

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- 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 09, 2020
To: "Mark A. Turrentine" [REDACTED]
cc: "Mark A. Turrentine" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-717

RE: Manuscript Number ONG-20-717

Rapid deployment of a drive-through prenatal care model in response to the COVID-19 pandemic.

Dear Dr. Turrentine:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. The Editors would like to receive your revised manuscript as soon as possible for potential fast-track publication. Your due date has been tentatively set to April 13, but this can be adjusted as needed. Please let Randi know. The standard revision letter follows.

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 about drive-through prenatal care in the time of the COVID-19 pandemic. I have the following comments regarding the manuscript:

1. Line 121. The authors state that BP checks and fetal heart tone checks cannot be accomplished through telehealth. This is not true. We have a robust telehealth program at my institution in which patients have the equipment to do this at home during a virtual encounter with the physician. This should be acknowledged and perhaps instead state that not all institutions have access to this type of program. If they do, then wouldn't no contact be preferred?
2. Line 130. When I read this initially, I wondered why only a 33% reduction in in-person visits. The model basically describes a full care team that is mobilized to a different setting. Please consider describing early in the manuscript that you do not plan to do any labs or injections using the drive through model and why not.
3. Line 138. I am not convinced this will reduce PPE. It may actually increase PPE use if you are also running regular clinics that day for the other 66%.
4. Line 150. Are you evaluating patient satisfaction with the process? Would be interesting to hear what patients think.
5. Figure 1 is excellent.
6. Table 1. The authors are really only proposing drive through visits in the third trimester. It may be helpful to clarify this in the body of the manuscript in terms of the rationale for it, and as an explanation as to why you only see a modest reduction in the in-person visits.

Reviewer #2: This is a current commentary describing the adaption of COVID-19 changes to prenatal care to include the development of a drive through perinatal clinic. The authors describe the conversion of an ambulance bay to a drive through clinic capable of doptones, limited US, and face to face visit to augment the already recommended reduced OB visit algorithm in response to COVID-19. Ways in which this manuscript could be improved include:

Lines 50-51: I wonder with number so rapidly changing as the pandemic advances, if quoted numbers makes any sense.

The numbers are already three times higher today as the were on 3/30/2020.

Lines 58-59: Certainly home blood pressure monitoring is nothing new and is a reliable home screen. The issue we have run into is that pharmacies and medical supply stores in our area are running out as more and more prescriptions are written for blood pressure kits.

Lines 63-64: What is the evidence that supports this claim. It seems intuitive, but is there evidence from other fields that such a "field" clinic accomplishes these goals?

Lines 75-78: What a luxury! Any idea what percentage of hospitals would actually have this capability? It is hard for me to believe many other big cities or systems have ambulance bays that are not already utilized.

Lines 87-88: Are you all asking patients to arrive in masks given the current CDC recommendations for all to consider wearing a mask when leaving their homes?

Lines 120-125: Do you think patients feel that this is a safer option rather than virtual visits? Or limiting the number of office visits? Any survey data about patient perceptions?

Lines 139-140: In my city, transportation is a big issue. Many patients without a car now also do not have public transportation options. Furthermore, transportation (public) imposes its own risks.

Lines 141-142: I think this is a very big issue with this model. I am not sure across the country that many cities would be able to replicate this novel idea.

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. Figure 1: Do you have permission to use the clip art in print and online formats? If not, we can replace the clip art with very similar images that we have the rights to use.

4. 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.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Current Commentary articles should not exceed 12 typed, double-spaced pages (3,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

6. 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).

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: Current Commentary articles, 250 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.

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>.

12. 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.

13. 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

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.

April 10, 2020

Editor

Obstetrics & Gynecology

RE: Manuscript ID ONG-20-717

Dear Editor,

We wish to thank the Editor and Reviewers for their comments. We also want to thank you for the opportunity to do the revisions. The suggestions were great, and the manuscript is stronger from them. We will address each comment individually. We have attached a manuscript version with the Track Changes as well as a “clean version” with the Track Changes accepted for ease of readability. The line numbers refer to the revised Track Changes version. Each author has approved the final form of the revision, and the agreement form signed by each author and submitted with the initial version remains valid. Regarding the inquiry of transparency around peer-review, yes, please publish our point-by-point response letter (OPT-IN). This letter serves as confirmation we have read the Instructions for Authors for this article type (i.e. Current Commentary).

As an update, our drive-through prenatal care model is now getting into full swing. The general OB/GYN faculty group is seeing patients twice a week. A private OB/GYN group at the institution is seeing patients one day a week and MFM is starting today seeing patients one day a week. We have assisted a large group practice in Austin, which has begun implementing this model. In addition, our affiliate institution in San Antonio is being assisted in developing this as well. We are excited to bring attention to this on a national level.

Best regards,

Mark Turrentine, MD

REVIEWER COMMENTS:

Please note, I corrected the spelling of the last name of one of the authors on line 4.

Reviewer #1:

The authors submit a commentary about drive-through prenatal care in the time of the COVID-19 pandemic. I have the following comments regarding the manuscript:

1. Line 121. The authors state that BP checks and fetal heart tone checks cannot be accomplished through telehealth. This is not true. We have a robust telehealth program at my institution in which patients have the equipment to do this at home during a virtual encounter with the physician. This should be acknowledged and perhaps instead state that not all institutions have access to this type of program. If they do, then wouldn't no contact be preferred?

We thank the Reviewer for sharing this and are impressed that their institution's telehealth interactions have this capability. We suspect that many institutions would not have these type of resources available in their telehealth capabilities. We did adjust lines 40 to 41 and lines 127 to 128 to reflect that "not all" institutions may have these capabilities. Thus implying that some institutions may have access to this technology.

2. Line 130. When I read this initially, I wondered why only a 33% reduction in in-person visits. The model basically describes a full care team that is mobilized to a different setting. Please consider describing early in the manuscript that you do not plan to do any labs or injections using the drive through model and why not.

We have clarified this in lines 111 to 113.

3. Line 138. I am not convinced this will reduce PPE. It may actually increase PPE use if you are also running regular clinics that day for the other 66%.

At our institution, this will reduce PPE use by patients that do not enter the physical facility. We have clarified this in line 147.

4. Line 150. Are you evaluating patient satisfaction with the process? Would be interesting to hear what patients think.

This is our plan when we will publish our outcome data from this model. We did add clarification on line 161.

5. Figure 1 is excellent.

Thank you. Dr. Ramirez takes great pride in creating this infographic figure.

6. Table 1. The authors are really only proposing drive through visits in the third trimester. It may be helpful to clarify this in the body of the manuscript in terms of the rationale for it, and as an explanation as to why you only see a modest reduction in the in-person visits.

We focused on the necessary in-clinic interactions that are viewed as occurring in the third trimester. We have clarified this on line 60 to 62, line 47 and lines 138 to 139.

Reviewer #2:

This is a current commentary describing the adaption of COVID-19 changes to prenatal care to include the development of a drive through perinatal clinic. The authors describe the conversion of an ambulance bay to a drive through clinic capable of doptones, limited US, and face to face visit to augment the already recommended reduced OB visit algorithm in response to COVID-19. Ways in which this manuscript could be improved include:

Lines 50-51: I wonder with number so rapidly changing as the pandemic advances, if quoted numbers makes any sense. The numbers are already three times higher today as the were on 3/30/2020.

This was a sobering observation in that in the short period of time we submitted this manuscript the exponential increase in COVID-19 that has occurred in our country. We have modified lines

50 to 52 and think this should resolve this concern. Fortunately, we are still able to utilize the same reference.

Lines 58-59: Certainly home blood pressure monitoring is nothing new and is a reliable home screen. The issue we have run into is that pharmacies and medical supply stores in our area are running out as more and more prescriptions are written for blood pressure kits.

We are facing this exact issue. We have modified line 59 to reflect this. In addition, line 158 notes this.

Lines 63-64: What is the evidence that supports this claim. It seems intuitive, but is there evidence from other fields that such a "field" clinic accomplishes these goals?

We really thank the reviewer for this observation. It got us thinking and we added a statement regarding mobile health clinics on lines 62 to 65 and added 1 additional reference to support this claim.

Lines 75-78: What a luxury! Any idea what percentage of hospitals would actually have this capability? It is hard for me to believe many other big cities or systems have ambulance bays that are not already utilized.

We agree. We are very fortunate at our institution to have had this option. We did add a statement on lines 151 to 152 to suggest alternative option.

Lines 87-88: Are you all asking patients to arrive in masks given the current CDC recommendations for all to consider wearing a mask when leaving their homes?

When this manuscript was originally submitted, we were not. However, since this is now being suggested by the CDC patients are encouraged to wear cloth masks while in public. If the patient physically enters the facility, they are provided a surgical mask. We have added a statement to line 148 to 150.

Lines 120-125: Do you think patients feel that this is a safer option rather than virtual visits? Or limiting the number of office visits? Any survey data about patient perceptions?

Our perception is that patients do feel safer with a drive-through visit versus an in-clinic visit. Thus our rationale for focusing on modifying the in-clinic visit. We have noted that patients feel "less anxiety" coming to the drive-through visit for assessment as compared to a telehealth visit. Our plan is when we will publish our outcome data from this model we do wish to assess these patient perceptions. We did add clarification on line 161.

Lines 139-140: In my city, transportation is a big issue. Many patients without a car now also do not have public transportation options. Furthermore, transportation (public) imposes its own risks.

We agree and thus why we have the limitation but possible alternative as detailed on lines 148 to 150.

Lines 141-142: I think this is a very big issue with this model. I am not sure across the country that many cities would be able to replicate this novel idea.

We do appreciate this limitation and clarified this further on lines 151 to 152.

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.

We OPT-IN.

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.

We have let each author know this.

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

They state they are correct.

3. Figure 1: Do you have permission to use the clip art in print and online formats? If not, we can replace the clip art with very similar images that we have the rights to use.

We used clip art that was stated to be "free" however; we are not 100% certain this is in the public domain. If the journal needs to replace certain images, we give permission to do that. These are some of the webpages used (we could not find the hospital image again, sorry):

Doctor and Nurse Icon - [Commons.wikimedia.org/wiki/File:Doctor_Icon.png](https://commons.wikimedia.org/wiki/File:Doctor_Icon.png)

Car Icon - www.free-fun-n-games.com/clipartcollection.htm

Rear Car Icon - Yespress.info/new-cliparts/going-away-in-car-clipart-graphics.htm

Telephone Icon - [Déjà vu Sans.svg](#)

4. 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.

We have used only standard approved definitions.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Current Commentary articles should not exceed 12 typed, double-spaced pages (3,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

We are within the space limitations recommended.

6. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

* All financial support of the study must be acknowledged.

No financial support was provided and this has been noted on the Title page.

* 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.

No additional assistance was utilized.

* 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.

All authors contributed to the work.

* 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 work was not presented at any meeting.

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.

There are no discrepancies.

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.

This have been done on the Title page.

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.

No abbreviations or acronyms have been used.

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.

The virgule symbol has only be used in the reference list for webpages.

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.

We have confirmed the Table conforms to the journal's requirements.

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>.

The present ACOG references are current.

12. 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/ifauth.htm>.

We decline this option.

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.

We will be patiently waiting.

13. 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.

Our cover letter addresses each of these issues.

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.

Each author has given approval of this final form.

Remotely yours,

Mark Turrentine, MD