

# 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:** Dec 10, 2020  
**To:** "Stefanie J. Hollenbach" [REDACTED]  
**From:** "The Green Journal" em@greenjournal.org  
**Subject:** Your Submission ONG-20-3104

RE: Manuscript Number ONG-20-3104

Detecting the Maternal in Mortality: A Data Fusion Approach to Improving Pregnancy-Associated Mortality Ascertainment

Dear Dr. Hollenbach:

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).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Dec 31, 2020, we will assume you wish to withdraw the manuscript from further consideration.

#### REVIEWER COMMENTS:

Reviewer #1: Thank you for the opportunity to review your work. I read with interest your work examining EMR data mining tool to catch missed cases of maternal deaths and clinical detail associated with that. While limited to a single institution, it is looking at an important clinical metric with a very practical useful approach. I think it is of value to other researchers looking at similar metrics.

I have the following questions for authors:

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 - about preceding work—was there anything like this done in the past? For example, the reference below is using NIS sample. What other tools are in use to collect mortality data?

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- Data analytics—gathering maternal outcomes data from EMRs. What is common? Is there a standard? What is used internally in hospitals and what is used for research? Other than tool you used, is there others?

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Methods

4. Please describe your medical center a bit more. How many hospitals with L+D? how many are high risk and how many communities? How many deliveries per year? What kind of patient population is being served?

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  - Do you have to pay for TriNetX, and if so, how much?
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#### Discussion

11. Did your hospital system do anything with your data to improve care?
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-I think it is important to discuss the time needed to review 398 (41/439) medical records of patients that did not ultimately have a maternal death and discuss if that number would be reduced for institutions that only use 3 of the components for identification. I also think the limitations of the data fusion method need to be discussed. Why were there so many other records identified? could the model be improved upon to make it more specific

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This is a retrospective analysis, using a data fusion approach, of maternal mortality cases not detected with standard

surveillance strategies at a tertiary medical center over the course of 8 years.

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- The conclusion implies that the study aims to prove effectiveness of this data fusion approach in identifying cases of maternal mortality. The objective describes what will be done in the study but not the ultimate objective.
- Throughout the study you also analyze the distribution of these newly detected cases, and propose an effective strategy for more diligent ascertainment of maternal mortality recording; this could be added to your objectives as well.

#### Article:

##### Methods:

- Please describe how you chose which EMR entries to search for potential pregnancy exposure. Is there any evidence supporting certain codes over others to identify pregnancy exposure in the EMR, if so please cite this. If not, who decided on these codes and why.

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- There is commentary about whether or not the causes of death across the cohorts mirror the expected distribution within the United States population. It would be helpful to delineate this in your objectives or formulate a hypothesis about this topic if it will be discussed.
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#### STATISTICAL EDITOR COMMENTS:

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Fig 4: The cohort of maternal deaths is a relatively small group, so the %s should all be rounded to nearest integer %, not cited to 0.01% precision. Similarly, the other columns should be rounded to nearest 0.1% precision.

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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:

- OPT-IN: Yes, please publish my point-by-point response letter.
- 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. For studies that report on the topic of race or include it as a variable, authors must provide an explanation in the manuscript of who classified individuals' race, ethnicity, or both, the classifications used, and whether the options were defined by the investigator or the participant. In addition, the reasons that race/ethnicity were assessed in the study also should be described (eg, in the Methods section and/or in table footnotes). Race/ethnicity must have been collected in a formal or validated way. If it was not, it should be omitted. Authors must enumerate all missing data regarding race and ethnicity as in some cases, missing data may comprise a high enough proportion that it compromises statistical precision and bias of analyses by race.

Use "Black" and "White" (capitalized) when used to refer to racial categories. The nonspecific category of "Other" is a convenience grouping/label that should be avoided, unless it was a prespecified formal category in a database or research instrument. If you use "Other" in your study, please add detail to the manuscript to describe which patients were included in that category.

5. Please submit a completed STROBE checklist.

Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), observational studies using ICD-10 data (ie, RECORD), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), quality improvement in health care studies (ie, SQUIRE 2.0), and studies reporting results of Internet e-surveys (CHERRIES). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at <http://ong.editorialmanager.com>. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, RECORD, CHEERS, SQUIRE 2.0, or CHERRIES guidelines, as appropriate.

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 data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions> and the gynecology data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions>. 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: 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.

8. Titles in Obstetrics & Gynecology are limited to 100 characters (including spaces). Do not structure the title as a declarative statement or a question. Introductory phrases such as "A study of..." or "Comprehensive investigations into..." or "A discussion of..." should be avoided in titles. Abbreviations, jargon, trade names, formulas, and obsolete terminology also should not be used in the title. Titles should include "A Randomized Controlled Trial," "A Meta-Analysis," or "A Systematic Review," as appropriate, in a subtitle. Otherwise, do not specify the type of manuscript in the title.

9. 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).

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

11. 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.

12. 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.

13. 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.

14. 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%).

15. 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).

Please submit your Tables in an editable format.

16. Please review examples of our current reference style at <http://ong.editorialmanager.com> (click on the Home button in the Menu bar and then "Reference Formatting Instructions" document under "Files and Resources"). Include the digital object identifier (DOI) with any journal article references and an accessed date with website references. Unpublished data, in-press items, personal communications, letters to the editor, theses, package inserts, submissions, meeting presentations, and abstracts may be included in the text but not in the reference list.

In addition, 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 at the Clinical Guidance page at <https://www.acog.org/clinical> (click on "Clinical Guidance" at the top).

17. Figures 1-4: This current figure files may be resubmitted with the revision.

18. 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 <https://wkauthorservices.editage.com/open-access/hybrid.html>.

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. Do not omit your responses to the Editorial Office or Editors' comments.

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Sincerely,

Dwight J. Rouse, MD, MSPH

2019 IMPACT FACTOR: 5.524

2019 IMPACT FACTOR RANKING: 6th out of 82 ob/gyn journals

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601 Elmwood Avenue, Box 668  
Rochester, NY 14642

Dr. Nancy C. Cheshire, MD  
Editor-in-Chief  
*Obstetrics & Gynecology*

December 28, 2020

Dr. Chesire and colleagues,

We respectfully submit the requested revisions to our original research article entitled “Detecting the Maternal in Mortality: A Data Fusion Approach to Uncovering Maternal Death.”

We read and reviewed the referee and editor comments in detail and have provided an outline of our revisions to each suggested point. The following pages (2-7) contains the full text of the comments. Pages 8-15 contain our detailed responses to each comment.

Dr. Hollenbach 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.

We look forward to your response and are grateful for your consideration.

Warm regards,



Stefanie J. Hollenbach, M.D., M.S.  
Department of Obstetrics and Gynecology  
University of Rochester



## REVIEWER COMMENTS:

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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.

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.

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Use "Black" and "White" (capitalized) when used to refer to racial categories. The nonspecific category of "Other" is a convenience grouping/label that should be avoided, unless it was a prespecified formal category in a database or research instrument. If you use "Other" in your study, please add detail to the manuscript to describe which patients were included in that category.

5. Please submit a completed STROBE checklist.

Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), observational studies using ICD-10 data (ie, RECORD), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), quality improvement in health care studies (ie, SQUIRE 2.0), and studies reporting results of Internet e-surveys (CHERRIES). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at [https://urldefense.proofpoint.com/v2/url?u=http-3A\\_ong.editorialmanager.com&d=DwIGaQ&c=4sF48jRmVAe\\_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBEraXI-GKLEDRVennab3-ftKIUiB6FdO\\_iPP0uSq&m=z2u97ovslvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5\\_s&s=ZVqP\\_5Wd57VUOWvNB7X-ECBy8YIG-TF-hr-CivFg36o&e=](https://urldefense.proofpoint.com/v2/url?u=http-3A_ong.editorialmanager.com&d=DwIGaQ&c=4sF48jRmVAe_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBEraXI-GKLEDRVennab3-ftKIUiB6FdO_iPP0uSq&m=z2u97ovslvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5_s&s=ZVqP_5Wd57VUOWvNB7X-ECBy8YIG-TF-hr-CivFg36o&e=). In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, RECORD, CHEERS, SQUIRE 2.0, or CHERRIES guidelines, as appropriate.

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 data definitions at [https://urldefense.proofpoint.com/v2/url?u=https-3A\\_www.acog.org\\_practice-2Dmanagement\\_health-2Dit-2Dand-2Dclinical-2Dinformatics\\_revitalize-2Dobstetrics-2Ddata-2Ddefinitions&d=DwIGaQ&c=4sF48jRmVAe\\_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBEraXI-GKLEDRVennab3-ftKIUiB6FdO\\_iPP0uSq&m=z2u97ovslvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5\\_s&s=4x5gWvdk6LSliScrpK1IWqQP2JhepoVbzU4DwAQCBk&e=](https://urldefense.proofpoint.com/v2/url?u=https-3A_www.acog.org_practice-2Dmanagement_health-2Dit-2Dand-2Dclinical-2Dinformatics_revitalize-2Dobstetrics-2Ddata-2Ddefinitions&d=DwIGaQ&c=4sF48jRmVAe_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBEraXI-GKLEDRVennab3-ftKIUiB6FdO_iPP0uSq&m=z2u97ovslvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5_s&s=4x5gWvdk6LSliScrpK1IWqQP2JhepoVbzU4DwAQCBk&e=) and the gynecology data definitions at [https://urldefense.proofpoint.com/v2/url?u=https-3A\\_www.acog.org\\_practice-2Dmanagement\\_health-2Dit-2Dand-2Dclinical-2Dinformatics\\_revitalize-2Dgynecology-2Ddata-2Ddefinitions&d=DwIGaQ&c=4sF48jRmVAe\\_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBEraXI-GKLEDRVennab3-ftKIUiB6FdO\\_iPP0uSq&m=z2u97ovslvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5\\_s&s=gDp0gA8Yxpbr3trN6CL0u\\_RSjpjgpKmFfw48zBEMW5Y&e=](https://urldefense.proofpoint.com/v2/url?u=https-3A_www.acog.org_practice-2Dmanagement_health-2Dit-2Dand-2Dclinical-2Dinformatics_revitalize-2Dgynecology-2Ddata-2Ddefinitions&d=DwIGaQ&c=4sF48jRmVAe_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBEraXI-GKLEDRVennab3-ftKIUiB6FdO_iPP0uSq&m=z2u97ovslvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5_s&s=gDp0gA8Yxpbr3trN6CL0u_RSjpjgpKmFfw48zBEMW5Y&e=). 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: 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.

8. Titles in Obstetrics & Gynecology are limited to 100 characters (including spaces). Do not structure the title as a declarative statement or a question. Introductory phrases such as "A study of..." or "Comprehensive investigations into..." or "A discussion of..." should be avoided in titles. Abbreviations, jargon, trade names, formulas, and obsolete terminology also should not be used in the title. Titles should include "A Randomized Controlled Trial," "A Meta-Analysis," or "A Systematic Review," as appropriate, in a subtitle. Otherwise, do not specify the type of manuscript in the title.

9. 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).

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

11. 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.

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13. 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.

14. 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%).

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17. Figures 1-4: This current figure files may be resubmitted with the revision.

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We have read the reviewer and editor comments with interest and addressed each comment as detailed below:

Reviewer #1:

Introduction

**1. Lines 135-151 I think can be condensed to 1-2 sentences because focus of this article is not on what causes are, but rather on how to collect that data. Instead, I would have liked to hear more items below:**

**- about preceding work—was there anything like this done in the past? For example, the reference below is using NIS sample. What other tools are in use to collect mortality data?**

Luke AA, Huang K, Lindley KJ, Carter EB, Joynt Maddox KE. Severe Maternal Morbidity, Race, and Rurality: Trends Using the National Inpatient Sample, 2012-2017. J Womens Health (Larchmt). 2020 Nov 19. doi: 10.1089/jwh.2020.8606. Epub ahead of print. PMID: 33216678.

**- Data analytics—gathering maternal outcomes data from EMRs. What is common? Is there a standard? What is used internally in hospitals and what is used for research? Other than tool you used, is there others?**

**-Separating trends in mortality from measurement issues. References 2-8 in this paper address this but I think it would help to add a few sentences with a bit more detail or those not well versed in this topic. For example, MMRC and Prevention's National Center for Health Statistics have issues, and as a result, accurate reporting has not been happening over the last decade as outlined in the reference below. I think a brief summary of bigger picture issues would help orient readers.**

The introduction has been updated based on these recommendations- contraction in the areas recommended and expansion of the topics suggested.

Methods

**4. Please describe your medical center a bit more. How many hospitals with L+D? how many are high risk and how many communities? How many deliveries per year? What kind of patient population is being served?**

The manuscript has been updated to include these characteristics. Additional details on any of these characteristics can also be provided, if desired.

**5. Lines 176-177. "Women known to health care system"—please explain how this knowledge is obtained. Health system birth registry? M+M list? QI reporting? Regional mortality committee? Some other way?**

This description was expanded to detail the standard identification strategy. Further detail can be provided, if desired.

**6. Lines 183-194. More detail is needed in order for others to be able to understand and replicate if desired**  
**- Which EMR?**

The text was updated to include that the local EMR is Epic.

**- How was the query done? I have done epic queries and it gets complicated quickly. Wondering if this was complicated or not.**

TrinetX is quite intuitive and easy to use, unlike the standard epic queries which are not. A visual representation of the user interface is also provided as an option for inclusion in the appended appendix/supplemental material.

**- Please list all parameters used, i.e which obstetric codes, which procedures, which medications, and if there were others if possible, in appendix/supplement.**

An appendix has been included with these parameters.

**- What is "standard medical informatics service entry?**

This is the query done through a more traditional epic query- this is how we identified hospital locations as a means of identifying potential pregnancy exposure. This has been clarified in the study flow chart, parameters used appendix, and text.

**- Do you have to pay for TriNetX, and if so, how much?**

TriNetX is available without charge to research institutions and the technical support for it at our institution is through the Clinical and Translational Science Institute. The text was updated to provide additional logistical information about this platform.

**7. Please add the study flow chart**

This has been added as figure 1.

**8. Lines 221-221. 439 charts were identified, but most of them ended not being correct. What were the most common reasons for that? The accuracy of that is not high, so I am concerned that it will be a time-consuming task that makes this method prohibitively so. Please address.**

Given the desire to not automate in errors that could not be predicted, we did not introduce time constraints between the time stamp of the chart finding and the date of the patient's death. While it should be predictable that a two year constraint between a potential pregnancy exposure event and the death should include any potential maternal mortalities, this was not used on our first iteration in the event we would cover up data in a way we did not understand or predict, and without knowing it was happening. With the high fidelity of the obstetric exposure events and likelihood of a pregnancy at that time, we plan to introduce this on subsequent iterations at our institution. Most of the non-maternal mortalities were those with pregnancies more than a year prior to their death. Thus these constraints would address much of the relatively high denominator. The text was updated to address this briefly but additional information could be provided, if desired.

**9. Figure 3. Please add N to %.**

This has been updated to include both n and percentage.

**10. For N of 8/figure 3, what were the causes?**

Figures 2 and 3 were reordered to clarify text reference and the text was updated to detail the causes of the pregnancy-related mortalities.

Discussion

**11. Did your hospital system do anything with your data to improve care?**

Paragraph 5 of the discussion was expanded to include specifics of our hospital system.

**12. Would using other tools improve accuracy? Can tools be modified?**

Very likely so and could provide complementary improvements to remaining areas of weakness in identification. We propose that tools likely should be modified to meet local requirements.

Reviewer #2:

**paragraph starting line 144: not certain this is necessary. i think the statement about obstetric investment in trauma related death is speculative and not necessarily an indication for proceeding with this study especially given your findings dont support any additional cases of trauma found compared to hospital method. Considering**



reporting this as another area of pregnancy associated deaths to explore, although some would describe this as pregnancy related when the DV happened due to pregnancy and stress on relationship.

This paragraph was updated to remove the speculative statement and focus on the challenging delineation of pregnancy-related death where the pregnancy itself appears to increase the risk of a non-obstetric death.

**line 187: what medications commonly used in pregnancy? is it just those listed in table (ie betamethasone and progesterone?)**

Yes, this query was for betamethasone and IM or PV progesterone. An appendix has been included with the specific details of these queries for reference and to assist with ease of replication at other institutions.

**line 226-228: you state this would have identified 16/18 additional cases with just 3 components. What would the total have been? Just curious if this also decreases the denominator or number of cases to review that are not maternal deaths.**

This is an excellent question. Paragraph 4 of the discussion was expanded to address this question.

**line 270: did you find example of this at your institution? woman delivering at outside institution that were transferred in and subsequently died.**

Yes- paragraph 1 of the discussion was expanded to address this.

**line 312: I think this is extremely important to compare to national vital statistics to determine if your method is necessary or if these deaths were already identified at that national level. important observation**

The text of the introduction and discussion was expanded to review how this could potentially fit into the picture formed by national vital statistics. In addition, addressed the potential to understand how many of these cases were identified in the death certificates in future studies.

conclusion:

**-I think it is important to discuss the time needed to review 398 (41/439) medical records of patients that did not ultimately have a maternal death and discuss if that number would be reduced for institutions that only use 3 of the components for identification. I also think the limitations of the data fusion method need to be discussed. Why were there so many other records identified? could the model be improved upon to make it more specific**

The fourth paragraph of the discussion was expanded to address these points. This can be further expanded in the discussion/conclusion if desired.

**-Is it possible to describe the analytical method or model and what EMR software it was performed on to help for generalizability for other institutions to assess if this is a method that would be possible for them.**

The methods were expanded to better assist with replication at other institutions. In addition, supplemental information was provided with data regarding the specific codes used within the extraction technique.

Reviewer #3:

Abstract:

Objective:

**-The conclusion implies that the study aims to prove effectiveness of this data fusion approach in identifying cases of maternal mortality. The objective describes what will be done in the study but not the ultimate objective.**

**-Throughout the study you also analyze the distribution of these newly detected cases, and propose an effective strategy for more diligent ascertainment of maternal mortality recording; this could be added to your objectives as well.**

The wording of the objective was updated to reflect these suggestions.

Article:

Methods:

**-Please describe how you chose which EMR entries to search for potential pregnancy exposure. Is there any evidence supporting certain codes over others to identify pregnancy exposure in the EMR, if so please cite this. If not, who decided on these codes and why.**

We believe that antecedent pregnancy exposure as a risk factor for maternal mortality amongst deceased individuals of reproductive age is a previously uncharacterized approach to improved ascertainment thus these choices were empiric. The text of the methods was expanded to characterize this (third paragraph under the "cohort identification" subheading.

Results:

**-There is commentary about whether or not the causes of death across the cohorts mirror the expected distribution within the United States population. It would be helpful to delineate this in your objectives or formulate a hypothesis about this topic if it will be discussed.**

The text under the subheading "Outcomes of Interest" in the methods section was expanded to address this recommendation.

**-Although the distribution of the additionally ascertained cases does trend with national data, the limited sample size of the study calls to question the power of these mirroring trends.**

Agree! This was the rationale for not performing any formal statistical analysis of this and including the reference to the United States population in the discussion rather than the results. A specific comment to the limits of power for formal comparison can be added to the discussion, if desired.

Discussion:

**-Please comment on any existing strategies for improved maternal mortality case ascertainment and how your strategy fits into the literature**

The introduction and discussion was expanded to review the national strategies to improving ascertainment and how this style of approach complements other strategies.

Figure 1 & Figure 3:

**-Would be helpful for readers if you added a number or percentage to the "Hospital-identified" and "newly ascertained" as it is difficult to distinguish the exact proportions the way it is currently depicted**

These figures were updated to include the n for each within the breakdown but not the percentage (as it would be percentage of the subgroup and likely contribute to confusion). In this way, all n are reflective of the total cohort and all percentages included are in reference to the total cohort. The text with the n for the hospital identified versus newly ascertained were included between the bar chart and the pie chart within the call out lines but this placement can be updated if another location would provide better clarity.

STATISTICAL EDITOR COMMENTS:

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

**Table 1: It would be informative to include an additional version of Table 1 that had as the 1st row, the most**

common characteristic, then listing the remaining in decreasing order of additional unique information. That is, for the hospital cohort, 19/23 had "any pregnancy associated code in EMR", then how many were obtained by adding information from OB ultrasound, admit to OB location, etc. Similarly for the other columns of Table 1.

Sequential additional of markers to build each cohort is displayed in a new figure (now Table 2). If this was not what was the intended representation, we can provide additional Tables as needed!

**Fig 4: The cohort of maternal deaths is a relatively small group, so the %s should all be rounded to nearest integer %, not cited to 0.01% precision. Similarly, the other columns should be rounded to nearest 0.1% precision.**

Figure 4 has been updated to reflect these changes.

lines 278-286, Fig 4: Statistical analyses can be done, but are limited in terms of power by the relatively small samples. For example, the proportion of Black was 24%(95% CI = 12-45), White 415 (95% CI = 39-90) and Hispanic 12%(95% CI = 4-28). All CIs thus include the mean values for the larger population and no conclusion re: race or ethnicity can be concluded from these data. So, the paragraph should be altered to reflect that.

The text was updated to include this information- if wording should be further updated to reflect statistical limitations, this can be done, if desired.

#### 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.

OPT-IN: Yes, please 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.

It has been confirmed with the coauthors that the disclosures listed in the 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.

This statement has been included in the cover letter submitted with the revised document.

4. For studies that report on the topic of race or include it as a variable, authors must provide an explanation in the manuscript of who classified individuals' race, ethnicity, or both, the classifications used, and whether the options were defined by the investigator or the participant. In addition, the reasons that race/ethnicity were assessed in the study also should be described (eg, in the Methods section and/or in table footnotes). Race/ethnicity must have been collected in a formal or validated way. If it was not, it should be omitted. Authors must enumerate all missing data regarding race and ethnicity as in some cases, missing data may comprise a high enough proportion that it compromises statistical precision and bias of analyses by race.

Use "Black" and "White" (capitalized) when used to refer to racial categories. The nonspecific category of "Other" is a convenience grouping/label that should be avoided, unless it was a prespecified formal category in a database or research instrument. If you use "Other" in your study, please add detail to the manuscript to describe which patients were included in that category.

As detailed in the results as well as the strengths and limitations section of the discussion, the race and ethnicity data included are as identified in the EMR. While our hospital system has recently undergone the initiative to collect patient-identified race and ethnicity information, this was not universally the case in the earlier years of the study. However, we elected to include this information—as much as it is limited by non-validated assignment—due to the significance of racial disparities in the experience of maternal mortality. This can be further enumerated in the limitations, if desired.

#### 5. Please submit a completed STROBE checklist.

Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), observational studies using ICD-10 data (ie, RECORD), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), quality improvement in health care studies (ie, SQUIRE 2.0), and studies reporting results of Internet e-surveys (CHERRIES). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at [https://urldefense.proofpoint.com/v2/url?u=http-3A\\_ong.editorialmanager.com&d=DwIGaQ&c=4sF48jRmVAe\\_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBeraXI-GKLEDRVennab3-ftKlUiB6FdO\\_i\\_PP0uSq&m=z2u97ovsIvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5\\_s&s=ZVqP\\_5Wd57VUOWvNB7X-ECBy8YIG-TF-hr-CivFg360&e=](https://urldefense.proofpoint.com/v2/url?u=http-3A_ong.editorialmanager.com&d=DwIGaQ&c=4sF48jRmVAe_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBeraXI-GKLEDRVennab3-ftKlUiB6FdO_i_PP0uSq&m=z2u97ovsIvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5_s&s=ZVqP_5Wd57VUOWvNB7X-ECBy8YIG-TF-hr-CivFg360&e=). In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, RECORD, CHEERS, SQUIRE 2.0, or CHERRIES guidelines, as appropriate.

A completed STROBE checklist has been included with the revised submission.

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 data definitions at [https://urldefense.proofpoint.com/v2/url?u=https-3A\\_www.acog.org\\_practice-2Dmanagement\\_health-2Dit-2Dand-2Dclinical-](https://urldefense.proofpoint.com/v2/url?u=https-3A_www.acog.org_practice-2Dmanagement_health-2Dit-2Dand-2Dclinical-)

2Dinformatics\_revitalize-2Dobstetrics-2Ddata-2Ddefinitions&d=DwIGaQ&c=4sF48jRmVAe\_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBEraXI-GKLEDRVennab3-ftKIUiB6FdO\_i\_PP0uSq&m=z2u97ovsIvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5\_s&s=4x5gWvdk6L SliScrpK1IWqOP2JhepoVbzU4DwAQc0Bk&e= and the gynecology data definitions at [https://urldefense.proofpoint.com/v2/url?u=https-3A\\_www.acog.org\\_practice-2Dmanagement\\_health-2Dit-2Dand-2Dclinical-2Dinformatics\\_revitalize-2Dgynecology-2Ddata-2Ddefinitions&d=DwIGaQ&c=4sF48jRmVAe\\_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBEraXI-GKLEDRVennab3-ftKIUiB6FdO\\_i\\_PP0uSq&m=z2u97ovsIvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5\\_s&s=gDp0gA8Yxpb r3trN6CL0u\\_RSppjgpKmFfw48zBEMW5Y&e=](https://urldefense.proofpoint.com/v2/url?u=https-3A_www.acog.org_practice-2Dmanagement_health-2Dit-2Dand-2Dclinical-2Dinformatics_revitalize-2Dgynecology-2Ddata-2Ddefinitions&d=DwIGaQ&c=4sF48jRmVAe_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBEraXI-GKLEDRVennab3-ftKIUiB6FdO_i_PP0uSq&m=z2u97ovsIvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5_s&s=gDp0gA8Yxpb r3trN6CL0u_RSppjgpKmFfw48zBEMW5Y&e=) . If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

No reVITALize defined terms were used in the submitted work.

7. 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.

This Original Research report is 13 pages in its revised format including 1 page of references. There are also 5 figures and 2 pages of supplemental materials for an approximate page length of 16 pages.

8. Titles in Obstetrics & Gynecology are limited to 100 characters (including spaces). Do not structure the title as a declarative statement or a question. Introductory phrases such as "A study of..." or "Comprehensive investigations into..." or "A discussion of..." should be avoided in titles. Abbreviations, jargon, trade names, formulas, and obsolete terminology also should not be used in the title. Titles should include "A Randomized Controlled Trial," "A Meta-Analysis," or "A Systematic Review," as appropriate, in a subtitle. Otherwise, do not specify the type of manuscript in the title.

The title has been updated to adhere to these guidelines.

9. 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).

These specific rules governing the use of acknowledgements have been followed.

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

The short title was included following the Précis.

11. 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.

The abstract and been carefully reviewed and adheres to these recommendations.

12. Only standard abbreviations and acronyms are allowed. A selected list is available online at [https://urldefense.proofpoint.com/v2/url?u=http-3A\\_edmgr.ovid.com\\_ong\\_accounts\\_abbreviations.pdf&d=DwIGaQ&c=4sF48jRmVAe\\_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBEraXI-GKLEDRVennab3-ftKIUiB6FdO\\_i\\_PP0uSq&m=z2u97ovsIvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5\\_s&s=PtpEp1ogqf3XrjQb\\_mFW16YScU5dNMmTbb0Ey4Gah6g&e=](https://urldefense.proofpoint.com/v2/url?u=http-3A_edmgr.ovid.com_ong_accounts_abbreviations.pdf&d=DwIGaQ&c=4sF48jRmVAe_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBEraXI-GKLEDRVennab3-ftKIUiB6FdO_i_PP0uSq&m=z2u97ovsIvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5_s&s=PtpEp1ogqf3XrjQb_mFW16YScU5dNMmTbb0Ey4Gah6g&e=) . 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.

This formatting has been followed.

13. 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.

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14. 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%).

This formatting has been followed.

15. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: [https://urldefense.proofpoint.com/v2/url?u=http-3A\\_edmgr.ovid.com\\_ong\\_accounts\\_table-5Fchecklist.pdf&d=DwIGaQ&c=4sF48jRmVAe\\_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBEraXI-GKLEDRVennab3-ftKIUiB6FdO\\_i\\_PP0uSq&m=z2u97ovsIvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5\\_s&s=tz8wgpZ9bnQeTbpDocZjTRLqvmhqHZIMkX8JG30KclU&e=](https://urldefense.proofpoint.com/v2/url?u=http-3A_edmgr.ovid.com_ong_accounts_table-5Fchecklist.pdf&d=DwIGaQ&c=4sF48jRmVAe_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBEraXI-GKLEDRVennab3-ftKIUiB6FdO_i_PP0uSq&m=z2u97ovsIvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5_s&s=tz8wgpZ9bnQeTbpDocZjTRLqvmhqHZIMkX8JG30KclU&e=) .

Please submit your Tables in an editable format.

The tables have been included in an editable format

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The references have been updated to the style of Obstetrics & Gynecology publication standards.

**17. Figures 1-4:** This current figure files may be resubmitted with the revision.

The current figure files have been resubmitted with the revision, though reflecting all suggested revisions of the referees.

**18. 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 [https://urldefense.proofpoint.com/v2/url?u=http-3A\\_links.lww.com\\_LWW-2DES\\_A48&d=DwIGaQ&c=4sF48jRmVAe\\_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBEraXI-GKLEDRVennab3-ftKIUiB6FdO\\_i\\_PP0uSq&m=z2u97ovsIvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5\\_s&s=-b11fdPBift5vCVn60Ly1yGTHDj8R2Z8zMNKogwVEts&e=](https://urldefense.proofpoint.com/v2/url?u=http-3A_links.lww.com_LWW-2DES_A48&d=DwIGaQ&c=4sF48jRmVAe_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBEraXI-GKLEDRVennab3-ftKIUiB6FdO_i_PP0uSq&m=z2u97ovsIvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5_s&s=-b11fdPBift5vCVn60Ly1yGTHDj8R2Z8zMNKogwVEts&e=) . The cost for publishing an article as open access can be found at [https://urldefense.proofpoint.com/v2/url?u=https-3A\\_wkauthorservices.editage.com\\_open-2Daccess\\_hybrid.html&d=DwIGaQ&c=4sF48jRmVAe\\_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBEraXI-GKLEDRVennab3-ftKIUiB6FdO\\_i\\_PP0uSq&m=z2u97ovsIvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5\\_s&s=K06DsdSNUIg\\_oyQNATfGXTltHiI06kLEHLBrm54Z5Bw&e=](https://urldefense.proofpoint.com/v2/url?u=https-3A_wkauthorservices.editage.com_open-2Daccess_hybrid.html&d=DwIGaQ&c=4sF48jRmVAe_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&r=oLr4Y2xPCzwzSvf5Wq-ilXRBEraXI-GKLEDRVennab3-ftKIUiB6FdO_i_PP0uSq&m=z2u97ovsIvMQs6bocNFlwy8uFISn6q4eGdiNXQoQ5_s&s=K06DsdSNUIg_oyQNATfGXTltHiI06kLEHLBrm54Z5Bw&e=) .

This helpful information has been reviewed by the authors.