

# 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](mailto:obgyn@greenjournal.org).

**Date:** Apr 21, 2020  
**To:** "Caitlin Anne Jago" [REDACTED]  
**From:** "The Green Journal" em@greenjournal.org  
**Subject:** Your Submission ONG-20-861

RE: Manuscript Number ONG-20-861

Coronavirus and pregnancy: combating loneliness to improve outcomes

Dear Dr. Jago:

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 24, but this can be adjusted as needed. 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: This current commentary is a great place to start for this discussion of the side effects of our strict visitor policies and social isolation on pregnant women giving birth and the postpartum experience. I'd like to see the authors go farther in discussing some of these policies and delve deeper into them.

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6. No mention is made of how these policies might be driving our patients to seek home birth, can you discuss?

Reviewer #2: Title: Coronavirus and pregnancy: combating loneliness to improve outcomes

Consider changing the wording in the title from loneliness to social isolation or lack of support. The problem in my view is more than loneliness.

Precis well done, Note that changing from loneliness would align with precis and the second line of your Abstract you use the word social isolation.

Abstract excellent.

Essay reads well and makes excellent points often forgotten in the moment of fear and anxiety and the "peak" Consider being more granular with a post-COVID peak : Example Implementing additional support services could be considered, including perinatal education with a focus on how to stay connected to a community while safely practicing social distancing. Any ideas on how this could be done offer examples

#### EDITOR'S COMMENTS:

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Numbers below refer to line numbers.

2 page 3. Please edit spellings of some words that differ in the English-English vs American English usage—for instance, labour and caesarean should be labor and cesarean.

Line 4 page 4: . You can delete the parenthetic here as the readership will understand what is intended without it.

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#### EDITORIAL OFFICE COMMENTS:

1. The title should change to, "Coronavirus Disease 2019 (COVID-19) and Pregnancy: Combating Loneliness to Improve Outcomes."

2. Please add the Financial Disclosure to your title page: "Financial Disclosure: Sukhbir Sony Singh disclosed that money was paid to their institution from Abbvie, Bayer, and Allergan. Abbvie, Bayer, Allergan and Hologic also have paid directly for time spent in advisory boards and for preparing educational materials. The other authors did not report any potential conflicts of interest." Would you provide more detail about the institutional funding from these companies?

3. 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.

4. 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.

5. 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.

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: 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.

8. 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).

9. Provide a short title of no more than 45 characters, including spaces, for use as a running foot.

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: Current Commentary articles, 250 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](http://edmgr.ovid.com/ong/accounts/table_checklist.pdf).

Your tables are actually boxes. Please rename these as Box 1, Box 2, and Box 3.

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](mailto: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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16. 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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The Ottawa  
Hospital

L'Hôpital  
d'Ottawa

Caitlin Jago, MSc MD FRCSC  
Minimally Invasive Gynecology  
Fellow, The Ottawa Hospital

April 23, 2020

Dr. Nancy C. Chescheir, Editor-in-Chief  
*Obstetrics & Gynaecology*

Dear Dr. Chescheir,

On behalf of my co-authors, we respectfully resubmit our revisions to the commentary entitled, "Coronavirus Disease 2019 (COVID-19) and Pregnancy: Combating Isolation to Improve Outcomes".

Thank you for the valuable feedback. Please see our Point by Point response below.

The authors have read the Instructions for Authors document and have adhered to the guidelines.

Thank you for your consideration,

Caitlin A Jago

On behalf of Dr. Singh and Dr. Moretti

## Point by point response to reviewer comments

### REVIEWER COMMENTS:

Reviewer #1: This current commentary is a great place to start for this discussion of the side effects of our strict visitor policies and social isolation on pregnant women giving birth and the postpartum experience. I'd like to see the authors go farther in discussing some of these policies and delve deeper into them.

1. What about doulas? Our hospital allows 1 support person and a pre-designated doula.

- Paragraph 2, page 4 has been changed to reflect the inclusion of doulas at some institutions, as part of their important labor support role

2. What about effects on pain control options, nitrous oxide is being restricted in some places. People are being encouraged to get epidurals early in case they need a c/s in order to avoid an emergency situation where they might need general anesthesia.

- Discussion about the impact of COVID-19 precautions on pain control and the impact of these policies has been included in paragraph 4, page 4

3. What about effects on patient/infant safety, e.g. the stat C/S that is delayed for donning appropriate PPE in a COVID + patient. Our hospital sent a message out to patients saying that a stat c/s would be dangerous to them if they were COVID +.

- The balance of safety of staff with PPE and the need for urgent obstetrical intervention is certainly going to impact our patients, and has been discussed in paragraph 1, page 5

4. Can you address the effects of newborn separation from the mother in COVID+ patients.

- This key point is addressed in paragraph 1, page 6

5. I would spend more time on isolation and postpartum depression and the need for contact with our patients virtually after birth.

- The importance of preventing postpartum depression in maternal and fetal health cannot be overstated, and is included in paragraph 2 page 6, and paragraph 2, page 7

6. No mention is made of how these policies might be driving our patients to seek home birth, can you discuss?

- In paragraph 3, page 5, the impact of COVID-19 on delivery location is addressed

Reviewer #2:

Title: Coronavirus and pregnancy: combating loneliness to improve outcomes

Consider changing the wording in the title from loneliness to social isolation or lack of support. The problem in my view is more than loneliness.

- This topic certainly encompasses more aspects than loneliness, and the title has been changed to reflect that

Precis well done, Note that changing from loneliness would align with precis and the second line of your Abstract you use the word social isolation.

Abstract excellent.

Essay reads well and makes excellent points often forgotten in the moment of fear and anxiety and the "peak"

- Thank you for the above comments, and the change in title will align better with the goal of this submission

Consider being more granular with a post-COVID peak : Example Implementing additional support services could be considered, including perinatal education with a focus on how to stay connected to a community while safely practicing social distancing. Any ideas on how this could be done offer examples

- Additional examples have been provided in all paragraphs on page 7

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Line 16, page 5:” Perinatal Mental Health” should not be capitalized.

Table 1: Delete—all of this is in your text already and the table is not needed.

Table 2: Public Health and Mental Health Agencies should not be capped.

- These changes have been addressed, and formatting changes made to adhere to the instructions for authors

#### EDITORIAL OFFICE COMMENTS:

1. The title should change to, “Coronavirus Disease 2019 (COVID-19) and Pregnancy: Combating Loneliness to Improve Outcomes.”

- Title has been changed, and also reflects Reviewer 2’s comments

2. Please add the Financial Disclosure to your title page: “Financial Disclosure: Sukhbir Sony Singh disclosed that money was paid to their institution from Abbvie, Bayer, and Allergan. Abbvie, Bayer, Allergan and Hologic also have paid directly for time spent in advisory boards and for preparing educational materials. The other authors did not report any potential conflicts of interest.” Would you provide more detail about the institutional funding from these companies?

- The appropriate information has been included on the title page

3. 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.

- Any previous uses of the word “provider” have been replaced with the appropriate terms

4. 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.

- Yes, the authors choose to opt-in to this process

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

- This has been confirmed with the co-authors, and they are aware of the eCTA to be completed

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.

- There are no objections to the use of the revitalize definitions, and all terms have been updated to reflect the standardized terminology

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- The manuscript is a total of 9 pages excluding references (5 pages of references) and 1564 words excluding references

8. 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.

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- Short title has been included as a running foot

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- All text reflects the standard abbreviations and acronyms

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.

- Any examples of this have been removed

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

Your tables are actually boxes. Please rename these as Box 1, Box 2, and Box 3.

- Box 1 has been removed as per the revisions above, and the remaining boxes have been labelled appropriately

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- All ACOG guidelines cited in this manuscript reflect the most up to date versions

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- Thank you for the option

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\* A point-by-point response to each of the received comments in this letter.

- The first page of the cover letter addresses these changes