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: May 01, 2020
To: "Elizabeth B Ausbeck" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-727

RE: Manuscript Number ONG-20-727

Outpatient Foley catheter for induction of labor in nulliparous women: a randomized controlled trial

Dear Dr. Ausbeck:

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 31, 2020, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: Ausbeck, et al. have submitted the results of a randomized controlled trial evaluating outpatient placement of a Foley catheter for cervical ripening in low-risk nulliparous women compared to inpatient Foley catheter placement. The primary outcome of the trial was duration of time (in hours) from admission to labor and delivery to delivery.

The authors cite the results of the ARRIVE trial (6h longer mean duration of stay in labor and delivery) and the expected increase in elective induction of labor and the associated costs of eIOL as the basis for the current trial. The introduction does an adequate and succinct job of summarizing the results of the ARRIVE trial and the positions of both ACOG and SMFM with regards to eIOL. The objective of the study and the authors' hypothesis are both clearly stated.

The flow diagram is clear. Including and exclusion criteria are described but require some clarification (see #2 below). The randomization strategy is described. The CONSORT checklist is complete. The trial was registered before patients were enrolled.

Questions:
1. The authors state that patients with known IUGR were excluded. Were pregnancies with possible macromsomia assessed/screened/included/excluded?

2. Methods section, line 131 states that women with "White classification type C diabetes mellitus or higher" were excluded. What does "higher" mean? Were patients with gestational diabetes (A1/A2) included or excluded?

3. The methods section states that women with, "well-controlled White classification B diabetes mellitus were eligible for inclusion." The primary outcome (and some secondary outcomes) could be affected by the proportion of patients with any form of diabetes (gestational or Class B). The proportions of patients with these should be included in table 1.

4. Given the higher admission WBC and almost double the rate of chorioamnionitis (though not statistically different between groups) it seems reasonable to look at duration of exposure to the FB between group. Was the duration of exposure to the Foley bulb measured for each arm? If so, would it be possible to list those mean exposure times in Table 3?

5. Differences in infant birthweight may contribute to duration of labor and it seems reasonable to compare this in table 4 if that data is available.

Reviewer #2: The manuscript submitted for review describes a non-blinded randomized controlled trial in nulliparas undergoing induction of labor with Foley catheter in the outpatient versus inpatient setting. 126 women were randomized with primary outcome of time from admission to L&D to delivery. The study found a shorter time from admission to delivery of about 4 hours in the outpatient arm.

With increasing rates of labor induction, this study addresses the important topic of outpatient ripening to reduce time in the hospital. While time on L&D appeared to be shorter, overall admission time did not significantly change.

1. Line 111, the authors state why they chose nulliparous women only. This justification may be better suited for either the introduction or the discussion.

2. Beginning on line 124, the medical or obstetric exclusion criteria are listed. Some are defined and others are not. They should all be clearly defined.

3. Acetaminophen was used as proxy to assess pain in outpatient setting. Was there a proxy for pain in the inpatient setting.

4. What were indications for CD?

5. Line 268, the two women with discomfort related to Foley catheter were discharged home . What about the 6 women with uterine contractions and no cervical change or the women with early Foley expulsion? Were they admitted early?

6. In regard to women admitted early, was the time in triage included in overall admission time?

7. In the discussion section, line 331, the explanation for the magnitude of the difference in admission prior to scheduled induction is confusing. It seems that even though instructions were provided, some patients came in despite them (Foley expulsion).

8. In Figure 1exclusion criteria it should probably be multiparous instead of nulliparous (4th line box on right)

9. In Table 1 modified bishop score at randomization in outpatient group is 1 (0-2) as stated in results section?

Reviewer #3: This is a randomized trial of nulliparous women undergoing eIOL after 39 weeks. Women were randomized to receive a foley bulb for manual dilation either at home the night before or at the time of admission for eIOL. The primary outcome was duration of time in hours from admission to delivery. 126 women were randomized, the groups were fairly similar but differed in BMI and GBS status. Home foley bulb saved 4.3 hours of time of time, but total hospitalized time did not differ. Other secondary outcomes were not different between the groups. The authors conclude that in nulliparous women undergoing eIOL, outpatient cervicasl ripening with a Foley decreased tine to delivery but that larger studies are need to evaluate other outcomes of interest including cesarean delivery and infections. Ways in which this manuscript could be improved include:

Lines 117-119: I was initially confused by this sentence, but later understood the methodology. I wonder if your screening method should precede this line to make it clear how patients were screened and ultimately enrolled.

Lines 207-218: Can these surveys be included in a supplemental to your manuscript?

Lines 249-250: Was this GBS difference by chance? It seems statistically curious that the difference was this large? perhaps patient with GBS were less likely to enroll? Any idea?

Lines 267-268: Perhaps I am confused, I thought patients were instructed that they did not need to come in for this indication? Am I mistaken?

Lines 274: This certainly raises concern about at home ripening. Perhaps some additional previous safety data from trials of home ripening could be included here?

Lines 291-294: This would make me think that home ripening in GBS patient is risky? Any previous data to refute this concern?

Lines 314-315: I wonder if a third arm of no eIOL would be helpful in future studies to determine if there are any differences in patient satisfaction.

STATISTICAL EDITOR COMMENTS:

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

Abstract: Should include the hypothetical SD used in calculation of the sample size.

lines 228-230: Although the primary outcome was significantly different for the two cohorts, the mean difference was 4.3. This value was less than 5 hrs, which was chosen to balance clinically meaningful vs that dictated by a feasible sample size. So is the difference clinically meaningful? This difference should be acknowledged in Discussion section.

Table 2: Should clearly separate the primary outcome from the secondary ones. Does not appear that RR was in the Table, so why is it in the footnote to Table?

Table 3: Same issue with RR. Need units for WBC, Dilation.

Table 4: Same issue with RR. Although there is NS for all the outcomes cited, each has low frequency and there is inadequate power to generalize the NS findings.

Fig 2: There were a number of women contacted, but declined. Are the women in the study who were analyzed representative of all women who would be eligible?

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.

42. Note that abstracts for RCTs should be structured similarly to the provided example (see http://edmgr.ovid.com /ong/accounts/sampleabstract_RCT.pdf). How did you decide that 5 hours was a significant difference?

47. In the abstract, please edit to write in complete sentences. eIOL, CF are not an acceptable abbreviations. Please edit here and throughout your manuscript.

49. While I recognize that the indications that were inappropriate for outpatient ripening is likely a long list, could you tell us if these were prespecified?

47. Please tell us who inserted the catheters? Same docs in both allocation groups?

58. Please tell us how the groups differed with respect to BMI, GBS.

56. P Values vs Effect Size and Confidence Intervals
While P values are a central part of inference testing in statistics, when cited alone, often the strength of the conclusion can be misunderstood. Whenever possible, 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.
This is true for the abstract as well as the manuscript, tables and figures.

Please provide absolute values for variables, in addition to assessment of statistical significance.

We ask that you provide crude OR's followed by adjusted OR's for all relevant variables.

Please limit p values to 3 decimal places.

88; Perhaps .."that rates of induction of labor...."

120; Can you provide the criteria for your modified Bishop score please?

124:-137: Please list these exclusion criteria in a box..this will increase readability and word count.

147. How was the patient's allocation determined? (Opaque, sealed envelopes? Online?) When was it revealed?

155: how was "significant' vaginal bleeding determined?

220: who reviewed the medical records? Did you analyze by intention to treat?

250: please see notes above re: presentation of results. It's not sufficient to just show us the different in BMI and GBS rates. These are numerically different, but you need to show us the evidence that these are statistically different. Similar comments for all the results section.

257: You had determined your power analysis based on a 5 hour difference—presumably what you thought was a clinically significant difference. You only showed a difference of 4.3 hours. As such, these seems like it's a statistical, but not clinically significant difference. Please make sure you address this in the discussion.

295. please give units for WBC

297. Perhaps just say there was no difference?

From a patient perspective, I'm struck that finding a 4.3 hour difference comes with an extra visit to the hospital that benefits the hospital but doesn't seem to provide any benefit to the patient. This does not seem to support outpatient monitoring.

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. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained." *The manuscript's guarantor.

If you are the lead author, please include this statement in your cover letter. If the lead author is a different person, please ask him/her to submit the signed transparency declaration to you. This document may be uploaded with your submission in Editorial Manager.

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: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 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 limit for Original Research articles is 300 words. Please provide a word count.

8. Abstracts for all randomized, controlled trials should be structured according to the journal's standard format. The Methods section should include the primary outcome and sample size justification. The Results section should begin with the dates of enrollment to the study, a description of demographics, and the primary outcome analysis. Please review the sample abstract that is located online here: http://edmgr.ovid.com/ong/accounts/sampleabstract_RCT.pdf. Please edit your abstract as needed.

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. 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.

12. 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%").

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.

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). 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 at the Clinical Guidance page at https://www.acog.org/clinical (click on "Clinical Guidance" at the top).

15. Figure 1 may be resubmitted with your revision.

16. 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.

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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 31, 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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