

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: May 27, 2020
To: "Torri Derback Metz" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-1421

RE: Manuscript Number ONG-20-1421

Maternal Mortality from Coronavirus-19 Infection in the United States

Dear Dr. Metz:

Your manuscript has been reviewed by special expert referees. The Editors are interested in potentially publishing your revised manuscript in a timely manner. In order to have this considered quickly, we need to have your revision documents submitted to us as soon as you are able. I am tentatively setting your due date to May 29, 2020, but please let me know if you need additional time.

The standard revision letter text 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: Really outstanding and informative Commentary.

My comments are directed at minor issues related to my peculiar but justified language preferences.

Line 41: the "through the lens" construct has been hackneyed and as used here is also ambiguous

Line 72: "whether" rather than "if"

Line 91: Would drop "incredibly"

Line 96: should be "whether" again"

Line 153: "impact: especially as a verb has gone beyond hackneyed

Line 174: I think "those" would work better than "these"

Line 204: the dreaded "impact" again

Line 238: another noisome "lens"

Reviewer #2: The authors have submitted a CC on maternal mortality during the pandemic with the stated objective to serve as a guide to MMRCs and public health officials on how best to review COVID-19 cases.

Few comments:

The topic feels relatively narrow. Understandably, correct assignment of mat mortality causation is tough, and no one would expect it to get better during a pandemic.

Line 155 seems a bit too P.C. in describing persons as 'African-American or black'

The authors stray quite far afield in describing STEMI events/deaths in the non-pregnant population

Few specifics are provided to act on

EDITOR'S COMMENTS:

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.

Please edit paper to shorten by about 1/3.

I actually got a little lost trying to tie up the threads in your abstract. Would you consider starting it with info about MMRCS and their aim "to comprehensively review all maternal deaths in order to not only evaluate the cause of death but also to assess preventability and make recommendations..." Then succinctly point out that the COVID-19 pandemic may influence maternal deaths either directly due to SARS-CoV-2 in pregnant women and indirectly, due to changes in care practices. And then some shortened version of your last sentence?

Many of my recommendations are to help to make the paper a bit more succinct.

45-47: Delete—the next sentence adequately tees this up.

55: perhaps "The answer requires consideration..."

67: is this these authors 2nd publication or is the second publication of a series of 2? Perhaps just say "Vallejo and Ilgan report (FN) the rapid deterioration and death following cesarean delivery of a 36 year old at 37 weeks gestational age"

70-73: Do we need to know about the social media reports? Does this sentence add to your arguments?

78. Spell out all abbreviations on first use.

82. Is this reporting form mandatory and used for case tracking? What is its purpose?

85: Perhaps worth commenting on difficult in identifying recent or early pregnancies for those filling out these forms.

92: pregnant or recently pregnant?

104: Other sorts of disparities also important –rurality for instance. Perhaps just health disparities?

108: The idea of adding additional review meetings is an interesting one. One paper I read (I think we published) estimates 52 maternal deaths from SARS-CoV-2. While these won't be evenly distributed across the different countries, do you think there will be a need for additional meetings?

129: "...reviewing maternal deaths related to COVID-19"

136. This should read 'known COVID-19 positive individual, symptoms of SARS-CoV-2 infection,"

138: aren't medical examiners already supposed to be on MMRC's?

147: again, not just racial disparities.

159: Rather than "persons" please use "people".

166: should be SARS-CoV-2

Please add rurality comments here as well, particularly as they relate to systems issues contributing to deaths.

179. You've already introduced the abbreviation for the NCHS, which you can now use without spelling it out

184: I agree with reviewer that the STEMI information is too much. Present it at a high level. May wish to comment on other COD, such as pregnancy-associated suicide, homicide, hemorrhagic shock from ectopic pregnancy, but perhaps lower rates of MVA-related deaths.

201: again here, line 203 and elsewhere, please make sure you are using the correct terms for the virus and the infectious disease from the virus.

221-228; You've mentioned all of this earlier. Please put it one place or another, not both.

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. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA). 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. 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.

4. 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.

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 limit for Current Commentary articles is 250 words. Please provide a word count.

7. 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.

8. 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.

9. 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.

10. 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>.

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.

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.

May 29, 2020

Dear Dr. Chescheir,

Thank you for your ongoing consideration of our manuscript "Maternal Mortality from Coronavirus-19 Infection in the United States" for publication in *Obstetrics and Gynecology*.

The manuscript has not been submitted to any other journal nor will it be submitted to another journal for consideration prior to the time when a decision is made by the editors of *Obstetrics and Gynecology*. All authors approve of the revised version of this manuscript. Each of the reviewer and editor comments have been responded to in a point-by-point fashion as detailed below. Thank you again for your time and consideration.

Sincerely,



Torri Metz, MD, MS
Associate Professor
Maternal-Fetal Medicine
University of Utah Health

REVIEWER COMMENTS:

Reviewer #1: Really outstanding and informative Commentary.

My comments are directed at minor issues related to my peculiar but justified language preferences.

Line 41: the "through the lens" construct has been hackneyed and as used here is also ambiguous

Response: "through the lens" has been removed and replaced with "within the framework".
The new text is as follows in the abstract:

"Regardless of the timing of the review, deaths during the time of the COVID-19 pandemic must be evaluated within that framework in order to ensure that all aspects of the care, and societal changes including worsening disparities, are weighed to better understand the context of each of these tragic events."

Line 72: "whether" rather than "if"

Response: This sentence was removed based on the editor recommendations below.

Line 91: Would drop "incredibly"

Response: The word “incredibly” was removed.

Line 96: should be "whether" again"

Response: This sentence was deleted in the process of reducing manuscript length by 1/3.

Line 153: "impact: especially as a verb has gone beyond hackneyed

Response: The word “impacted” was changed to “affected”. The sentence now reads as follows:

“COVID-19 has disproportionately affected people of color and lower socioeconomic status.”

Line 174: I think "those" would work better than "these". The sentence now reads as follows:

Response: The word “those” was changed to “these”.

“Recent publications raise concern that the current pandemic may have more far-reaching effects on maternal mortality than those deaths directly caused by COVID-19.”

Line 204: the dreaded "impact" again

Response: This sentence was deleted in the process of reducing manuscript length by 1/3.

Line 238: another noisome "lens"

Response: The word “lens” was removed. The sentence now reads as follows:

‘Regardless of whether these cases are reviewed now or not until a few years from now, the context of the pandemic including healthcare changes during this time will need to be considered when evaluating preventability and recommendations for action.’

Reviewer #2: The authors have submitted a CC on maternal mortality during the pandemic with the stated objective to serve as a guide to MMRCs and public health officials on how best to review COVID-19 cases.

Few comments:

The topic feels relatively narrow. Understandably, correct assignment of mat mortality causation is tough, and no one would expect it to get better during a pandemic.

Response: The goal of the commentary is more related to how these deaths will be reviewed in the context of existing maternal mortality review committees. There have been questions nationally about whether there should be a separate process for this. The authors discussed this commentary with CDC representatives to ensure they agree with emphasizing the importance of these reviews going through an established and standardized process. I believe this is now emphasized with the edits to decrease length.

Line 155 seems a bit too P.C. in describing persons as 'African-American or black'

Response: African American has been removed. It is likely more accurate to communicate that these data apply to Black versus White people. It is not known whether these patients identified as "African American".

The authors stray quite far afield in describing STEMI events/deaths in the non-pregnant population

Response: The information about STEMI events was significantly pared down, and the paragraph was refocused on obstetrics. The paragraph now reads as follows:

"Using mortality data from the NCHS, excess deaths in the early weeks of the pandemic were estimated at nearly twice what was publicly attributed to COVID-19 at the time. These deaths are not necessarily attributable directly to COVID-19, but likely include those who were afraid to seek medical treatment.²³ For example, the rate of primary intervention for myocardial infarction was significantly lower during the pandemic when compared to before the pandemic.²⁴ Similar trends may be observed for pregnancy-related deaths such as strokes from untreated severe hypertension, or septic shock from infection. On the other hand, pregnancy-associated deaths such as motor vehicle crashes may decrease during this time as a result of compliance with stay at home orders."

Few specifics are provided to act on

Response: Thank you for this comment. Some of the specifics are buried in the text. We added a box highlighting specific actionable items. Please see new Box 1.

EDITOR'S COMMENTS:

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.

Please edit paper to shorten by about 1/3.

Response: Please see track changes edits to shorten the length on the commentary. The word count in the body of the commentary was reduced from 2286 to 1594.

I actually got a little lost trying to tie up the threads in your abstract. Would you consider starting it with info about MMRCS and their aim "to comprehensively review all maternal deaths in order to not only evaluate the cause of death but also to assess preventability and make recommendations...." Then succinctly point out that the COVID-19 pandemic may influence

maternal deaths either directly due to SARS-CoV-2 in pregnant women and indirectly, due to changes in care practices. And then some shortened version of your last sentence?

Response: Thank you for this suggestion. The abstract has been revised extensively. The text is as follows:

Individual state Maternal Mortality Review Committees (MMRCs) aim to comprehensively review all maternal deaths in order to not only evaluate the cause of death, but also to assess preventability and make recommendations for action to prevent future deaths.
The MMRC process remains critical during the time of the Coronavirus-19 (COVID-19) pandemic. Maternal deaths due to COVID-19 have been reported in the United States. Some state MMRCs may choose to expedite review of these deaths in an effort to quickly provide clinicians with information intended to prevent other deaths during the ongoing pandemic. If states opt to pursue rapid review, entry of data into Maternal Mortality Review Information Application (MMRIA) and submission to the Centers for Disease Control and Prevention will allow for aggregation nationally without duplication. It will be important to review not only deaths directly attributed to COVID-19, but also those that may be indirectly related to COVID-19 such as those influenced by changes in care practices or delays in seeking care during the pandemic. Therefore, regardless of the timing of the review, maternal deaths which occur during the time of the COVID-19 pandemic must be evaluated within that framework in order to ensure that all factors contributing to the death are considered to better understand the context of each of these tragic events.”

Many of my recommendations are to help to make the paper a bit more succinct.

45-47: Delete—the next sentence adequately tees this up.

Response: This was deleted.

55: perhaps “The answer requires consideration....”

Response: The suggested change was made. The sentence now reads as follows:

“The answer requires consideration of current processes in place for maternal death review, and how these can be flexed to optimize public health efforts.”

67: is this these authors 2nd publication or is the second publication of a series of 2? Perhaps just say “Vallejo and Ilgan report (FN) the rapid deterioration and death following cesarean delivery of a 36 year old at 37 weeks gestational age”

Response: This is the second publication about maternal deaths due to COVID-19. We recognize this language was confusing and it has now been removed. The new sentence is as follows:

“Vallejo and Ilgan reported the rapid deterioration and death of a 36-year-old woman in the United States initially presenting at 37 weeks gestation with shortness of breath who quickly progressed to critical illness and then died following cesarean delivery.”

70-73: Do we need to know about the social media reports? Does this sentence add to your arguments?

Response: This sentence was deleted in favor of brevity.

78. Spell out all abbreviations on first use.

Response: Thank you for catching this. We have confirmed all abbreviations are spelled out at first use.

82. Is this reporting form mandatory and used for case tracking? What is its purpose?

Response: The purpose of the form is to allow for CDC tracking of COVID-19 infections nationally. But there are limitations to this form which are now highlighted as follows:

"There are limitations to the checkbox, perhaps most prominently that completion of the form is not mandatory, and the individual completing the CDC form would need to be aware of the patient's pregnancy in order to check the box."

85: Perhaps worth commenting on difficulty in identifying recent or early pregnancies for those filling out these forms.

Response: We clarified that this checkbox is more likely to miss early pregnancies.

"There are limitations to the checkbox, perhaps most prominently that the individual completing the form would need to be aware of the patient's pregnancy in order to check the box. This could result in under-estimation of the number of pregnant women with COVID-19, especially for those with early pregnancies."

92: pregnant or recently pregnant?

Response: This sentence was deleted as part of our efforts to decrease length of the commentary by 1/3.

104: Other sorts of disparities also important –rurality for instance. Perhaps just health disparities?

Response: Excellent point. This was changed to “health disparities” and the section was edited accordingly.

108: The idea of adding additional review meetings is an interesting one. One paper I read (I think we published) estimates 52 maternal deaths from SARS-CoV-2. While these won’t be evenly distributed across the different countries, do you think there will be a need for additional meetings?

Response: It may be that there are only 1 or two deaths per state that are directly attributable to COVID-19; however, any deaths during this time period could potentially be indirectly attributed to COVID-19 healthcare changes, etc. The issue here is that many MMRCs are delayed in reviewing cases and are sometimes reviewing deaths in the state from several years ago. There is concern that reviewing the 2020 deaths preferentially will cause even further delays in reporting of prior deaths. This is now clarified in the text as follows:

"MMRCs may consider collaborating with existing COVID-19 surveillance teams, creating a special taskforce to review maternal COVID-19 deaths or adding additional review meetings to the established schedule to minimize delays in reviewing deaths from previous years."

129: “...reviewing maternal deaths related to COVID-19”

Response: The proposed change was made as follows:

"These medical conditions may be significant, and could require additional subspecialist expertise when reviewing maternal deaths related to COVID-19."

136. This should read 'known COVID-19 positive individual, symptoms of SARS-CoV-2 infection,"

Response: Thank you. This change was made as follows:

"In some cases, the decedent may not have had COVID-19 testing, but there are multiple indications such as close contact with a known SARS-CoV-2 positive individual, symptoms of SARS-CoV-2 infection and progression to death from a respiratory illness, which could result in stating death was due to "probable COVID-19"."

138: aren't medical examiners already supposed to be on MMRC's?

Response: Ideally there are medical examiners on MMRCs. But not all of them have one. We removed the "plug" for having a medical examiner on the committee for the sake of brevity.

147: again, not just racial disparities.

Response: We agree that there are numerous health disparities and that all of these may be worsened with the current pandemic. A paragraph was added and this section was edited to recognize all of the different health disparities that exist.

"COVID-19 has disproportionately affected people of color and lower socioeconomic status. Similarly, geographic differences may become more pronounced with encouraged social isolation, decreased access to healthcare resources, and lack of available testing for SARS-CoV-2 in rural areas."

159: Rather than "persons" please use "people".

Response: "Persons" was replaced with "people".

166: should be SARS-CoV-2

Response: In this sentence, COVID-19 was intended to refer to the pandemic time period. This was clarified as follows:

"These complex factors must be considered in assessments of the contribution of health disparities to maternal deaths during the COVID-19 pandemic."

Please add rurality comments here as well, particularly as they relate to systems issues contributing to deaths.

Response: Please see detailed response to your comment re: line 147 above.

179. You've already introduced the abbreviation for the NCHS, which you can now use without spelling it out

Response: This was corrected. We have double checked that abbreviations are defined once and then used throughout.

184: I agree with reviewer that the STEMI information is too much. Present it at a high

level. May wish to comment on other COD, such as pregnancy-associated suicide, homicide, hemorrhagic shock from ectopic pregnancy, but perhaps lower rates of MVA-related deaths.

Response: Please see response to reviewer #2 above. This section was modified substantially.

201: again here, line 203 and elsewhere, please make sure you are using the correct terms for the virus and the infectious disease from the virus.

Response: We have reviewed the manuscript to ensure that the term SARS-CoV-2 is being used when referring to the virus, and COVID-19 is used when referring to the infection. The sentence that was previously on line 201 has been modified as follows:

"Universal screening for SARS-CoV-2 and triage of all fevers and respiratory symptoms as suspected COVID-19 infection, especially if performed outside of obstetric units, may delay the recognition and treatment of potentially fatal complications like pulmonary embolism, peripartum infections or cardiomyopathy."

221-228; You've mentioned all of this earlier. Please put it one place or another, not both.

Response: We agree that these lines were repetitive and have deleted them.

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.

Response: OPT-IN

2. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA). 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.

Response: The authors have added a disclosure of funding from the CDC to the department of health in their respective states.

"The authors are the Chairs of the Utah (TDM), Mississippi (CC) and Texas (LH) Maternal Mortality Review Committees. The Department of Health in each of these states receives funding to support the maternal mortality review process from the Centers for Disease Control and Prevention (CDC) ERASE maternal mortality grants. The views expressed in this commentary are those of the authors and do not necessarily represent the views of the CDC."

3. 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.

Response: "Cesarean delivery" was changed to "cesarean birth" throughout to align with these definitions.

4. 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.

Response: The revised manuscript is 2127 words.

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."

Response: A précis was added on the 2nd page of the manuscript.

"Standardized review of maternal deaths during the coronavirus-19 pandemic by existing Maternal Mortality Review Committees will improve data quality, preventability assessment and recommendations for action."

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 limit for Current Commentary articles is 250 words. Please provide a word count.

Response: The abstract was extensively revised in response to the editor's comments. It is now 216 words.

7. 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.

Response: Only standard abbreviations are used. We have verified that they are spelled out the first time they are used in the abstract and the manuscript.

8. 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.

Response: The virgule symbol has been removed from the manuscript.

9. 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.

Response: The term "provider" was removed and replaced with "healthcare professional" throughout the manuscript.

10. 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>.

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.

Response: We do not plan to publish open access.