

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.

Date: Apr 22, 2020
To: "John Guadez Ilagan" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-933

RE: Manuscript Number ONG-20-933

A Case of Postpartum Maternal Mortality due to Covid-19 infection in the United States

Dear Dr. Ilagan:

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 24, 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: We no longer require that authors adhere to the Green Journal format with the first submission of their papers. However, any revisions must do so. I strongly encourage you to read the instructions for authors (the general bits as well as those specific to the feature-type you are submitting). The instructions provide guidance regarding formatting, word and reference limits, authorship issues and other relevant topics. Adherence to these requirements with your revision will avoid delays during the revision process by avoiding re-revisions on your part in order to comply with formatting.

Numbers below refer to line numbers.

80. Do not begin a sentence with a numeral. Either spell out or edit your sentence to avoid the need to start w/ a number.

106: Spell out all abbreviations on first use. Please use the full name of the CDC.

123: Why did you section a medically unstable patient? Important to describe your reasoning here.

125: please add "with Apgar scores of 5 and 9 at 1 and 5 minutes". Do you have cord gasses for the neonate? Was the fetal monitoring normal up to the point of delivery?

128: Please substitute "delivery" for "section"

131: Please explain the reasoning for your antibiotic choices and Vitamin C. Why Anakinra?

136: Were the IL-2 and IL-6 levels trended and only now increasing or was this the first time they were obtained?

141: What investigational drug therapies?

Do you have results of PCR testing on the neonate?

Reviewer #2: The authors have submitted a timely, concise report on a pregnant Covid-19 patient with disquieting rapid decline leading to death. The Abstract raises a number of interesting points. Teaching Points well done.

1 - Rather than suggest 'Further investigation...is required' (line 48-49), it would be an improvement to point out that the pathogenesis leading to rapid descent is unknown

2 - What agents 'mainly target' (line 87) or 'inhibit' (line 88)? It would be helpful to expand just enough here to give the unfamiliar reader a preview of what is to come.

3 - The text could use some cohesion. Line 97 describes trivial symptoms and one wonders why she had to arrive 'by ambulance' (line 105), then an unknown period of time passes until she is breathing 36 times/minute on the OB floor.

5 - It is worth pointing out in line 109 that apparently this was their testing at the time(?) - only available 36 hours later & she actually died before it showed up as positive(?)

6 - Somewhere in here it should be mentioned that although she was PUI and Covid-19 test was pending, the presumptive diagnosis was Covid/ARDS or however the authors wish to describe it and empiric treatment was undertaken

7 - The authors are keen to point out that they are in the epicenter of NY (line 91), so were there specially assigned Covid/PUI rooms on L&D (line 110)?

8 - It would be worth mentioning in Discussion that pt was managed on a non-rebreather mask, but in retrospect would there have been better option to reduce aerosol spread, open up dead air space better, consideration of proning.

9 - It would be helpful to have a sense of the respiratory parameters that 'deteriorated rapidly' (line 122) - what went bad first, was there any early sign of rapid decline?

10 - The authors list a number of agents used (line 129-132) without explanation of why. It has the feel of just throwing everything that had at hand. High-dose vitamin C? Subcutaneous heparin? Why those? Apparently this all happened when she got to the ICU after the c-section. Starting with Anakinra it would be helpful to learn when and why they were tried, and in what sequence.

11 - What is the clinical utility of IL-2 and IL-6? What does elevation of these mean, or D-Dimer?

12 - The Discussion would be a good place to point out some limitations in caring for 3rd trimester Covid pts. Can't prone them for example. Pregnant patients excluded from trials of novel agents the authors mention. Other anatomical considerations that could limit respiration when having a term uterus in the abdomen. Also of interest that although there are some reports of deteriorating pregnant women improving upon c-section, clearly this one did not - for unclear reasons.

MANUSCRIPT EDITOR COMMENTS:

1. Please change "Covid-19 infection" in your title to read, "Coronavirus Disease 2019 (COVID-19)."
2. Okay to change your running title to read, "Postpartum Mortality Due to COVID-19"? The current running title may not fit on the printed page.

EDITOR 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. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Case Reports should not exceed 8 typed, double-spaced pages (2,000 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.

4. 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).

5. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

6. 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; Reviews, 300 words; Case Reports, 125 words; Current Commentary articles, 250 words; Executive Summaries, Consensus Statements, and Guidelines, 250 words; Clinical Practice and Quality, 300 words; Procedures and Instruments, 200 words. Please provide a word count.

7. 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 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 30 days from the date of this letter. If we have not heard from you by Apr 24, 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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