be demonstrated, would give a more balanced picture of the issue.

REVIEWER #3:

Thank you for the opportunity to review this important contribution. This Commentary serves two purposes - (1) broadly disseminate the important work ACOG, SMFM, and partner organizations have undertaken on behalf of their membership and their missions AND (2) inform practicing obstetricians of the potential for practice/quality improvement through perinatal regionalization so that they are aware, receptive, and perhaps even participatory in such efforts.

I have a few minor suggestions:

- 1) It would be useful to mention perinatal regionalization in the abstract (perhaps in the 1st sentence) as that term has been used in ACOG communications and the literature along with risk-appropriate care.
- 2) Perhaps change "equipment" in the first paragraph of the background to "resources" as it is broader/more encompassing (i.e. blood products, OR availability, etc). I would echo this comment throughout in the several places in the manuscript this term is used.
- 3) The word "lower" in the first paragraph of the introduction could perhaps be edited. While it is accurate based on the hierarchy of Levels, these levels are not explained until the next paragraph and thus seems a bit perjorative. Perhaps, "and support other facilities in the region with education, etc"

Finally, while this is presented as a Commentary for understandable reasons, I appreciate the adherence to tried and true mixed methods (both in the QI/QA and qualitative fields) research, especially the feedback from all participants and iterative PDSA cycle methodology.

EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

2. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at <http://links.lww.com/AOG/A515>, and the gynecology data definitions are available at <http://links.lww.com/AOG/A935>.

3. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Current Commentary articles should not exceed 12 typed, double-spaced pages (3,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendices).

Please limit your Introduction to 250 words and your Discussion to 750 words.

4. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:

- * All financial support of the study must be acknowledged.
- * Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
- * All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may

infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement form verifies that permission has been obtained from all named persons.

* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

6. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Current Commentary articles, 250 words. Please provide a word count.

7. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

8. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

9. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

10. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at <http://www.acog.org/Resources-And-Publications>.

If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at <http://ong.editorialmanager.com>. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors, that each author has given approval to the final form of the revision, and that the agreement form signed by each author and submitted with the initial version remains valid.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Aug 23, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2017 IMPACT FACTOR: 4.982

2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

If you would like your personal information to be removed from the database, please contact the publication office.

20 August 2018

Nancy C. Chescheir, MD; Editor-in-Chief
Editorial Board
Obstetrics & Gynecology
ACOG
409 12th Street SW
Washington, DC 20024-2188

Dear Dr. Chescheir and the Editorial Board,

We very much appreciate the Editorial Board's and Reviewers' comments regarding the submitted manuscript entitled "Levels of Maternal Care Verification Pilot: Translating Guidance into Practice". This letter provides detailed responses to the comments received on 3 August 2018. As per the instructions received with the comments, the responses are listed separately for each of the Reviewer comments and then in response to the Editorial Office comments (all responses are indicated in italics). Also per the instructions, any edits to the manuscript are done in "track changes". Please also note that in the process of revising the document to address Reviewer and Editorial Office comments, we also made several minor "wordsmithing" edits separate from the Reviewer and Editorial Office comments; these are also indicated in "track changes".

Reviewer Comments:

Reviewer # 1:

This is a well-written commentary on Levels of Maternal Care Verification Pilot program spearheaded by ACOG in conjunction with SMFM, CDC and state governmental entities. The results of the pilot program has allowed for optimization of assessment tools and development of a tool kit that can be of use to health care organizations and state governments.

Response: Thank you very much for these overall comments regarding the manuscript.

1. What are the timelines for the "next steps" as detailed in the commentary?

Response: The "toolkit" is in the final stages of the development and approval process. We anticipate it will be finalized by the fall of 2018, with communication as to its availability soon after. A sentence was added to the "Next Steps" section of the manuscript indicating the timeline.

2. Authors may wish to consider creating a web based accessible repository for the materials being developed so that stakeholders can be engaged remotely and follow the progress of this important project. Additional information on profiles of hospitals engaged in the pilot program may be useful to readers.

Response: The Reviewer raises an excellent point and in fact one that the core team involved in the development of this program have been discussing. We plan to develop a web-based "best practices" or resource repository to assist with a levels of maternal care program. These

resources may include methods that individual hospitals or systems have developed during implementation and have utilized to overcome potential barriers, such that other facilities facing similar challenges will have available resources to address these challenges as opposed to having to identify solutions on their own. We agree that information regarding participating hospitals may also be beneficial; however, listing of participating facilities would require permission from the facility to be listed, and confidentiality agreements are also signed as a component of the verification program.

For the manuscript, a paragraph was added to the “Next Steps” section to indicate the potential for creating a resource site. We did not add anything regarding the listing of hospitals since that again would be on a permission basis as well as having to address the confidentiality agreements.

3. Unrelated to the tools development phase, but of importance to the likelihood of adoption by stakeholders (and therefore likely success of the overall program) is the role this group may play in future implementation process. Consolidation of obstetric care is a predictable consequence of adopting this concept and may result in women traveling longer distances for care; therefore, engaging the public and giving them a voice early in this process may be crucial to its success. Additional implementation issues include spreading best practice. What role do authors see for this group in helping manage statewide or health system implementation, even in an advisory role?

Response: The Reviewer raises another excellent point, and also one we’ve been discussing. Related to implementation, in addition to listing resource as described in the previous response, we are also in the process of developing an “implementation guide” to serve as a companion document to the Obstetric Care Consensus. This “guide” would address the most common questions or issues identified during implementation, particularly at the facility level in addressing level-specific criteria. Two sentences addressing the “implementation guide” have been added to the same paragraph added for the response to comment #2.

Related to the Reviewer’s comment regarding travel, this is indeed a potential issue; however, the ideal situation in which care is regionalized should ensure that women receive care in a facility that is best equipped to meet her needs, which includes low-risk women who can delivery at a local facility. New technology such as the use of telemedicine consultation can also be utilized in a regionalized system to offset the need for patient travel. We recognize it will be important to develop a communication strategy to share information among health systems, hospitals, and patients regarding the importance of levels of maternal care. (As this concept is more related to future activities as opposed to the pilot, we did not add anything to the manuscript to address this specific comment.)

Related to the comment regarding “spreading best practice”, this was addressed in the response to comment #2 with the creation of a “resource page” to encompass solutions to address challenges and barriers.

Related to the statewide or health system implementation, we would absolutely appreciate the ability to provide whatever assistance the system or state would request, ranging from consultation to the potential of conducting a verification program. (We did not add anything to the manuscript to address this specific comment since the manuscript was describing the verification pilot and creation of the toolkit and not “promoting” a specific “consultative service”.)

Reviewer #2:

The authors provide a concise and well written summary of their pilot program.

Response: We appreciate the Reviewer's comment.

I have 2 suggestions for improvement:

1. The lack of good concordance between pre- and post -site visit evaluation of level of care designation is concerning and suggests the need for clearer pre-site visit self-evaluation instructions, as also noted by the authors. The authors briefly mention a few problems in the narrative, but since this would seem to be the most important take-home message of this paper, a box insert with a concrete list of common errors in the self-reporting process would be very helpful to the reader. This could be attached to the actual instructions as this process moves beyond the pilot phase and is rolled out nationwide. Mandating a site visit to every hospital in the U.S. providing obstetric services is a gargantuan task - such a list might also close the gap between self-reporting and site-visit evaluation and obviate the need for so many site visits to get it right.

Response: The Reviewer raises an excellent point. The self-report assessment was performed using the CDC's Levels of Care Assessment Tool (LOCATe), which was done independently and before any of the facilities participated in the verification program. As described in the manuscript, some of the contributing factors involved not following the detailed instructions and thus leading to differing interpretations, as well as completion of the form by someone who may not have the understanding or full breadth of knowledge of maternal services and thus leading to inconsistencies between the information entered in LOCATe and what was assessed when interviewing key nursing, administrative, physician, and leadership personnel at the sites. As a result and a "lesson learned" from the pilot, as described in the manuscript, LOCATe has enhanced instructions and some changes in the questions to enhance understanding and clarity, and it is recommended that the facilities have additional personnel involved in completion of the form. It will be important to evaluate agreement moving forward for facilities or systems using both LOCATe and who will implement a verification program.

Related to the specific suggestion of including a "box" related to the common errors, there were only a few that were identified (related to availability of obstetric ultrasound, availability of MRI, and availability of, and access to, maternal-fetal medicine physicians). Since there were only a few "standout" items, these were inserted as text in the first paragraph of the "Lessons Learned" section as opposed to adding a separate "box".

We agree the ability to visit all obstetric facilities is indeed gargantuan. but there may be solutions. For example, in the recently legislated Texas maternal levels of care program, projected Level 1 facilities do not require a site visit. As other states or systems implement a levels of care system, there will likely be similar solutions to meet the need to verify levels-related criteria in a cost-effective manner.

2. While enthusiasm for this maternal levels of care project is high, some caution is called for. Current data from the only study evaluating the potential impact of this process on maternal mortality suggests that only a small minority of maternal deaths (7%) would have been preventable even with a perfect system of risk recognition and delivery at an appropriate level facility. (AJOG 2014;211:32.e1-9) Most women who die, and presumably a lot of those with

sub-death morbidity, die of complications that cannot be recognized prior to delivery admission. Thus it is highly unlikely that this maternal level of care designation will produce the results seen with neonatal levels of care. Such a discussion, or at least a comment to the effect that while this seems like a good idea, the actual impact remains to be demonstrated, would give a more balanced picture of the issue.

Response: The Reviewer raises an important point – we will unquestionably need research to evaluate the impact of implementing a levels of care system on clinical outcomes (the last sentence in the “Next Steps” section of the original manuscript describes that research is needed to assess the impact of a levels of care system on maternal outcomes). Since we are collectively in the early phases of implementation, gathering data to evaluate the impact will indeed be critical; this is not much different from the early stages when NICU levels were implemented. (As the last sentence in the “Next Steps” section addressed the need for research to assess impact on clinical outcomes, we did not add anything the manuscript.)

While this research is needed, we respectfully suggest that the Reviewer’s cited publication with only 7% of maternal deaths being preventable is not relevant to this specific discussion. The publication referenced by the Reviewer (Clark SL, et al.,) is entitled “Maternal Mortality in the United States: Predictability and the Impact of Protocols on Fatal Postcesarean Pulmonary Embolism and Hypertension-Related Intracranial Hemorrhage”. This publication evaluated the efficacy of specific protocols developed in a large hospital system specifically addressing prevention of thromboembolic complications and treatment of acute hypertensive emergencies. As this publication was mainly focused on two specific disease entities and facility-developed protocols, it is not directly related to the implementation of a regionalized care system according to a levels of care program and thus the suggestion that implementing a levels of care program might only impact a small minority of cases is not applicable.

Reviewer #3:

Thank you for the opportunity to review this important contribution. This Commentary serves two purposes - (1) broadly disseminate the important work ACOG, SMFM, and partner organizations have undertaken on behalf of their membership and their missions AND (2) inform practicing obstetricians of the potential for practice/quality improvement through perinatal regionalization so that they are aware, receptive, and perhaps even participatory in such efforts.

Response: We appreciate the Reviewer’s comments.

I have a few minor suggestions:

1) It would be useful to mention perinatal regionalization in the abstract (perhaps in the 1st sentence) as that term has been used in ACOG communications and the literature along with risk-appropriate care.

Response: Thank you for this suggestion – it is beneficial to add a recognized term. “Perinatal regionalization” was added to the first sentence in the Abstract.

2) Perhaps change "equipment" in the first paragraph of the background to "resources" as it is broader/more encompassing (i.e. blood products, OR availability, etc). I would echo this comment throughout in the several places in the manuscript this term is used.

Response: Thank you for the suggestion. The word “equipment” is used twice in the manuscript – in the first paragraph as the Reviewer highlights, and again on page 6 when describing the CDC LOCATe tool. “Equipment” was changed to “resources” in both paragraphs.

3) The word "lower" in the first paragraph of the introduction could perhaps be edited. While it is accurate based on the hierarchy of Levels, these levels are not explained until the next paragraph and thus seems a bit perjorative. Perhaps, "and support other facilities in the region with education, etc"

Response: Thank you for the suggestion; while one of the objectives is for “higher-level” facilities to provide outreach and support for “lower-level” facilities, the potential negative connotation is appreciated. The words “lower level” were deleted, and “in their region” were added, in the last sentence of the first paragraph of the “background” section, such that the sentence now reads “Regional centers provide the highest level of perinatal care and support facilities in their region with education, outreach, and maternal and neonatal transport”.

Finally, while this is presented as a Commentary for understandable reasons, I appreciate the adherence to tried and true mixed methods (both in the QI/QA and qualitative fields) research, especially the feedback from all participants and iterative PDSA cycle methodology.

Response: We appreciate the Reviewer’s comment.

Editorial Office Comments:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.

2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

*Response: We appreciate the transparency of this process and **AGREE TO OPT-IN** to posting the supplemental digital content.*

2. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at <http://links.lww.com/AOG/A515>, and the gynecology data definitions are available at <http://links.lww.com/AOG/A935>.

Response: We appreciate the use of reVITALize terminology and are familiar and have used, where applicable, reVITALize definitions.

3. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Current Commentary articles should not exceed 12 typed, double-spaced pages (3,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes).

Please limit your Introduction to 250 words and your Discussion to 750 words.

Response: In order to provide appropriate information, including additional content desired by the Reviewers, the total number of pages is 17; however, there are blank pages included because of formatting. The "Background" provides more information than an "Introduction" and is 325 words. As written, there isn't a "Discussion" section, but the "closest" type of information is provided in the "Lessons Learned" section which contains 730 words.

4. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:

* All financial support of the study must be acknowledged.

Response: Funding was addressed on the "Source and Funding" line on the title page.

* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.

Response: Any personnel involved in the development of the manuscript are the authors as indicated in the Author Agreement forms. Those individuals listed on the "Acknowledgement" page did not contribute to the development of the manuscript.

* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement form verifies that permission has been obtained from all named persons.

Those persons on the "core team" contributed to the development and implementation of the verification program and pilots. All of the individuals acknowledged on the "Acknowledgements" page provided permission to be recognized on the "Acknowledgements" page.

* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

Response: As indicated on the title page, no part of this work was presented at the Annual Clinical or Scientific Meeting or at any other organizational meeting.

6. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not

contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Current Commentary articles, 250 words. Please provide a word count.

Response: The Abstract is consistent with the information in the manuscript. The Abstract word count is 252 words (248 words prior to the additional information requested by Reviewer #3 and addressed in the response to Review #3, comment #1.)

7. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

Response: No abbreviations are listed in the title or Précis. The only other abbreviations were the relevant organizations (ACOG, SMFM, and CDC) and the specific CDC program.

8. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

Responses: Anywhere where the "/" symbols were used in the text was changed. The only location of maintained "/" symbols are in the applicable references.

9. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here:

http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

Response: The table was prepared according to the Table Checklist.

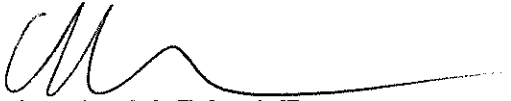
10. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at <http://www.acog.org/Resources-And-Publications>.

Response: ACOG documents referenced in the manuscript are current.

All of the responses and edits to the manuscript were done in conjunction with all authors listed, and each of the authors contributed to these comments and revisions. The Author Agreement forms signed by the authors with the originally submitted manuscript remain valid.

We again thank the Editorial Board and Reviewers for their consideration and review of the manuscript, and for the review and consideration of the revised manuscript and associated responses.

Sincerely,

A handwritten signature in black ink, consisting of a stylized 'C' followed by a series of loops and a long horizontal stroke extending to the right.

Christopher M. Zahn, MD

Daniel Mosier

From: Christopher Zahn
Sent: Thursday, August 23, 2018 10:03 AM
To: Daniel Mosier
Subject: RE: Manuscript Revisions: ONG-18-1345R1
Attachments: Possible Alternative for Figure 1.docx

Hi Daniel,

Sorry for such a quick follow-up, but within 10 seconds of sending you the e-mail with the manuscript revision and figure, one of the authors sent me the attached figure as a suggestion – clearly much more polished than the one I sent....

In any event, the attached is an alternative consideration for Figure 1. If the attached is preferred over the one I sent, please let me know if there is any additional formatting of modifying needed.

Sorry again – if I only would have waited 15 seconds I could have sent the attached with the earlier e-mail.

Thank you,

Chris

Christopher M. Zahn, MD
Col (Ret), USAF, MC
Vice President, Practice Activities
American College of Obstetricians and Gynecologists

From: Christopher Zahn
Sent: Thursday, August 23, 2018 9:48 AM
To: Daniel Mosier <dmosier@greenjournal.org>
Subject: RE: Manuscript Revisions: ONG-18-1345R1

Hi Daniel,

Thank you for following up on the manuscript, and in speaking for the authors, we very much appreciate the comments, suggestions, and edits. Each of the points listed below are addressed – responses are in red to each point below.

As described below, there are several comments inserted in the margins related to suggested edits or comments – the only edit to the actual text (maintained in “track changes”) is the insertion of a sentence related to the figure suggested by the Editor.

The updated manuscript is attached. The separate file with the figure is also attached. The figure is in Word as a series of text boxes. I am not very “savvy” with computer graphics; if a more “polished” figure is needed, please let me know and I will try to find someone to help.

Thank you very much,

Chris

Christopher M. Zahn, MD
Col (Ret), USAF, MC
Vice President, Practice Activities
American College of Obstetricians and Gynecologists

From: Daniel Mosier
Sent: Wednesday, August 22, 2018 11:32 AM
To: Christopher Zahn [REDACTED]
Subject: Manuscript Revisions: ONG-18-1345R1

Dear Dr. Zahn,

Thank you for submitting your revised manuscript. It has been reviewed by the editor, and there are a few issues that must be addressed before we can consider your manuscript further:

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes. Thank you for these edits. All of the edits are fine. Related to the “disclaimer” about me being an ACOG employee (page 2), please see my comment in the margin related to whether the disclaimer is “standard” or if it may not be needed since the manuscript is in fact based on an ACOG-sponsored program.
2. LINE 49: Would you be able to be more specific about how they contributed? The core team members’ contributions are described in a comment in the margin. I wasn’t sure if the contributions were to be summarized as an edit to the text or just provided to address the AQ. If needed, I can summarize the contributions in the text.
3. LINE 128: Please consider creating a figure that outlines the processes detailed below. With text alone, it is fairly dense. Please see the comment inserted in the margin on page 8 related to the Editor’s comment. A figure summarizing the steps involved in developing the program is submitted as a separate file; a sentence was inserted in the text related to the figure. Please note (as described in the comment in the margin) that the figure was based on the Editor’s comment related to the development of the program; if the comment is related to a figure describing the actual details of a site visit, please let us know and we can revise the figure.
4. LINE 209: "Complimentary" or "complementary" Great question!! As described in the comment in the margin in response to the Editors’ comment, I have to look this up frequently.... It is complimentary. A link from an Oxford dictionary site addressing the distinction between “complementary” and “complimentary” is copied below.

<https://blog.oxforddictionaries.com/2011/04/13/compliment-or-complement/>

Each of these points are marked in the attached manuscript. Please respond point-by-point to these queries in a return email, and make the requested changes to the manuscript. When revising, please leave the track changes on, and do not use the “Accept all Changes” function in Microsoft Word.

Please let me know if you have any questions. Your prompt response to these queries will be appreciated; please respond no later than COB on **Friday, August 24th**.

Sincerely,
-Daniel Mosier

Daniel Mosier
Editorial Assistant
Obstetrics & Gynecology
The American College of Obstetricians and Gynecologists
409 12th Street, SW
Washington, DC 20024
Tel: 202-314-2342
Fax: 202-479-0830
E-mail: dmosier@greenjournal.org
Web: <http://www.greenjournal.org>

Daniel Mosier

From: Christopher Zahn
Sent: Wednesday, August 22, 2018 1:43 PM
To: Daniel Mosier
Subject: RE: Manuscript Revisions: ONG-18-1345R1

Thanks very much Daniel! I'll get the update back the latest Friday (hopefully tomorrow....).
Thanks again,
Chris

Christopher M. Zahn, MD
Col (Ret), USAF, MC
Vice President, Practice Activities
American College of Obstetricians and Gynecologists

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Sent: Wednesday, August 22, 2018 11:32 AM
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Daniel Mosier
Editorial Assistant
Obstetrics & Gynecology
The American College of Obstetricians and Gynecologists
409 12th Street, SW
Washington, DC 20024
Tel: 202-314-2342

Fax: 202-479-0830

E-mail: dmosier@greenjournal.org

Web: <http://www.greenjournal.org>

From: [REDACTED]
To: [Stephanie Casway](#)
Subject: RE: O&G Figure Revision: 18-1345
Date: Monday, August 27, 2018 9:11:45 AM
Attachments: [18-1345 Fig 1 \(8-27-18 v2\) \(002\) Legend Included.pdf](#)

Hi Stephanie,

Thank you very much for following up with me and for “translating” the figure. I apologize again for sending my not very artistic version and then following up with the much better-appearing figure. The figure you sent looks great. The legend is written below (it is part of the legend supplied with my non-artistic version.....) – I wasn’t sure if you needed it written on the figure itself or not but included it on the figure also – attached.

Thanks again,
Chris

Figure Legend:

Figure 1. Summary of steps involved in the development and implementation of the levels of maternal care verification program.

Christopher M. Zahn, MD
[REDACTED]
[REDACTED]
[REDACTED]

From: Stephanie Casway
Sent: Monday, August 27, 2018 8:39 AM
To: Christopher Zahn [REDACTED]
Subject: O&G Figure Revision: 18-1345

Good Morning Dr. Zahn,

Your figure has been edited, and a PDF of the figure is attached for your review. Please review the figure CAREFULLY for any mistakes. In addition, please see our query below.

AQ1: Please provide a legend for this figure.

PLEASE NOTE: Any changes to the figures must be made now. Changes made at later stages are expensive and time-consuming and may result in the delay of your article’s publication.

To avoid a delay, I would be grateful to receive a reply no later than Wednesday, 8/29. Thank you for your help.

Best wishes,

Stephanie Casway, MA
Production Editor
Obstetrics & Gynecology
American College of Obstetricians and Gynecologists
409 12th St, SW
Washington, DC 20024
Ph: (202) 314-2339
Fax: (202) 479-0830
scasway@greenjournal.org