

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)*

**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 08, 2020
To: "Denise J. Jamieson" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-781

RE: Manuscript Number ONG-20-781

Obstetricians on the COVID-19 front lines and the confusing world of personal protective equipment (PPE)

Dear Dr. Jamieson:

Your manuscript has been rapidly reviewed by the Editors. We would like to pursue fast-track publication. If you can address the comments below and submit your revision quickly, the Editorial Office will start working on it as soon as possible. I am setting the due date to April 10, but we will start working on it whenever you can submit.

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).

REVIEWER COMMENTS:

Reviewer #1: The authors submit a commentary on PPE for obstetricians in the time of COVID. I have the following comments regarding the manuscript:

COVID and Transmission

1. I am not sure that it is worth reporting the original estimates from China of a mortality rate of approx. 2%. I would remove that in favor of keeping what are likely more realistic estimates in the next sentence.
2. Would consider clarifying that the true case fatality rate with infection will likely be lower when sero-survey epidemiologic data are available.
3. Fix typo: "...relevance of experimental models to viral transmission in clinical settings IS unclear"
4. Consider adding just a tiny bit more about the studies that refute the aerosolization of virus in CPR, intubation, etc. as this is the controversial part of all this.
5. May also need to cite the AJOG MFM article of 7 patients in which 2 of them were asymptomatic at presentation and exposed multiple healthcare workers (Breslin et al 2020, AJOG MFM). I recognize not as valuable as the Taiwan and skilled nursing facility data, but would at least mention it given that this is an OB journal.

Recommendations to Healthcare Settings

1. Fix typo. "Case finding is ONE such strategy..."
2. There is some guidance out there that PAPRs should not be used in the OR because of risk of blown air contaminating the surgical site. We have chosen to still use PAPRs. Can this be addressed based on any data?
3. What do the authors mean by "carefully conducted"? What were the specific strengths of this study (reference 25)?

Are deliveries aerosol generating?

1. This section is the most controversial and may need to say even more clearly that we have NO DATA one way or the other for 2nd stage of labor. SMFM has indicated that the CDC is going to produce a statement that says 2nd stage of labor could be aerosol generating. If there is a way to know what this will state, it would be incredibly helpful in successfully navigating this controversy.

MANUSCRIPT EDITOR COMMENT:

1. ACOG is moving toward discontinuing the use of "provider." Please replace "provider" throughout your paper with either a specific term that defines the group to which are referring (for example, "physicians," "nurses," etc.), or use "health care professional" if a specific term is not applicable.

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.

We currently are missing Dr. Rasmussen's completed eCTA form.

3. 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).

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

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

5. 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.

6. 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.

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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.

8. 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.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2018 IMPACT FACTOR: 4.965
2018 IMPACT FACTOR RANKING: 7th out of 83 ob/gyn journals

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REVIEWER COMMENTS:

Reviewer #1: The authors submit a commentary on PPE for obstetricians in the time of COVID. I have the following comments regarding the manuscript:

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1. I am not sure that it is worth reporting the original estimates from China of a mortality rate of approx. 2%. I would remove that in favor of keeping what are likely more realistic estimates in the next sentence. *The reference to the early 2% rate has been deleted as suggested (line 87-88).*
2. Would consider clarifying that the true case fatality rate with infection will likely be lower when sero-survey epidemiologic data are available. *Clarified in line 92.*
3. Fix typo: "...relevance of experimental models to viral transmission in clinical settings IS unclear" *Corrected, line 117.*
4. Consider adding just a tiny bit more about the studies that refute the aerosolization of virus in CPR, intubation, etc. as this is the controversial part of all this. *The section of aerosolization in the L&D setting has been revised (lines 230-249 in track change version).*
5. May also need to cite the AJOG MFM article of 7 patients in which 2 of them were asymptomatic at presentation and exposed multiple healthcare workers (Breslin et al 2020, AJOG MFM). I recognize not as valuable as the Taiwan and skilled nursing facility data, but would at least mention it given that this is an OB journal. *The updated reference that now includes 43 patients by Breslin et al has been added (lines 136-138 in track changes version).*

Recommendations to Healthcare Settings

1. Fix typo. "Case finding is ONE such strategy..." *Corrected, line 143.*
2. There is some guidance out there that PAPRs should not be used in the OR because of risk of blown air contaminating the surgical site. We have chosen to still use PAPRs. Can this be addressed based on any data? *This issue is now addressed in lines 188-190 (in track changes version)*
3. What do the authors mean by "carefully conducted"? What were the specific strengths of this study (reference 25)? *We removed "carefully conducted". This modifier is not necessary since the Cochrane review confirmed that there was no difference (line 218).*

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“physicians,” “nurses,” etc.), or use “health care professional” if a specific term is not applicable.
Provider has been removed.

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

I opt in; please publish my point-by-point responses.