

# OBSTETRICS & GYNECOLOGY



**NOTICE:** This document contains comments from the reviewers and editors generated during peer review of the initial manuscript submission and sent to the author via email.

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

**Date:** Jan 30, 2020  
**To:** "Naomi K. Tepper" [REDACTED]  
**From:** "The Green Journal" em@greenjournal.org  
**Subject:** Your Submission ONG-20-1

RE: Manuscript Number ONG-20-1

Clinical Expert Series:  
Tuberculosis in Pregnancy

Dear Dr. Tepper:

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 Feb 20, 2020, we will assume you wish to withdraw the manuscript from further consideration.

#### REVIEWER COMMENTS:

##### REVIEWER #1:

The authors submit a Clinical Expert Series manuscript on TB in pregnancy. I have the following comments regarding the manuscript:

1. Line 19. Consider adding something about the unique role of ob-gyns to the abstract. May help draw in the reader a bit.
2. Line 99. Couldn't the observed increase in detection postpartum just be a result of young women accessing care? Pregnancy is often the only reason young women access care, especially immigrants who are at highest risk for infection.
3. Line 112. Please change "cesarean section" to "cesarean delivery".
4. Line 115. What is the definition of a "low Apgar"? And does anyone really care about the 1-minute Apgar? It is not clinically meaningful. Consider deleting.
5. Line 193. What is the theoretic/possible risk of pyrazinamide? Please elaborate.
6. Line 217. Can CDC recommendations that are forthcoming be cited? I would be surprised if this is allowable.
7. Line 225. Can any reference be provided for this expert opinion? Or is it the authors that are serving as the experts? If so, then this should be clarified.
8. Line 249. Maybe add "with antiviral therapy" at the end of the sentence to clarify in what situation the risk of progression to active TB disease is decreased. Is not completely clear as written.
9. Line 255. I suspect the authors mean "oral" not "oval".
10. Line 277. Should be "considered" or should be "performed"? I am not sure how often U.S. REIs would think about this or do it. May be putting them on the hook for a rare case. Do you really want to make this standard of care/a practice mandate by using the word "should"?

11. Line 297. Breastfeeding itself cannot be stopped and then restarted. Perhaps clarify that pumped breastmilk should be discarded until no longer contagious. Rather than just recommending cessation of breastfeeding altogether until not contagious.
12. Line 303. The authors state several times in the document that clinicians may be worried about getting a chest x-ray. I have not found this to be the case. But if there is significant concern for this, it may be valuable to add the anticipated minimal amount of radiation exposure from the x-ray (could cite the ACOG Committee Opinion on diagnostic imaging).
13. Line 305. There is a typo in this sentence ("Further evaluation is indicated when...") that makes it difficult to read. Suspect a word is missing somewhere. Please correct.

REVIEWER #2:

This manuscript is a thorough and concise presentation of tuberculosis in pregnancy, written a clear manner that is accessible to a non-TB specialist, containing good references for the OBG practitioner who desires more detailed information. Excellent use of figures and tables.

Minor changes recommended:

1. Pages 6 and 7, Lines 69-90: Nearly every sentence is referenced to the same source, which seems excessive and is distracting. Referencing a source at the start of an idea should be sufficient, or where very specific information is related. Since nearly 2 paragraphs come from a single source, this could be specifically credited.
2. Page 14 line 255: ...ORAL cavity...
3. Page 16 line 305: ...risk factors are PRESENT to ensure proper diagnosis...

REVIEWER #3:

This manuscript presents a concise review of TB in pregnancy. It is organized and well-written. It gives practical information for clinicians to evaluate, diagnose and manage potential TB infections. Despite this, there is not much new in this article. It presents basically the same information as was published in a review article from 2012: Mathad JS, Gupta A. Tuberculosis in pregnant and postpartum women: epidemiology, management, and research gaps. Clin Infect Dis. 2012; 55(11): 1532-1549. doi: 10.1093/cid/cis732. A clear case should be made how this manuscript adds to the literature.

- 1) Abstract reflects a summary of the article contents in general terms.
- 2) Introduction is reasonable.
- 3) Sections on epidemiology and pathophysiology are informative as are the sections on TB influences on pregnancy and pregnancy influences on TB.
- 4) Diagnosis section is good, but should consider indicating the types of IGRA tests that are currently available such as TB Spot and Quantiferon gold.
- 5) Treatment section would benefit from a table with medications with typical dosages and contraindications. Defining what is meant by "directly observed therapy" would provide some clarity to the reader (line 195, page 12).
- 6) In the postpartum/breastfeeding section, there should be a statement that emphasizes the need to notify the pediatric care team when there is a diagnosis of active or latent TB infection. Lines 283-4 on page 15 should be clearer whether LTBI needs to be treated for 2 weeks in order to breastfeed, as is the case with active TB. The sentence is ambiguous.
- 7) Conclusion: Include Maternal Fetal Medicine Specialists as part of the consultation team.

REVIEWER #4:

1. Please rename Figures 1 and 3 as boxes.
2. Figure 2 appears modified from page 24 of reference #1. The journal, and the WHO, very rarely allow modifications. Please consider using this figure as it appears in reference #1.
3. What the relationship between Figure #4 and reference #12?

## 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. 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:

- A. OPT-IN: Yes, please publish my point-by-point response letter.
- B. OPT-OUT: No, please do not publish my point-by-point response letter.

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.

Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

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 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.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Clinical Expert Series articles should not exceed 25 typed, double-spaced pages (6,250 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.

5. 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).

6. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

7. 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: Clinical Expert Series, 300 words. Please provide a word count.

8. 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.

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. 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](http://edmgr.ovid.com/ong/accounts/table_checklist.pdf).

11. 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>.

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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.

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If you choose to revise your manuscript, please submit your revision through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded in a word processing format such as Microsoft Word. Your revision's cover letter should include the following:

- \* A confirmation that you have read the Instructions for Authors (<http://edmgr.ovid.com/ong/accounts/authors.pdf>), and
- \* A point-by-point response to each of the received comments in this letter.

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 Feb 20, 2020, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2018 IMPACT FACTOR: 4.965

2018 IMPACT FACTOR RANKING: 7th out of 83 ob/gyn journals

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