

# OBSTETRICS & GYNECOLOGY



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Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:  
[obgyn@greenjournal.org](mailto:obgyn@greenjournal.org).

**Date:** Dec 18, 2018  
**To:** "Sujata Siwatch" [REDACTED]  
**From:** "The Green Journal" em@greenjournal.org  
**Subject:** Your Submission ONG-18-1964

RE: Manuscript Number ONG-18-1964

Strength beyond limbs: Pregnancy with maternal amelia

Dear Dr. Siwatch:

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 Jan 08, 2019, we will assume you wish to withdraw the manuscript from further consideration.

#### REVIEWER COMMENTS:

Reviewer #1: Authors presented a case of pregnancy and spontaneous term vaginal delivery in a 25 year old with congenital Amelia/Phocomelia, reiterating challenges posed in managing labor.

1. A few additional clinical details will be helpful; when was fetal anatomy scan performed, how was fetal growth monitored pre-natally- was symphysis-fundal height measured and was it different compared to normal women? How was the decision made to allow vaginal delivery? How would a cesarean delivery have been different in this patient? and how would post operative management differ in terms of risks associated with limited ambulation- thrombo-embolism, atelectasis etc? Was regional anesthesia discussed and how different will that have been? How was the fetus monitored in labor? Do we know risks of offsprings being affected by amelia or limb abnormalities?

2. Can you remind readers briefly the differences in or definitions of amelia, phocomelia, peromelia, hemimelia?

3. Please remove figure 2 showing lower limbs amelia- and genitalia. It would seem unnecessary.

4. Do authors have an informed consent (patient's and IRB) to publish this case? given the rarity of the case, patient's confidentiality/privacy and conceivably be breached.

5. Line 81-82; please include recent systematic literature search methodology or modify statement.

Reviewer #2: Although a fascinating case, I believe the grammar and fluidity of the case report needs some major revision.

Reviewer #3: Pictures are helpful as it would have been difficult to visualize through descriptions alone. Most of us will never have seen a case of this in our career.

The word "lady" should be replaced by the word "patient" throughout.

Perhaps the word "miraculous" should be removed from description of patient function as well as exclamation points.

What is a "differently abled man". I am not sure this is relevant.

Introduction should include estimate of frequency - and whether cases are now sporadic or more common in certain regions due to known risk factorsexposures. I believe we saw a case recently due to failed methotrexate that was given in an outpatient clinic for pregnancy termination. Many countries still use methotrexate for this purpose. This infor sets the stage for how important/common the problem is. This can be moved from discussion.

How is blood pressure measured via electrocardiography? Use of pulse variability index as a proxy should be fleshed out. It is not clear is BP must be measured if the patient does not have signs of proteinuria or abnormal preeclampsia labor, and if she is not bleeding and her pulse is normal. If she has a PPH - an arterial line should be placed for more accurate assessment.

Venous access clearly needs to be through a central line that can also be use for plebotomy - this seems straightforward and does not justify a case review.

Why would misoprostol be preferred if a central line is available?

The main potential learning point is re her pelvis - however I don't get a sense from the manuscript how common the absence of ischial spines is - this might be a worthwhile point for readers. Is this alway present with total amelia. Is the pelvis normal with rudimentary limbs? There must be some information about this in the literature.

What about regional analgesia - this patient did not get it and the authors gloss over whether or not there are any potential issues with offering this pain relief modality.

#### EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript.

\*\*\*The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.\*\*\*

- The Journal style does not include the use of the virgule (/) except in numeric expressions. Please edit here and in all instances.

- Please expand your introduction a bit. Include some information about the potential causes of this malformation and any other associated problems. please also explain here the different types of limb reduction abnormalities. You've said amelia here but in the case presentation you us "phocomelia". The reader needs to know what you mean and you should use the same, correct term each time.

- woman

- I'm going to suggest a more focused presentation of your case--please excuse this but it will be a step towards getting your work in the format we use as case reports. please consider writing this as something like. "The patient is a 25 year old G1 P0 woman at xxx weeks of gestation when she presented for prenatal care. She was the first of six children whose mother received limited prenatal care. Her mother denied use of any medications or drugs in pregnancy, however in the periconceptional periods she had a febrile illness, with joint pains, fatigue and a confluent red rash which started from her face and spread to her whole body. The patient was born with (amelia? phocomelia" with no lower limb buds and upper limbs composed of seal-like flippers. (Figure 1 and 2). She was able to learn to eat, write, and complete activities of daily living. She denied other illnesses or prior surgery. She had been married for 2 years and conceived spontaneously".

- "Fetal ultrasound was normal. On pelvic examination the patient was found to have an adequate pelvis, with the absence of the prominent ischial spines noted. As well, the ischial tuberosities were laterally located. This was confirmed by X-ray pelvimetry" (please provide information about what gestational age the X ray pelivmetry was performed at and the reason for doing it.

- Please tell us about her mobility. Does she move with a wheel chair? The importance of the issue is several fold: If she uses a wheel chair and doesn't move much, did you recommen prenatal or post natal anticoagulation? What about pressure sores? Were these an issue? Also, weight gain? Did she experience any increasing problems with mobility, movement, etc as her pregnancy progressed?

- Before you get to the delivery, please describe if any discussion was held with her and the other teams involved in her care, such as anesthesia, pediatrics and nursing in the L&D unit to anticipate potential problems. What was the plan? Did you modify her prenatal care at all from the norm? Did you do more frequent ultrasounds? Did you assess her for concerns for mood disorders, or make any recommendations about planning to care for her child?

- Move the highlighted section up in the paragraph, so you discuss her intrapartum care prior to discussing her delivery. One reviewer wonders how ECG helped you monitor Blood Pressure. Please elaborate. You might consider something like: She went into spontaneous labor at 38 weeks. Intrapartum, she had a central jugular line placed for intravascular access. We did continuous maternal electrocardiograph. [please state why. did you anticipate an arrhythmia or something? Heart rate could be assessed with intrapartum cardiac auscultation or palpation over the precordium. Was opioid pain relief standard for your unit? if not, why did you not offer her an epidural? For our readers, it is particularly important to point out when your care deviated from normal for your unit and to provide an explanation for that deviation. For example, over 85% of women in my hospital have a labor epidural and reporting that a woman got opioid's only would raise an eyebrow because it's unusual]. After describing the intrapartum monitoring (Please include a statement of fetal monitoring as well) then discuss her delivery. "Following an xxx hour, normal labor course [or what ever is true] she had a normal vaginal birth with a right mediolateral episiotomy and delivered a 24 kilogram male infant with normal Apgar score and no congenital abnormalities noted {Apgar is capitalized as it's a woman's name} Can you tell us any more about her delivery? Did she deliver in the supine position? How did you position her in any particular way?

- We would avoid "lady". Perhaps something like: "In the immediate post partum period, she breastfed her infant. She had family support present throughout and she was discharged to home on post partum day xxxx".

- Lines 78-82 can be eliminated as you've already stated it in the introduction. Instead, your discussion should start with something like " Our patient with phocomelia (or correct name of her condition) presented several significant challenges for perinatal care. With participation of [xxx anesthesia? nurses? etc if appropriate] and the patient, we anticipated potential problems with decreasing mobility with maternal weight gain, venous thromboembolic events should she become less mobile, poor intravascular access, inability to monitor maternal blood pressure with traditional measures, and delivery method. As well, we assessed her ability to care for her child and risks for maternal mood disorders. Her excellent obstetrical outcome is a tribute to her strength and determination, as perhaps the execution of the prenatal plan by the health care team." {if true....I'm making this all up so of course modify} Then go into the background information you've provided.

- This is called a primacy claim (your paper is the first or biggest) and must either be deleted or supported by providing the search terms used, dates, and data bases searched (Medline, Ovid, Pubmed, Google Scholar, etc) in order to substantiate your claim.

- The majority of cases....

- amelia

- Please state how often other malformations are noted. In the Clearinghouse paper, they note about 60% as I recall with other problems. Did you consider a maternal echo or other work up for other anomalies?

- don't capitalize amelia.

- are many

- How about something like "If uterotonics are needed, the use of misoprostol, either orally or per vagina, can be considered".

- you did x ray pelvimetry. Was their absence of the femoral head or is that a given with lack of limb buds?

- How about "In our patient, ....."

- please define naegel's special. This sentence is a bit difficult. Perhaps: " The patient had congenital absence of the femoral heads and bony defects of her pelvis"

- What is NExfin?

- received opioid therapy with tramadol..."

- This doesn't need to be repeated in the discussion as it is in your case presentation. What do you mean on line 115 by "congenital/other causes of amelia". What other causes besides congenital?

- our patient

- remove exclamation points.

- I think your conclusion could be a bit stronger, and combine your thoughts on lines 117-119 in a forceful way. It seems that this woman's force of will and independence made a big impact on her outcome and was a big inspiration for you and the other authors. Again, take this or leave it so it matches your experience and what you are sharing with this case, which seems to be to go well beyond the clinical care. For the conclusion perhaps something like "Maternal amelia is a rare entity. Modifications in prenatal care, assessments for other malformation, attention to maternal actions necessary to adapt to the physical challenges of pregnancy, and anticipation of potential peripartum complications allowed for her to have a normal perinatal outcome. Perhaps just as importantly, her own determination and ability to adapt to care for herself and her infant contributed to her outcome. She certainly depicted "strength beyond limbs" that inspired her physicians and nurses.

- One reviewer suggested removing image 2. I don't believe that is necessary. Are there findings on the image that you wish to highlight?

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

Shalini Gainer - Did not draft the work.

GRV Prasad - Did not draft the work.

Vanita Jain - Did not draft the work.

Aswini Kuberan - Did not draft the work, did not give final approval of the version to be published, did not agree to be accountable for the final manuscript.

Please note:

a) Any material included in your submission that is not original or that you are not able to transfer copyright for must be listed under I.B on the first page of the author agreement form.

b) All authors must disclose any financial involvement that could represent potential conflicts of interest in an attachment to the author agreement form.

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AND

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AND

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5. 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>.

6. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Case Reports 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 appendices).

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

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8. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words, written in the present tense and stating the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

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In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Case Reports, 125 words. Please provide a word count.

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11. 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.

12. Figures

Figure 1: This file appears to be corrupted, please reupload.

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Figure 3: This figure may be resubmitted as-is.

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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 Jan 08, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD  
Editor-in-Chief

2017 IMPACT FACTOR: 4.982

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

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