

# 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](mailto:obgyn@greenjournal.org).

**Date:** Aug 06, 2021  
**To:** "Marta J Perez" [REDACTED]  
**From:** "The Green Journal" em@greenjournal.org  
**Subject:** Your Submission ONG-21-1576

RE: Manuscript Number ONG-21-1576

Obstetric inpatient administration of COVID-19 vaccine

Dear Dr. Perez:

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).

Please be sure to address the Editor comments (see "EDITOR COMMENTS" below) in your point-by-point response.

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 Aug 27, 2021, we will assume you wish to withdraw the manuscript from further consideration.

#### REVIEWER COMMENTS:

Reviewer #1:

This is a research letter describing inpatient obstetric COVID 19 vaccine administration.

1. Methods: Why wasn't vaccination available on weekends?
2. Methods: When were the vaccines administered? I assume postpartum?
3. Methods: Why was the study period chosen to be 36 days?
4. Methods: How was vaccination confirmed prior to admission? Medical record documentation?
5. Methods: Were these patient's prenatal care clinics also offering COVID 19 vaccination?
6. Methods: How was the ADI calculated?
7. The Figures were not included in the manuscript so these cannot be reviewed.

Reviewer #2:

This study set out to investigate the feasibility of a vaccination program in an inpatient obstetric unit. The authors do a great job of building up the problem of vaccine hesitancy among pregnant people in the introduction. The objective is clearly defined.

Methods

1. When was the intended time of vaccination? Was it during labor, in the postpartum period or was it predicated on pharmacist availability?

Results

2. There are 28 patients that were eligible, but not offered the vaccine. What information do you have on this group? Were characteristics of this group in some way different? Were these precipitous deliveries? Please add a statement regarding this group.
3. When were most women vaccinated (e.g. during labor, postpartum period)? It would be helpful to make a statement regarding this if space allows.

## Discussion

While uptake and acceptance of the COVID-19 vaccine was low the researchers were able to vaccinate a group that has been disproportionately impacted by COVID-19 improving access and likely impacting health outcomes for this group. Well done!

4. Do the authors think counseling for Black women with comorbidities may have been different (e.g. emphasizing importance and concerns about disease severity) or do they believe simply having this access around delivery was most important to increased vaccination acceptance in this group? This will be key for future implementation efforts.

## Reviewer #3:

Table 1: Need units for maternal age, gestational age. The comparison of diabetes and of prior covid infection rates should have used Fisher's test, not chi-square (lines 27- 28). Each column has  $N < 100$ , so should round all the %s to nearest integer, not cite to 0.1% precision. It would be informative to include a third column, those who declined vaccination and compare characteristics of those who accepted vs those who declined vaccination.

My copy did not include the Fig, but only the fig legends.

## EDITOR COMMENTS:

1. The Editors of Obstetrics & Gynecology have increased 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. When you submit your revised manuscript, please make the following edits to ensure your submission contains the required information that was previously omitted for the initial double-blind peer review:

- \* Include your title page information in the main manuscript file. The title page should appear as the first page of the document. Add any previously omitted Acknowledgements (ie, meeting presentations, preprint DOIs, assistance from non-byline authors).
- \* Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and in the body text. For industry-sponsored studies, the Role of the Funding Source section should be included in the body text of the manuscript.
- \* Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).
- \* Name the IRB or Ethics Committee institution in the Methods section (if applicable).
- \* Add any information about the specific location of the study (ie, city, state, or country), if necessary for context.

3. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA), which must be completed by all authors. When you uploaded your manuscript, each co-author received an email with the subject, "Please verify your authorship for a submission to Obstetrics & Gynecology." Please check with your coauthors to confirm that they received and completed this form, and that the disclosures listed in their eCTA are included on the manuscript's title page.

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. 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: Research Letters should not exceed 600 words and may include no more than two figures and/or tables (2 items total). Stated word limits include the title page, précis, abstract, text, tables, boxes, and figure legends, but exclude references.

8. 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).

\* If your manuscript was uploaded to a preprint server prior to submitting your manuscript to Obstetrics & Gynecology, add the following statement to your title page: "Before submission to Obstetrics & Gynecology, this article was posted to a preprint server at: [URL]."

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 commercial name (with the generic name in parentheses) may be used once in the body of the manuscript. Use the generic name at each mention thereafter. Commercial names should not be used in the title, précis, or abstract.

11. 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.

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](http://edmgr.ovid.com/ong/accounts/table_checklist.pdf).

14. 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 references you are citing are still current and available. Check the Clinical Guidance page at <https://www.acog.org/clinical> (click on "Clinical Guidance" at the top). If the reference is still available on the site and isn't listed as "Withdrawn," it's still a current document.

If the reference you are citing has been updated and 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.

15. Figure 1: Please upload as a figure file on Editorial Manager.

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

If the figures were created using a statistical program (eg, STATA, SPSS, SAS), please submit PDF or EPS files generated directly from the statistical program.

Figures should be saved as high-resolution TIFF files. The minimum requirements for resolution are 300 dpi for color or black and white photographs, and 600 dpi for images containing a photograph with text labeling or thin lines.

Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce.

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

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 open access, you will receive an Open Access Publication Charge letter from the Journal's Publisher, Wolters Kluwer, and instructions on how to submit any open access charges. The email will be from [publicationservices@copyright.com](mailto:publicationservices@copyright.com) with the subject line, "Please Submit Your Open Access Article Publication Charge(s)." Please complete payment of the Open Access charges within 48 hours of receipt.

\*\*\*

If you choose to revise your manuscript, please submit your revision through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded as a Microsoft Word document. 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.

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 21 days from the date of this letter. If we have not heard from you by Aug 27, 2021, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Torri D. Metz, MD  
Associate Editor, Obstetrics

2020 IMPACT FACTOR: 7.661  
2020 IMPACT FACTOR RANKING: 3rd 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.

Dear reviewers and editors,

I confirm I have read Obstetrics & Gynecology Instructions for Authors. Below is a point-by-point response to our reviewers' and editor comments. Declaration of transparency: All authors have contributed to this work and agree to the final submission.

Thank you so much!

**Marta J. Perez MD**

*Primary & Corresponding Author*

Reviewer #1:

This is a research letter describing inpatient obstetric COVID 19 vaccine administration.

1. Methods: Why wasn't vaccination available on weekends?

**The logistics of vaccine dose preparation and administration at our hospital was managed by pharmacy staff. This staffing was unavailable on weekend days. We added this information to the manuscript in the Methods section.**

2. Methods: When were the vaccines administered? I assume postpartum?

**The vaccine was administered on the postpartum unit. This information was added to Methods.**

3. Methods: Why was the study period chosen to be 36 days?

**Vaccine uptake is a time-sensitive matter and we wanted to report our findings as quickly as possible so that others could learn from the experience.**

4. Methods: How was vaccination confirmed prior to admission? Medical record documentation?

**Yes. Our inpatient medical record system has an immunization record that syncs with state immunization records. We would add this information to the manuscript, however we are limited by the word limit.**

5. Methods: Were these patient's prenatal care clinics also offering COVID 19 vaccination?

**At the time of our roll out, only one of seven prenatal clinics at our institution had vaccinations available at the site This information was not included due to word count limitations.**

6. Methods: How was the ADI calculated?

**Each patient's home address at their delivery admission was used to determine their 12-digit FIPS code (census block group). The University of Wisconsin School of Medicine and**

**Public Health Neighborhood Atlas was used to match FIPS codes to 2019 ADI data, which is the most recent year available.**

7. The Figures were not included in the manuscript so these cannot be reviewed.

**The figures are included with resubmission.**

Reviewer #2:

This study set out to investigate the feasibility of a vaccination program in an inpatient obstetric unit. The authors do a great job of building up the problem of vaccine hesitancy among pregnant people in the introduction. The objective is clearly defined.

Methods

1. When was the intended time of vaccination? Was it during labor, in the postpartum period or was it predicated on pharmacist availability?

**The vaccinations were administered on the postpartum unit, we have updated the Methods section to include the timing of administration.**

Results

2. There are 28 patients that were eligible, but not offered the vaccine. What information do you have on this group? Were characteristics of this group in some way different? Were these precipitous deliveries? Please add a statement regarding this group.

**The documentation in the medical records is not complete for these patients. It is possible that these patients were in fact offered the vaccine by the medical team, but it was not documented. We identified 2 patients whose chart stated that they were counseled, but no documentation of if the vaccine was offered was found. The remaining 26 charts did not contain documentation in the medical record note about vaccination. The vaccine was not available on weekends, 50% of the group that lacked documentation were discharged on weekends.**

3. When were most women vaccinated (e.g. during labor, postpartum period)? It would be helpful to make a statement regarding this if space allows.

**We have added that vaccinations were administered on the postpartum unit to the Methods section.**

Discussion

While uptake and acceptance of the COVID-19 vaccine was low the researchers were able to vaccinate a group that has been disproportionately impacted by COVID-19 improving access and likely impacting health outcomes for this group. Well done!

**Thank you, we think this is meaningful and impactful for our patients.**

4. Do the authors think counseling for Black women with comorbidities may have been different (e.g. emphasizing importance and concerns about disease severity) or do they believe simply having this access around delivery was most important to increased vaccination acceptance in this group? This will be key for future implementation efforts.

**This is an insightful question. We believe that the access around the time of delivery was very important as well as directly linking a counseling episode with vaccination episode in one clinical inpatient experience, though patients' concern about their co-morbidity during their parturition may certainly play a role. We intend to do further work as our inpatient vaccination program continues and describe our populations more extensively as time goes on.**

Reviewer #3:

Table 1: Need units for maternal age, gestational age.

**The units have been added.**

The comparison of diabetes and of prior covid infection rates should have used Fisher's test, not chi-square (lines 27- 28).

**Fisher's exact was used for prior COVID-19 infection (added to Methods section). We did not use Fisher's exact for diabetes because the expected count was not <5 (it was 5.47).**

Each column has  $N < 100$ , so should round all the %s to nearest integer, not cite to 0.1% precision.

**This has been changed.**

It would be informative to include a third column, those who declined vaccination and compare characteristics of those who accepted vs those who declined vaccination.

**We agree that examining patient reasons for declining the vaccine, in addition to improving our acceptance rate, is incredibly important and is currently an on-going project. We wanted to focus this report on the feasibility of inpatient COVID vaccination to encourage other Labor units to adopt similar programs. The table is available below, but we did not feel that analysis those that declined fit the scope of this research letter and we hope to address this in future work.**

**The patients who declined vaccination only differed from those who accepted by vaccination status (compared using Fisher's exact test).**

---

Declined Vaccination N=169	Received Vaccination N=43	<i>p</i>
----------------------------------	---------------------------------	----------

---

Maternal age, years	27 (24-31)	30 (25-34)	0.14
Gestational age, weeks	38.7 (37-39)	38.6 (37-39)	0.66
Nulliparous	42 (25)	10 (23)	0.78
Race			0.59
Black	106 (65)	25 (58)	
White	53 (33)	16 (37)	
Other	4 (3)	2 (5)	
Hispanic	7 (4)	3 (7)	0.43
Insurance			0.02
Public	88 (52)	26 (61)	
Commercial	81 (48)	15 (35)	
Uninsured	0 (0)	2 (5)	
Mode of delivery			0.92
Vaginal	121 (73)	31 (72)	
C-Section	45 (27)	12 (28)	
Medical comorbidity	77 (46)	25 (58)	0.14
Hypertensive disorder of pregnancy	68 (40)	23 (54)	0.12
Diabetes	17 (10)	4 (9)	1.00
Mode of feeding at discharge			0.91
Breastfeeding/pumping	84 (50)	20 (47)	
Formula	50 (30)	13 (30)	
Both	35 (21)	10 (23)	
Prior COVID infection	6 (5)	1 (5)	1.00

Data are presented as n(%) or median (interquartile range)

My copy did not include the Fig, but only the fig legends.

**The figure is included.**

EDITOR COMMENTS:

1. The Editors of Obstetrics & Gynecology have increased 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. When you submit your revised manuscript, please make the following edits to ensure your submission contains the required information that was previously omitted for the initial double-blind peer review:

- \* Include your title page information in the main manuscript file. The title page should appear as the first page of the document. Add any previously omitted Acknowledgements (ie, meeting presentations, preprint DOIs, assistance from non-byline authors).
- \* Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and in the body text. For industry-sponsored studies, the Role of the Funding Source section should be included in the body text of the manuscript.
- \* Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).
- \* Name the IRB or Ethics Committee institution in the Methods section (if applicable).
- \* Add any information about the specific location of the study (ie, city, state, or country), if necessary for context.

**These changes have been made.**

3. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA), which must be completed by all authors. When you uploaded your manuscript, each co-author received an email with the subject, "Please verify your authorship for a submission to Obstetrics & Gynecology." Please check with your coauthors to confirm that they received and completed this form, and that the disclosures listed in their eCTA are included on the manuscript's title page.

**Thank you, this will be performed.**

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.

**The explanation of collection of race and ethnicity were added to the Table footnotes. The**

**designation of “other” in our analysis was used because of the low number of patients who reported racial identities other than Black and White. We are limited by word count in our manuscript. As we further follow and describe this population over time and as more patients have been offered inpatient obstetric COVID-19 vaccination, we intend to describe our population in more detail.**

5. 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.

**The STROBE checklist was completed and attached with resubmission.**

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.

**ReVITALize definitions were used in the manuscript.**

7. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Research Letters should not exceed 600 words and may include no more than two figures and/or tables (2 items total). Stated word limits include the title page, précis, abstract, text, tables, boxes, and figure legends, but exclude references.

**The word count is 599.**

8. 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).

\* If your manuscript was uploaded to a preprint server prior to submitting your manuscript to Obstetrics & Gynecology, add the following statement to your title page: "Before submission to Obstetrics & Gynecology, this article was posted to a preprint server at: [URL]."

**All items in this checklist are confirmed.**

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.

**The abbreviation was removed from the précis.**

10. The commercial name (with the generic name in parentheses) may be used once in the body of the manuscript. Use the generic name at each mention thereafter. Commercial names should not be used in the title, précis, or abstract.

**The commercial name and generic are stated in the Methods section.**

11. 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.

**The only use of (/) is in the commercial name of the vaccination. It appears once in the Methods section and in the References. The use of the virgule symbol was removed from the Table.**

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.

N/A

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.

N/A.

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 was confirmed in manuscript and table.**

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](http://edmgr.ovid.com/ong/accounts/table_checklist.pdf).

**The table checklist was reviewed and confirmed.**

14. 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.

**This was confirmed. The style of reference #9 was updated.**

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 references you are citing are still current and available. Check the Clinical Guidance page at <https://www.acog.org/clinical> (click on "Clinical Guidance" at the top). If the reference is still available on the site and isn't listed as "Withdrawn," it's still a current document.

N/A

If the reference you are citing has been updated and 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.

15. Figure 1: Please upload as a figure file on Editorial Manager

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

If the figures were created using a statistical program (eg, STATA, SPSS, SAS), please submit PDF or EPS files generated directly from the statistical program.

Figures should be saved as high-resolution TIFF files. The minimum requirements for resolution are 300 dpi for color or black and white photographs, and 600 dpi for images containing a photograph with text labeling or thin lines.

Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce.

**The figure was updated to TIFF format with high resolution.**

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

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 open access, you will receive an Open Access Publication Charge letter from the Journal's Publisher, Wolters Kluwer, and instructions on how to submit any open access charges. The email will be from [publicationservices@copyright.com](mailto:publicationservices@copyright.com) with the subject line, "Please Submit Your Open Access Article Publication Charge(s)." Please complete payment of the Open Access charges within 48 hours of receipt.