

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.

Date: Apr 26, 2019
To: "Mackenzie N Naert" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-571

RE: Manuscript Number ONG-19-571

The association between first trimester subchorionic hematomas and pregnancy loss in singleton pregnancies

Dear Dr. Naert:

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 May 17, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This is a retrospective cohort study of all singleton pregnancies presenting for care before 14 weeks at a single practice. Each patient received a first trimester ultrasound which included presence or absence of a subchorionic hemorrhage (SCH), the number and size of SCH and clinical history regarding the presence or absence of vaginal bleeding. Nearly 2500 patients were included in the analysis, 18.4% of which had a SCH. Women with a SCH presented at an earlier EGA and had higher incidence of vaginal bleeding. After adjusting for EGA and VB, there was no difference found in the pregnancy loss rate before 20 weeks. Furthermore, no characteristics of the SCH were associated with higher rate of pregnancy loss. The authors conclude that SCH prior to 14 weeks is not independently associated with pregnancy loss prior to 20 weeks. Ways in which this manuscript could be improved include:

1. Line 104: Curious why you included only the initial ultrasound. Did any patient develop a SCH after their initial US. I realize the numbers would be small, but curious about those outcomes.
2. Line 178: Why did you not include other outcomes such as third trimester complications. Certainly those are important questions as well and can help guide clinicians with counseling and treatment planning.

Reviewer #2: This is an important study as it provides useful clinical information that we can use to discuss with patients regarding an important worrisome finding for the patient. Most clinicians know that a sub chorionic hematoma (SCH) is common and of very little concern. There are several areas that need to be addressed.

The authors excluded certain groups of patients. I have a concern about excluding FHT less than 100 BPM. We know that after 6-7 weeks that has a poor prognostic value for pregnancy outcome. I am not sure why the authors choose to exclude that group rather than account for that co-variable by including it as such in the statistical analysis. How is that different than bleeding, bleeding early on has a poor prognostic value. I would ask the Journal's statistical experts to guide us in the correct approach.

We do not know the power of the study. That must be reported for a negative study. Specially, since there are multiple comparisons and iteration due to multiple analysis reduces Power and increases the probability of type 2 error.

The reported rates of pregnancy loss in this study for patients with SCH are considerably lower than the reported general rates of pregnancy loss in first trimester. This needs to be explained. Power calculations may need to be done based on rates reported in this population, which again increases the probability of type II error.

The authors report the % rate of pregnancy loss before 20 weeks in one place with a significant P value and then aOR in

another with a non-significant P, this need to be made consistent.

In closing although I think this is important information that is clinically useful, I do have some reservation on the validity of the conclusions based on statistical shortcomings of the study. I think the input from the Journal's experts would be very useful in revision of this work to ensure validity.

Reviewer #3: It would have perhaps been beneficial to have an MFM review the actual images of the SCH as it is unclear if these were all done by the same sonographer and read by the same MFM. Particularly when the authors acknowledge a particular limitation of the study (lines 219-220) may be that the physicians were not blinded to whether or not the patient had vaginal bleeding thus raising the possibility that this increased index of suspicion may have affected the detection of SCH in these women

STATISTICAL EDITOR'S COMMENTS:

1. Table 1: If any missing data, should enumerate.
2. Table 2: Need to include a column of crude ORs, then a footnote citing the variables retained in the final model. In this table or elsewhere, should cite counts for pregnancy loss associated with SCH or vaginal bleeding. Should give referent for GA, I assume it is indexed per week by strata cited in Table 1, but should state.
3. Table 3, lines 118-120: Should use Fisher's test, not Chi-square to assess association with > 1 SCH, due to low counts. Also, since the counts for > 1 SCH were so few, the NS association cannot be generalized due to low power.

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. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

3. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "The lead author* affirms 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 as planned (and, if relevant, registered) have been explained."

*The manuscript's guarantor.

If you are the lead author, please include this statement in your cover letter. If the lead author is a different person, please ask him/her to submit the signed transparency declaration to you. This document may be uploaded with your submission in Editorial Manager.

4. All submissions that are considered for potential publication are run through CrossCheck for originality. The following lines of text match too closely to previously published works. Variance is needed in the following sections:

- a. Variance needed: Lines 217-19 ("Though using data from...available for review").

5. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), quality

improvement in health care studies (ie, SQUIRE 2.0), and studies reporting results of Internet e-surveys (CHERRIES). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at <http://ong.editorialmanager.com>. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, CHEERS, SQUIRE 2.0, or CHERRIES guidelines, as appropriate.

6. 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 has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at <https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

7. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

8. Titles in Obstetrics & Gynecology are limited to 100 characters (including spaces). Do not structure the title as a declarative statement or a question. Introductory phrases such as "A study of..." or "Comprehensive investigations into..." or "A discussion of..." should be avoided in titles. Abbreviations, jargon, trade names, formulas, and obsolete terminology also should not be used in the title. Titles should include "A Randomized Controlled Trial," "A Meta-Analysis," or "A Systematic Review," as appropriate, in a subtitle. Otherwise, do not specify the type of manuscript in the title.

9. Specific rules govern the use of acknowledgments in the journal. Please note 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 response in the journal's electronic author 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).

10. 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: Original Research articles, 300 words. Please provide a word count.

11. 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.

12. 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.

13. 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.

14. The American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG 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 (exceptions could include manuscripts that address items of historical interest). 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 an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found via the Clinical Guidance & Publications page at <https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance>.

15. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <http://edmgr.ovid.com/acd/accounts/ifaauth.htm>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

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 and that each author has given approval to the final form of the revision.

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 May 17, 2019, 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

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/ong/login.asp?a=r>) Please contact the publication office if you have any questions.

Re: ONG-19-571, entitled “The association between first trimester subchorionic hematomas and pregnancy loss in singleton pregnancies”

Reviewer #1:

This is a retrospective cohort study of all singleton pregnancies presenting for care before 14 weeks at a single practice. Each patient received a first trimester ultrasound which included presence or absence of a subchorionic hemorrhage (SCH), the number and size of SCH and clinical history regarding the presence or absence of vaginal bleeding. Nearly 2500 patients were included in the analysis, 18.4% of which had a SCH. Women with a SCH presented at an earlier EGA and had higher incidence of vaginal bleeding. After adjusting for EGA and VB, there was no difference found in the pregnancy loss rate before 20 weeks. Furthermore, no characteristics of the SCH were associated with higher rate of pregnancy loss. The authors conclude that SCH prior to 14 weeks is not independently associated with pregnancy loss prior to 20 weeks. Ways in which this manuscript could be improved include:

1. Line 104: Curious why you included only the initial ultrasound. Did any patient develop a SCH after their initial US. I realize the numbers would be small, but curious about those outcomes.

We looked at the initial ultrasound to minimize selection bias. Everyone in our practice has an initial ultrasound, but women with bleeding or worse histories would be more likely to have additional ultrasounds. Therefore, if we included all first trimester ultrasounds, we would be introducing bias as women with SCH would also likely be women with more ultrasounds and more risk factors for loss.

2. Line 178: Why did you not include other outcomes such as third trimester complications. Certainly those are important questions as well and can help guide clinicians with counseling and treatment planning.

This is a good question, and we are preparing this analysis for a different manuscript. The methods will be slightly different as we plan to include data on if/when the SCH resolves, as this might be relevant when following women with SCH for outcomes later in pregnancy.

Reviewer #2:

This is an important study as it provides useful clinical information that we can use to discuss with patients regarding an important worrisome finding for the patient. Most clinicians know that a sub chorionic hematoma (SCH) is common and of very little concern. There are several areas that need to be addressed.

1. The authors excluded certain groups of patients. I have a concern about excluding FHT less than 100 BPM. We know that after 6-7 weeks that has a poor prognostic value for pregnancy outcome. I am not sure why the authors choose to exclude that group rather than account for that co-variable by including it as such in the statistical analysis. How is that different than bleeding, bleeding early on has a poor prognostic value. I would ask the Journal's statistical experts to guide us in the correct approach.

We went back and forth on whether to include women with low FHR and control for this in the regression, or exclude them entirely. Ultimately we decided to exclude them and we felt a low FHR would be such a poor prognostic factor, it was not really worth studying, and it would more likely lead to overfitting the regression model. We reran our stats including these women and there was no difference. We can include this statement if the Editors prefer.

2. We do not know the power of the study. That must be reported for a negative study. Specially, since there are multiple comparisons and iteration due to multiple analysis reduces Power and increases the probability of type 2 error.

Thank you for raising this important point. We have added the following to the Results section (Lines 148-150): “Post hoc power analysis showed we had 80% power (alpha error of 5%) to detect an increase in pregnancy loss prior to 20 weeks from 4.9% in women with no SCH to 8.3% in women with SCH.”

3. The reported rates of pregnancy loss in this study for patients with SCH are considerably lower than the reported general rates of pregnancy loss in first trimester. This needs to be explained. Power calculations may need to be done based on rates reported in this population, which again increases the probability of type II error.

Pregnancy loss rates differ based on when they are assessed. For women 6+ weeks with a FHR above 100, a loss rate of 5-10% is consistent with the general population.

4. The authors report the % rate of pregnancy loss before 20 weeks in one place with a significant P value and then aOR in another with a non-significant P, this need to be made consistent.

Please see our response below regarding revisions to Table 2 per comment 2 from the Statistics Editor.

In closing although I think this is important information that is clinically useful, I do have some reservation on the validity of the conclusions based on statistical short comings of the study. I think the input from the Journal's experts would be very useful in revision of this work to ensure validity.

Reviewer #3:

It would have perhaps been beneficial to have an MFM review the actual images of the SCH as it is unclear if these were all done by the same sonographer and read by the same MFM. Particularly when the authors acknowledge a particular limitation of the study (lines 219-220) may be that the physicians were not blinded to whether or not the patient had vaginal bleeding thus raising the possibility that this increased index of suspicion may have affected the detection of SCH in these women.

We included that the retrospective nature of this study is a limitation, but we do not believe that re-review of every ultrasound will reduce bias. The ultrasounds were read in real time by an MFM and any SCH found was measured and reported. Reviewing the images could potentially change a specific measurement, but would not change a SCH to a non-SCH or vice versa, and the images are already stored and fixed with SCH labeled. Since the

primary analysis was for the presence or not of an SCH, we did not require review of every ultrasound, but only if there were questions or discrepancies noted.

STATISTICAL EDITOR'S COMMENTS:

1. Table 1: If any missing data, should enumerate.

Table 1 has been revised accordingly to include the missing BMI data.

2. Table 2: Need to include a column of crude ORs, then a footnote citing the variables retained in the final model. In this table or elsewhere, should cite counts for pregnancy loss associated with SCH or vaginal bleeding. Should give referent for GA, I assume it is indexed per week by strata cited in Table 1, but should state.

Table 2 has been revised accordingly.

3. Table 3, lines 118-120: Should use Fisher's test, not Chi-square to assess association with > 1 SCH, due to low counts. Also, since the counts for > 1 SCH were so few, the NS association cannot be generalized due to low power.

Table 3 has been revised accordingly. We have added the following to the Results section (Lines 154-156): "...however due to sample size, we were likely underpowered for some of these associations, particularly the association between number of SCH and pregnancy loss."

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. We choose to opt-in. 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.

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Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer,

we can remove them for you after submission.

3. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "The lead author* affirms 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 as planned (and, if relevant, registered) have been explained." *The manuscript's guarantor.

If you are the lead author, please include this statement in your cover letter. If the lead author is a different person, please ask him/her to submit the signed transparency declaration to you. This document may be uploaded with your submission in Editorial Manager.

4. All submissions that are considered for potential publication are run through CrossCheck for originality. The following lines of text match too closely to previously published works.

Variance is needed in the following sections:

a. Variance needed: Lines 217-19 ("Though using data from...available for review").

These lines were rephrased from "Though using data from one practice limits the number of women in the analysis and reduces the heterogeneity of the population, we believe it increases the reliability of the data, as all medical records were available for review" to "Nonetheless, we believe that including patients from a single practice increases the reliability of the data as all of the patients' medical records were available to be analyzed."

5. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), quality improvement in health care studies (ie, SQUIRE 2.0), and studies reporting results of Internet e-surveys (CHERRIES). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at <http://ong.editorialmanager.com>. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, CHEERS, SQUIRE 2.0, or CHERRIES guidelines, as appropriate.

A completed STROBE statement checklist with the page numbers is included with the re-submission.

6. 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 has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at <https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

7. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

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9. Specific rules govern the use of acknowledgments in the journal. Please note 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 response in the journal's electronic author 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).

10. 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: Original Research articles, 300 words. Please provide a word count.

11. 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.

12. 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.

13. 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.

14. The American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG 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 (exceptions could include manuscripts that address items of historical interest). 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 an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found via the Clinical Guidance & Publications page at <https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance>.

15. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <http://edmgr.ovid.com/acd/accounts/ifaauth.htm>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

Daniel Mosier

From: Naert, Mackenzie [REDACTED]
Sent: Wednesday, May 8, 2019 10:02 PM
To: Daniel Mosier
Cc: Nathan Fox
Subject: Re: Manuscript Revisions: ONG-19-571R1
Attachments: 19-571R1 ms (5-8-19v2)_MN.docx

Dear Mr. Mosier,

Thank you so much for the consideration of this manuscript. I appreciate the thorough review and suggestions. I have addressed them in the attached manuscript here with tracked changes. Specifically:

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes.

I agree with them the changes. I just changed a few things: a) Line 61- I added "between"; b) Line 64- I added, "From January 2015-December 2017, a"; c) Line 100- I took out "studies"

2. LINE 57: From X to X, a

Addressed this in 1b (now line 64).

3. LINE 58: Or had their first ultrasound?

We can say "or had their first ultrasound" instead of "presented" (now line 65).

4. LINE 65: Please remove rest of P values in this sentence

Done (now line 72).

5. LINE 66: Please be sure this is stated in the body of your paper, tables, or figures. Statements and data that appear in the Abstract must also appear in the body text for consistency.

Now that we have removed the p-values from the abstract (per comment 4), Lines 199-209 contain this information, as does Table 3.

6. LINE 162: It seems like some of this paragraph is redundant with info in the Introduction. Please reduce or eliminate this redundancy.

I have cut some of the redundancy from the introduction. Let me know if what I have done is suitable. I had to re-order a few of the citations to match up with the changes.

Thank you again for the opportunity to revise the manuscript.

Sincerely,
Mackenzie Naert

On Wed, May 8, 2019 at 9:36 AM Daniel Mosier <dmosier@greenjournal.org> wrote:

Dear Dr. Naert,

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. LIEN 57: From X to X, a
3. LINE 58: Or had their first ultrasound?
4. LINE 65: Please remove rest of P values in this sentence
5. LINE 66: Please be sure this is stated in the body of your paper, tables, or figures. Statements and data that appear in the Abstract must also appear in the body text for consistency.
6. LINE 162: It seems like some of this paragraph is redundant with info in the Introduction. Please reduce or eliminate this redundancy.

When revising, use the attached version of the manuscript. Leave the track changes on, and do not use the "Accept all Changes"

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, May 10th**.

Sincerely,

-Daniel Mosier

Daniel Mosier

Editorial Assistant

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