

# OBSTETRICS & GYNECOLOGY



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- 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](mailto:obgyn@greenjournal.org).

**Date:** Nov 09, 2018  
**To:** "Amy Mackey" [REDACTED]  
**From:** "The Green Journal" em@greenjournal.org  
**Subject:** Your Submission ONG-18-1888

RE: Manuscript Number ONG-18-1888

Using a 3D Printed Uterine Model for Planning a Cesarean Delivery

Dear Dr. Mackey:

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 Nov 30, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER #1:

The authors describe the use of a 3D model for surgical planning of a primary cesarean delivery in a patient with multiple fibroids. I have the following comments regarding the manuscript:

Title

1. The title does not capture that this is for planning a complicated cesarean delivery or a cesarean delivery in women with multiple fibroids. Would revise.

Abstract

2. I challenge the authors contention that this is a low cost option. Perhaps at a facility with a 3D printer available and that performs MRIs to examine fibroids in pregnancy. But in the absence of these two things, this would be a high cost option.

Teaching Points

3. In teaching point 3, why specify physicians and medical students? What about other professionals? The case report does not emphasize that this needs to be completed by an advanced healthcare professional. And how was "accuracy" of the model assessed?

Introduction

4. First sentence of Intro needs some references.
5. Line 93. The authors cite high cost as a barrier. But then emphasize the low cost. Why would this model be low cost compared to others?
6. Line 107. Is an MRI standard of care to evaluate uterine fibroids in pregnancy?
7. Line 124-5. What about the cost of the printer? Is this reported cost for one run or does this include the multiple runs needed to perfect the technique?

Figures

8. Are there any intraoperative pictures of the uterus available? This would add to the case report.

## Discussion

9. Needs a careful proofread for typos.
10. Line 148-9. The authors note that they recognize the value of 3D printed models. Is this an editorial statement? Or can references be added?
11. Can the authors further emphasize how this technology which has been used in other surgical fields could be translated into ob/gyn? Other possible applications?

## REVIEWER #2:

This is an interesting presentation making clinical use of a simple 3-D model for surgical planning of a challenging cesarean section.

1. I think putting "leiomyoma" would be a favorable addition to the title.
2. To what extent did the 3-D model match with the intra-operative findings?
3. An MRI was performed at 28 weeks; do you think that performing an MRI closer to the time of delivery would be more informative?
4. How did you estimate intra-operative blood loss?
5. On page 7, line 140, the sentence "However, it is technically feasible and low cost" needs rewriting.
6. Likewise, on page 7, lines 140-142, the sentence "Because this was .....anatomical model" needs rewriting.
7. References need to be rewritten in accordance with journal guidelines.

## ASSOCIATE EDITOR:

Please if you choose to revise your paper, please re-format it as a Procedures and Instruments manuscript instead of a Case Report. It seems more in the vein of "proof of concept" in that this single case report does not really show that making the model lead to a different outcome than management without such a model.

Procedures and Instruments articles detail novel methods or applications of methods, treatments, interventions, instruments, or applications of instruments for clinical care or research in obstetrics and gynecology. Length should not exceed 2,000 words (approximately 8 manuscript pages). Authors are strongly encouraged to include a video suitable for posting on the Obstetrics & Gynecology web site.

1) Abstract: Procedures and Instruments articles should have a structured abstract of no more than 200 words, using the following headings:

Background: Information as to why the technique may be important.  
 Instrument, Method, or Technique (choose one): A summary description of what is being reported.  
 Experience: A summary of the author's experience with the technique.  
 Conclusion: A simple statement of what can be concluded from the report.

2) Headings: Procedures and Instruments articles have four components:

Introduction: Outlines the need for the new development.  
 Method or Technique (choose one): Describes the innovation, usually with illustrations and video.  
 Experience: Reports experience with the technique and what the general outcomes were.  
 Discussion: Describes the implications of the findings.

## 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. Author Agreement Forms: Please note the following issues with your forms. Updated or corrected forms should be submitted with the revision.

Linh Nguyen - Did not indicate a conflict of interest disclosure.

3. 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>.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Procedures and Instruments articles should not exceed 8 typed, double-spaced pages (2,000 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.

5. 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: Procedures and Instruments, 200 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 commercial name (with the generic name in parentheses) may be used once in the body of the manuscript. Use the generic name at each mention thereafter. Commercial names should not be used in the title, précis, or abstract.

9. 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.

10. Figures

Figure 1: May be resubmitted as-is.

Figure 2: May be resubmitted as-is.

11. 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 Nov 30, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Dwight J. Rouse, MD  
Associate Editor for Obstetrics

2017 IMPACT FACTOR: 4.982  
2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

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In compliance with data protection regulations, please contact the publication office if you would like to have your personal information removed from the database.

Dear Editor,

Thank you for considering a revised version of the Manuscript Number ONG-18-1888. Based on the suggestion from the associate editor the manuscript has been re-formatted to a Procedures and Instruments manuscript. Because of the extent of the changes, and for readability purposes, changes were not tracked on the submission but comments from the reviewers will be addressed below. Where possible, responses to the reviewer's comments were directed to specific lines in the new manuscript.

We have previously presented an electronic poster of this topic at the 103rd Annual Meeting of the Pennsylvania Radiological Society in Pittsburgh, Pennsylvania on October 6<sup>th</sup>, 2018. An abstract was submitted to the 2019 Annual Clinical and Scientific meeting of the American College of Obstetricians and Gynecologists, Nashville, Tennessee on May 3<sup>rd</sup>- 6<sup>th</sup>. We intend to submit this manuscript solely to Obstetrics and Gynecology.

Should our submission be selected for publication, please publish my response letter and subsequent email correspondence related to author queries. We believe that the figures submitted with this manuscript could be considered for cover art.

I affirm that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study have been explained.

A Mackey MD 11/29/18

Response to Reviewer comments:

Reviewer #1

Title

1. The title does not capture that this is for planning a complicated cesarean delivery or a cesarean delivery in women with multiple fibroids. Would revise.

*The title has been revised to:*

*3D Printed Uterine Model for Surgical Planning of a Cesarean Delivery Complicated by Multiple Myomas*

2. I challenge the authors contention that this is a low cost option. Perhaps at a facility with a 3D printer available and that performs MRIs to examine fibroids in pregnancy. But in the absence of these two things, this would be a high cost option.

*Low cost commercial 3D printers are available. For high precision 3D printers costs would certainly increase. At our institution, we use MRI as an adjunct to ultrasound when there is clinical concern for placenta accreta or in patients with multiple myomas. Therefore, our cost for 3D printing is dependent on the time to convert images to a printable form and the time to complete the printing. These concerns were addressed in lines 75-80, and 145-158*

Teaching Points

3. In teaching point 3, why specify physicians and medical students? What about other professionals? The case report does not emphasize that this needs to be completed by an advanced healthcare professional. And how was "accuracy" of the model assessed?

*With the re-formatting of the manuscript to a Procedures and Instrument manuscript the teaching points were removed.*

*The accuracy of the 3D model was addressed in lines 140-44..*

*The accuracy of the 3D model with respect to the number, location, and relative size of the fibroids mapped on the uterus was evaluated and confirmed by direct comparison of the 3D model to the MRI images and by the surgeon assessment of the uterus compared to the model at the time of the procedure.*

## Introduction

4. First sentence of Intro needs some references.

*The first sentence was modified, and references were added. Lines 67-69.*

5. Line 93. The authors cite high cost as a barrier. But then emphasize the low cost. Why would this model be low cost compared to others?

*For some institutions the costs could be a barrier. However, in our institution where 3D printing is available, and MRIs are used for complicated obstetric cases, the true cost is that of time as the material costs were minimal. This was addressed in lines 75-80 and lines 145-158.*

6. Line 107. Is an MRI standard of care to evaluate uterine fibroids in pregnancy?

*At our institution, we use MRI as an adjunct to ultrasound for complicated obstetric patients. It is not the standard to use MRI for myomas, but when there are multiple anterior myomas that may interfere with cesarean section incisions and closure, we have used MRI to better delineate myoma location. This is discussed on lines 125-128 and 146-147.*

7. Line 124-5. What about the cost of the printer? Is this reported cost for one run or does this include the multiple runs needed to perfect the technique?

*Clarification was made that the cost of the model was for the final version not the previous models. Also printer cost was added to the introduction. Lines 98-99 and 76-78.*

## Figures

8. Are there any intraoperative pictures of the uterus available? This would add to the case report.

*Intraoperative pictures were added in Figure 3 and Figure 4.*

## Discussion

9. Needs a careful proofread for typos.

*The manuscript was proofread for typos.*

10. Line 148-9. The authors note that they recognize the value of 3D printed models. Is this an editorial statement? Or can references be added?

*This line has been removed.*

11. Can the authors further emphasize how this technology which has been used in other surgical fields could be translated into ob/gyn? Other possible applications?

*Given the space limitations this was difficult to address fully but applications such as custom implants and prosthesis was added to lines 150-152 and other applications in ob/gyn were discussed in the last paragraph – lines 159-64.*

#### REVIEWER #2:

This is an interesting presentation making clinical use of a simple 3-D model for surgical planning of a challenging cesarean section.

1. I think putting "leiomyoma" would be a favorable addition to the title.

*The title was changed to: 3D Printed Uterine Model for Surgical Planning of a Cesarean Delivery Complicated by Multiple Myomas*

2. To what extent did the 3-D model match with the intra-operative findings?

*The 3D model was evaluated for accuracy by direct comparison of the model to the MRI images and by the surgeon at the time of the procedure. This was noted on lines 140-144.*

3. An MRI was performed at 28 weeks; do you think that performing an MRI closer to the time of delivery would be more informative?

*An MRI examination closer to the time of delivery would have likely provided the most accurate assessment of the uterine fibroids size and location. However, at our institution, imaging of the gravid uterus for assessment of extensive uterine fibroids as well as possible abnormal placentation is preferably performed between 24 and 30 weeks when there should still be a well visualized interface between the myometrium and placenta in cases of abnormal placentation assessment. We have found in our patient population that beyond 30 weeks many patients are unable to undergo or tolerate a complete unenhanced MRI examination of the gravid uterus do to either no longer physically fitting in the bore of the magnet due to abdominal girth, or an inability to lie supine or in a rolled decubitus position for a length of time to allow completion of an MRI examination (approximately 20 minute). A time interval between MRI and planned delivery also allows for multidisciplinary meeting and discussion of complex cases to facilitate surgical planning.*



*This is added in abbreviated form in lines 129-139.*

4. How did you estimate intra-operative blood loss?

*We use qualitative blood loss assessment for all cesarean deliveries which was adopted from the California Maternal Quality Care Collaborative recommendations. Lines: 116-117.*

5. On page 7, line 140, the sentence "However, it is technically feasible and low cost" needs rewriting.

*This was deleted in the re-write*

6. Likewise, on page 7, lines 140-142, the sentence "Because this was .....anatomical model" needs rewriting.

*This was deleted in the re-write*

7. References need to be rewritten in accordance with journal guidelines.

*Reformatting was done in accordance with journal guidelines.*

#### 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.

*This was added to the response letter.*

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

2. Author Agreement Forms: Please note the following issues with your forms. Updated or corrected forms should be submitted with the revision.

Linh Nguyen - Did not indicate a conflict of interest disclosure.

*Completed and will be re-submitted*

3. 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>.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Procedures and Instruments articles should not exceed 8 typed, double-spaced pages (2,000 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.

*The submission follows the Instructions for Authors guidelines for Procedures and Instruments manuscript type of length not to exceed 2,000 words (approximately 8 manuscript pages). The total word count is: 1997 words, the Abstract is 200 words, the Introduction is 235 words and the Discussion is 592 words.*

5. 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.

*No financial support was provided*

\* 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.

*This manuscript was prepared solely by the listed authors.*

\* 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.

*All parties contributing to this work are listed as authors,*

\* 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).

*This case was presented as an electronic poster at the 103rd Annual Meeting of the Pennsylvania Radiological Society in Pittsburgh, Pennsylvania on October 6<sup>th</sup>, 2018. An abstract was submitted to the 2019 Annual Clinical and Scientific meeting of the American College of Obstetricians and Gynecologists, Nashville, Tennessee on May 3<sup>rd</sup>- 6<sup>th</sup>.*

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: Procedures and Instruments, 200 words. Please provide a word count.

*The abstract length is 200 words.*

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 commercial name (with the generic name in parentheses) may be used once in the body of the manuscript. Use the generic name at each mention thereafter. Commercial names should not be used in the title, précis, or abstract.

9. 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.

#### 10. Figures

Figure 1: May be resubmitted as-is.

Figure 2: May be resubmitted as-is.

11. 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 Nov 30, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Dwight J. Rouse, MD  
Associate Editor for Obstetrics

2017 IMPACT FACTOR: 4.982

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

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In compliance with data protection regulations, please contact the publication office if you would like to have your personal information removed from the database.

## Daniel Mosier

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**From:** Amy Mackey (Abington) [REDACTED]  
**Sent:** Tuesday, December 4, 2018 6:20 PM  
**To:** Daniel Mosier  
**Subject:** RE: Manuscript Revisions: ONG-18-1888R1  
**Attachments:** 3D manuscript v2G.docx; Nguyen Author agreement.pdf

Daniel,

Thank you for your assistance with this manuscript. Below, I have responded to the issues you have listed.

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes.  
*I have reviewed the edits and deletions and agree with the changes that have been made.*
2. LINE 6:
  - a. Please submit an Author Agreement form for Linh Nguyen with both the "Disclosure of Potential Conflicts of Interest" and "Authorship" sections completed.  
*Please see the attached Author Agreement for Linh Nguyen.*
  - b. Please ask Linh Nguyen to respond the authorship confirmation email we sent. We sent an email from [em@greenjournal.org](mailto:em@greenjournal.org). The message contains a link that needs to be clicked on. We emailed Dr. Nguyen at [REDACTED] – is this the correct address?  
*I believe this has been completed.*
3. LINE 16: You mention in your original manuscript cover letter that you plan to submit your paper to the APGO/CREOG annual meeting, as well as ACOG's. Did you already submit your abstract to these meetings? If yes, and we accept your paper, we will need to know if your abstract is accepted before we can schedule your article for publication. Also, the information will need to be added to the title page.  
*Our submission for APGO/CREOG was not accepted. I have not received a decision regarding the ACOG annual meeting.*
4. LINE 181: Please cite figures 1–4 in the text.  
*I have highlighted where the figures are cited in the text*
5. LINE 199: Please cite video 1 and video 2 in the text.  
*I have added and highlighted where the videos are cited in the text.*

Please let me know if there is anything else needed. I will be sure to contact you once I have a decision from ACOG regarding the submission to the ACOG annual meeting.

Sincerely,  
Amy Mackey

---

**From:** Daniel Mosier [mailto:dmosier@greenjournal.org]  
**Sent:** Tuesday, December 04, 2018 11:57 AM  
**To:** Amy Mackey (Abington) [REDACTED]  
**Subject:** Manuscript Revisions: ONG-18-1888R1

<p><b>WARNING: External Email</b> - This email originated outside of Jefferson. <b>DO NOT CLICK</b> links or attachments unless you recognize the sender and <i>are expecting</i> the email.</p>
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Dear Dr. Mackey,

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.
2. LINE 6:
  - a. Please submit an Author Agreement form for Linh Nguyen with both the "Disclosure of Potential Conflicts of Interest" and "Authorship" sections completed.
  - b. Please ask Linh Nguyen to respond the authorship confirmation email we sent. We sent an email from [em@greenjournal.org](mailto:em@greenjournal.org). The message contains a link that needs to be clicked on. We emailed Dr. Nguyen at [REDACTED] – is this the correct address?
3. LINE 16: You mention in your original manuscript cover letter that you plan to submit your paper to the APGO/CREOG annual meeting, as well as ACOG's. Did you already submit your abstract to these meetings? If yes, and we accept your paper, we will need to know if your abstract is accepted before we can schedule your article for publication. Also, the information will need to be added to the title page.
4. LINE 181: Please cite figures 1–4 in the text.
5. LINE 199: Please cite video 1 and video 2 in the text.

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 **Thursday, December 6th**.

Sincerely,  
-Daniel Mosier

**Daniel Mosier**  
Editorial Assistant  
*Obstetrics & Gynecology*  
The American College of Obstetricians and Gynecologists  
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**From:** [REDACTED]  
**To:** [Stephanie Casway](#)  
**Subject:** RE: O&G Figure and Video Revision: 18-1888  
**Date:** Tuesday, December 4, 2018 5:28:38 PM  
**Attachments:** [201812041709.pdf](#)  
[201812041710.pdf](#)

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Stephanie,

Thank you for your comments and questions. I have reviewed the figures and legend and I do not see any mistakes. Given the expense of the modifications, could you please let me know what the cost of colored figures will be so I can secure funding?

AQ1: Please have the people visible in Figure 3 (5 people total), sign and return the attached release form.

[REDACTED]  
[REDACTED]

AQ2: Please sign and return the attached release form for each video.

[REDACTED]  
[REDACTED]

AQ3: Our web editor has reviewed your videos and has requested the following edit to each: Please record the legends as audio to the videos so that they can be stand alone without the article. We are happy to record the legends but will need additional time to do so. Would a two week extension be possible?

I did not see a way to add these to the Editorial Manager. Please let me know if I should submit this differently.

Thank you for your assistance. I look forward to hearing back from you.

Sincerely,  
Amy Mackey

---

**From:** Stephanie Casway [mailto:SCasway@greenjournal.org]  
**Sent:** Monday, December 03, 2018 3:06 PM  
**To:** Amy Mackey (Abington) [REDACTED]  
**Subject:** O&G Figure and Video Revision: 18-1888

<p><b>WARNING: External Email</b> - This email originated outside of Jefferson. <b>DO NOT CLICK</b> links or attachments unless you recognize the sender and <i>are expecting</i> the email.</p>
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Good Afternoon Dr. Mackey,

Your figures and legend have been edited, and PDFs of the figures and legend are attached for your

review. Please review the figures CAREFULLY for any mistakes. In addition, please see our queries below. Note that Figures 3 and 4 are not attached, as no edits were made.

AQ1: Please have the people visible in Figure 3 (5 people total), sign and return the attached release form.

AQ2: Please sign and return the attached release form for each video.

AQ3: Our web editor has reviewed your videos and has requested the following edit to each: Please record the legends as audio to the videos so that they can be stand alone without the article.

PLEASE NOTE: Any changes to the figures must be made now. Changes 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, 12/5. If you need additional time for video edits, just let us know. 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  
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