

# 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:** Apr 03, 2020  
**To:** "Romeo Galang" [REDACTED]  
**From:** "The Green Journal" em@greenjournal.org  
**Subject:** Your Submission ONG-20-497

RE: Manuscript Number ONG-20-497

Middle Eastern Respiratory Syndrome and Severe Acute Respiratory Syndrome coronavirus infections in pregnancy: A Systematic Review

Dear Dr. Galang:

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).

\*\*\*Due to the COVID-19 pandemic, 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 May 03, 2020, we will assume you wish to withdraw the manuscript from further consideration.\*\*\*

#### REVIEWER COMMENTS:

Reviewer #1:

OVERALL: This is an important topic of great public health interest and relevance at the moment, which is to understand the impact of novel coronaviruses on pregnancy and pregnancy outcomes. The authors are to be commended for putting together this manuscript with what limited data are available over the past 2 months since the current COVID-19 epidemic became known to scientists. In the months to come, we will likely know about how it impacts pregnancy, as this current pandemic spreads, but in the meantime the study authors (who are uniquely qualified to conduct this analysis given their position within the CDC and expertise in disease surveillance) provide a rigorously done review of what we know from 29 patients. Overall this is an excellent paper which merits publication at this time.

My concern is though the study methods are consistent with a systematic review, given the few number of pregnant cases identified with SERS and MERS, the paper is a description of these 29 women limiting the analyses and the conclusions that can be made. Indeed it reads as a case series and perhaps may be considered a case series for this reason, albeit a systematically rigorously conducted one.

#### SPECIFIC COMMENTS:

TITLE: Perhaps remove the term systematic review given the concern with the small sample size and description of cases similar to a case series

#### ABSTRACT:

Conclusion: Please highlight that what we know is limited at this time, given this analysis is limited to 29 women, perhaps this should be explicitly stated in the conclusion, which the authors do to some extent.

#### INTRODUCTION:

Well written, I would suggest in Lines 65-67 when stating what happens in pregnancy re physiologic changes, why not also describe what is known about the implications of influenza in pregnancy, which is perhaps the closest condition for which the morbidity and mortality in pregnancy is well characterized.

#### METHODS

1. The search strategy and analysis as described is sound. I do not have significant feedback.
2. Given no articles for COVID-19 were found (which is to be anticipated), the end date for the search should be provided in the methods.

## RESULTS

1. The narrative style of the results reads well. The parallel structure of presenting MERS and SARS and the maternal and infant outcomes works very nicely.
2. Line 168: Re MERS deaths, given all three were in the postpartum period, perhaps state this in the introductory sentence. One could say the postpartum period of the 2/3 deaths with SARS should also be stated.

## DISCUSSION

1. I would highlight in the first paragraph of the discussion that while an exhaustive systematic review was conducted, ultimately the analysis is limited to a case series given fewer than 30 identified pregnant women.
2. I would also highlight front and center in the discussion that "pregnancy status is collected for those with COVID-19", which the authors make in the discussion, but this is an important take home for data collection in the moment.

Reviewer #2: The authors present their systematic review to identify reports of coronavirus infection, specifically SARS-CoV or MERS-CoV, during pregnancy and summarize the clinical presentation, course of illness, and pregnancy and infant outcomes. Fifteen publications reported case-level data on coronavirus infections during pregnancy, 8 described 12 cases of MERS-CoV infection in pregnancy, and 7 described 17 cases of SARS-CoV infection.

The manuscript is well written and provides a thorough review of the existing reported cases of MERS and SARS. While this is the largest description of SARS and MERS in pregnancy the number of cases included limits interpretation of the findings and, importantly the relevance to the current COVID19 pandemic.

Given the current pandemic with COVID19 the information presented in this manuscript is relevant and may have clinical utility.

Reviewer #3: The authors present a systematic review of MERS and SARS infections in pregnancy. The following items should be addressed:

1. Methods - given that one of the objectives of the study is to summarize clinical presentation and course of illness, in the results lines 150-155 it would be helpful to know about lab test results (complete blood count, liver function, renal function, etc) along with the other data.
2. Results line 170-193 and 258-277 - the three brief case reports describing the details of the maternal deaths after MERS-CoV infection is not a helpful addition to this manuscript. Consider condensing these individual descriptions into a summary.
3. Discussion line 344-351 - the authors are discussing clinical benefit of treatment, but the numbers of pregnant women in these studies that are reviewed were very small, and in some of the included studies all of the women received antibiotics therefore comparison to untreated is not possible. Please revise this paragraph to reflect the content of the included studies.
4. Discussion line 354-355 - this idea is repeated several times throughout the discussion, please limit/condense.
5. Discussion line 356-350 - this sentence contradicts what was said in line 330 about there being no reports of COVID 19 published when this search was completed.

## STATISTICAL EDITOR COMMENTS:

The Statistical Editor makes the following points that need to be addressed:

Tables 1, 2, 3, 4: There were only 12+17 cases in total and most descriptions were clinical and demographic, with virtually no information re: PCR testing among the neonates or fetuses, so whether there was transplacental transfer is not known. Need to include caveat re: extrapolating conclusions from small number of cases which may not be representative of all

cases during pregnancy, thus the results may be biased. The proportions are based on small counts and should only be used for descriptive purposes, with the caveat that the results may be biased.

General: Since cases of Covid-19 are not specifically summarized in this series, what is the evidence that these data can be applicable to COvid-19 outcomes?

#### EDITOR'S COMMENTS

Since you submitted this, there are now COVID-19 infections reported in pregnant women. To really make this relevant, can you add the information from these to your paper and then compare the 3 infections? It's a big ask, of course, but I'm sure an anticipated one. Can you conclude based on the case reports available now that these 3 coronavirus diseases act similarly enough in pregnant women (or dissimilarly) anything about learning from MERS/SERS now in our care for patients?

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.

28: consider "to identify reports of related coronavirus infections".

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

60: Update stats.

76: "can provide" or "may provide"?

117: add figure and table numbers.

136: Please provide the dates (year[s]) of MERS-CoV outbreak; same will be true for SARS-CoV

141: what is the difference between a health-care associated infection and exposure as a health care worker?

147: please provide more information, as requested by one reviewer, of lab findings such as CBC, any electrolyte disturbance? LFT's? etc. Similar for SARS-CoV section.

179: was her labor induced?

244: have you defined CFP before?

314: do you specifically mean other viral respiratory infectious diseases?

320: give that you are reporting on case reports and you don't have an N (denominator) of pregnant women with these infections, it does not seem relevant to describe this as case fatality rates. You mention this at the end of the paragraph, but this really needs to be toned down.

330: here of course is a major issue.

354: Are there other coronavirus infections in this same family that behave differently? In other words, how strongly do you think we can generalize from these 2 infections to the current one?

357: as noted by reviewer, this contradicts statement on line 330.

Do you care to comment on the concerns raised by editorial in JAMA about duplicate case reports, making efforts like this one difficult?

#### 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. Please move your statement about not being registered with PROSPERO to the end of the abstract. It currently appears on Line 84 of the manuscript.

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: Review 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.

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. 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."

8. 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: Reviews, 300 words. Please provide a word count.

9. 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.

10. 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.

11. In your Abstract, manuscript Results sections, and tables, the preferred citation should be in terms of an effect size, such as odds ratio or relative risk or the mean difference of a variable between two groups, expressed with appropriate confidence intervals. When such syntax is used, the P value has only secondary importance and often can be omitted or noted as footnotes in a Table format. Putting the results in the form of an effect size makes the result of the statistical test more clinically relevant and gives better context than citing P values alone.

If appropriate, please include number needed to treat for benefits (NNTb) or harm (NNTh). When comparing two procedures, please express the outcome of the comparison in U.S. dollar amounts.

Please standardize the presentation of your data throughout the manuscript submission. For P values, do not exceed three decimal places (for example, "P = .001"). For percentages, do not exceed one decimal place (for example, 11.1%).

12. 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).

13. Figure 1 may be resubmitted with the revision as-is.

14. 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.

15. 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 May 03, 2020, we will assume you wish to withdraw the manuscript from further consideration.\*\*\*.

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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