

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)*
- Email correspondence between the editorial office and the authors*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:
obgyn@greenjournal.org.

Date: Aug 30, 2018
To: "Shivika Trivedi" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-1476

RE: Manuscript Number ONG-18-1476

Who Has Syphilis in Pregnancy? National Trends and Behavioral Risk Factors, United States 2012-2016

Dear Dr. Trivedi:

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 Sep 20, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: The authors present the results of their work in which they assessed the rates of syphilis infection across the United States, and risk factors contributing to infection. The following items should be addressed:

1. The sentence in line 197-199 is confusing in the way it is written. It should be removed and the following sentence edited accordingly.
2. The study evaluated pregnant women at one point in the pregnancy, and therefore any conclusions or discussion regarding serial testing is not supported by the data in this study. There is too much emphasis on that in the discussion, it should be pared down.

Reviewer #2: This is a case series of reported syphilis cases of pregnant U.S. women from 2012 to 2016. Data is based on reported health statistics and reviewed for risk factors for syphilis infection. This is a well-written important contribution to the literature regarding the ongoing need for screening for syphilis in pregnancy and need for vigilance by OBGYNs when it comes to routine screening for STDs.

METHODS: Lines 123-131. The explanation of how drug use was characterized is difficult to follow.

Reviewer #3: Overview

Using data on reported female syphilis cases from the National Notifiable Diseases Surveillance System, this manuscript describes the proportion of reported women with syphilis who were pregnant; had primary or secondary syphilis, and had reported risk factors. The language in the paper is clear. The authors find that the number of cases of pregnant women with syphilis increased over their time period and that the highest numbers of pregnant women with syphilis were concentrated among Black, non-Hispanic pregnant women and women in the South. Approximately 50% of the pregnant women reported no traditional risk factors for syphilis.

Background:

1. The background information is clear although it is interesting that worldwide trends in syphilis are decreasing whereas in the US they are increasing.

Methods/Results

2. Can the authors please clarify what greater than one sexual partner means. Is this lifetime? During a specific timeframe? Or during the pregnancy?
3. For drug use, the authors fail to comment on opiates (except for heroin) which is the most significant illicit drug among pregnant women in the US.
4. It is not evident from the paper, how many of the pregnant women with syphilis actually were screened for risk factors. Are the numbers of women who are missing risk screen data high enough so that the women on whom risk factor data is known are not representative of the entire population of women with syphilis? I think this is an important factor that needs to be addressed.
5. The authors only report on proportions with no comparative statistics. Are there truly different in syphilis proportions between different ethnic and racial groups and women from different parts of the country.
6. The title of the paper is "Who has syphilis? National Trends and Behavioral Risk Factors, US 2012-2106, but from this paper we do not know who has syphilis. I am interested in knowing the relationship between the demographic characteristics that are presented, the behavioral risk factors, and the outcome of interest: syphilis and pregnancy. A more robust analysis should be conducted.

Figure 1

7. I was unable to comment on Figure 1 because it was not in the downloadable version of the manuscript.

Discussion

8. The authors suggest that women with drug use in pregnancy require special attention which is intuitive, however their data do not support that women who report drug usage have much higher proportions of syphilis.
9. In the last paragraph of the discussion, the authors conclude that based on increasing proportions of pregnant women with syphilis that providers should follow national guidelines for syphilis screening in pregnancy. It seems that national guidelines are vague regarding which women should be rescreened in pregnancy. Can the authors make any suggestions on who should have additional screening based on their data?

STATISTICAL EDITOR'S COMMENTS:

1. lines 142-143: Should briefly outline the stats tests used and the inference threshold employed.
2. lines 151-153: Doesn't this relatively high proportion of missing or unknown pregnancy status possibly bias the interpretation of proportions with various risk behaviors among the known pregnant women? Should be cited as limitation in Discussion.
3. lines 171-182: I think it would be worth adding that there was a statistically significant increase in prevalence of any reported risk factor from 2012-2016.
4. lines 183-192: Should report these as statistically significant changes or as NS changes.
5. General and re: lines 214-217: Could there be any changes in reporting of syphilis cases during this time period that could have influenced the data collection?
6. Figure needs legend and citation as to the statistical significance of the change in proportion of early syphilis cases.

Associate Editor's Comments:

Please in a sensitivity analysis, quantitate in some way the potential effect of missing pregnancy data on the number of syphilis cases among pregnant women (e.g, if all with missing pregnancy data had syphilis vs. none)

EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we

will also be including your point-by-point response to the revision letter, as well as subsequent author queries. 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:

1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

2. 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 will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at <http://links.lww.com/AOG/A515>, and the gynecology data definitions are available at <http://links.lww.com/AOG/A935>.

3. 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 appendices).

Please limit your Introduction to 250 words and your Discussion to 750 words.

4. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with 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 signature on the journal's author agreement 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).

5. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

6. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Original Research articles, 300 words. Please provide a word count.

7. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

8. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

9. Our readers are clinicians and a detailed review of the literature is not necessary. Please shorten the Discussion and focus on how your results affect or change actual patient care. Do not repeat the Results in the Discussion section.

10. 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.

11. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College 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. 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 a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at <http://www.acog.org/Resources-And-Publications>.

If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at <http://ong.editorialmanager.com>. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors, that each author has given approval to the final form of the revision, and that the agreement form signed by each author and submitted with the initial version remains valid.

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 Sep 20, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2017 IMPACT FACTOR: 4.982

2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

If you would like your personal information to be removed from the database, please contact the publication office.

September 15, 2018

Dear Editors and Reviewers,

Thank you for the opportunity to revise and re-submit our manuscript for consideration for publication. It is with pleasure that we re-submit our manuscript “Who Has Syphilis in Pregnancy? National Trends and Behavioral Risk Factors, United States, 2012-2016” (now retitled “Syphilis Among Pregnant Women: National Trends and Reported Risk Factors, United States, 2012-2016”) for consideration for publication. We are happy to OPT-IN and grant permission to publish this response letter and subsequent email correspondence related to author queries.

The material within this study is original, has not already been published, and has not and will not be submitted for publication elsewhere as long as it is under consideration by *Obstetrics and Gynecology*. The abstract for this study was presented as a poster presentation at the 2018 American College of Obstetricians and Gynecologists Annual Clinical and Scientific Conference in Austin, Texas in April of 2018. STROBE guidelines for observational studies were followed and adhered to for this study and the checklist has been provided.

The authors have participated in the study and concur with the submission and subsequent revisions of the manuscript. All authors have signed and provided the “Author Agreement” (version updated 8/2014). 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. We appreciate the editors’ and three reviewers’ thoughtful comments and suggestions. We have copied the

comments and addressed each of them below along with the pertinent line numbers corresponding to the marked-up version. We show changes to the text using the track changes features, as recommended, in the marked-up version of the manuscript. We think these changes have strengthened the manuscript and look forward to working with you to prepare an article appropriate to publish in *Obstetrics and Gynecology*.

Thank you for your consideration.

Sincerely,

Shivika Trivedi

Reviewer Comments:	Author Responses:
Reviewer 1:	
1. The sentence in line 197-199 is confusing in the way it is written. It should be removed and the following sentence edited accordingly.	This sentence has been deleted as advised.
2. The study evaluated pregnant women at one point in the pregnancy, and therefore any conclusions or discussion regarding serial testing is not supported by the data in this study. There is too much emphasis on that in the discussion, it should be pared down.	Thank you for this comment. Currently, CDC and ACOG's recommendations for third trimester screening is for "high risk populations." This has been interpreted as women with behavioral risk factors, and we believe our finding that a large proportion of pregnant women with syphilis (including 1 in 3 pregnant women with newly acquired syphilis) do not report a behavioral risk factor has relevance to re-screening guidelines. However, we agree

	that there is perhaps too much emphasis on this in the 2 nd paragraph of the discussion, so we have shortened that paragraph.
Reviewer 2:	
METHODS: Lines 123-131. The explanation of how drug use was characterized is difficult to follow.	Thank you for this critique. We have changed the wording to hopefully clarify our methodology (lines 130-141 of revised manuscript).
Reviewer 3:	
2. Can the authors please clarify what greater than one sexual partner means. Is this lifetime? During a specific timeframe? Or during the pregnancy?	All reported risk behaviors refer to the last 12 months, with the exception of history of previous STD (ever) and HIV status. We have clarified this in lines 107-109. This information is also included in lines 126-129. We also attempted to include this information when pertinent in the results section (for instance, lines 185-186). In tables 2 and 3, the footnote clarifies that all risk factors refer to the past 12 months unless otherwise specified in the footnote.
3. For drug use, the authors fail to comment on opiates (except for heroin) which is the most significant illicit drug among pregnant women in the US.	Thank you for this comment. As much as we would have loved to be able to include data on additional opiates, this is

	<p>one of the drawbacks of using surveillance data. The data form utilized by local public health investigators only asks about the drugs included in this analysis, thus we are unable to comment on the use of other opiates.</p>
<p>4. It is not evident from the paper, how many of the pregnant women with syphilis actually were screened for risk factors. Are the numbers of women who are missing risk screen data high enough so that the women on whom risk factor data is known are not representative of the entire population of women with syphilis? I think this is an important factor that needs to be addressed</p>	<p>Thank you for this comment. We agree this is an important point, and it is for this reason that we included the denominator data (number of cases with data on each risk factor) and total number of cases for comparison in Tables 2 and 3. We also acknowledge this limitation in Lines 261-267 in the discussion.</p>
<p>5. The authors only report on proportions with no comparative statistics. Are there truly different in syphilis proportions between different ethnic and racial groups and women from different parts of the country.</p>	<p>The question of whether different race/ethnicity groups and geographic regions have different rates of syphilis among pregnant women is an important one, but one we are unable to address in this paper. We are unable to calculate syphilis rates among various groups of women because of the lack of current data on the number of pregnancies in each group (denominator data). We address this limitation in lines 246-256 of the discussion.</p> <p>We have added statistics for trends in reported risk factors</p>

	<p>and trends in proportion of cases that were early vs. late syphilis (see Table 2 and Figure and results section).</p>
<p>6. The title of the paper is "Who has syphilis? National Trends and Behavioral Risk Factors, US 2012-2106, but from this paper we do not know who has syphilis. I am interested in knowing the relationship between the demographic characteristics that are presented, the behavioral risk factors, and the outcome of interest: syphilis and pregnancy. A more robust analysis should be conducted.</p>	<p>Unfortunately, because we do not have data on pregnant women who do not have syphilis, we are not able to assess which factors are associated with increased risk of syphilis during pregnancy. We are only able to describe the attributes and reported behaviors among pregnant women with syphilis.</p> <p>We acknowledge that perhaps the title is misleading, and have changed it to "Syphilis among Pregnant Women: National Trends and Reported Risk Factors" to better reflect the content of the manuscript.</p>
<p>7. I was unable to comment on Figure 1 because it was not in the downloadable version of the manuscript</p>	<p>We apologize for this technical glitch. It has been re-uploaded for your review.</p>
<p>8. The authors suggest that women with drug use in pregnancy require special attention which is intuitive, however their data do not support that women who report drug usage have much higher proportions of syphilis.</p>	<p>We agree that this paper does not comment on factors that increase one's risk of acquiring syphilitic infection. We believe the reviewer may be referring to lines 242-245 in the discussion which speculate that pregnant women with syphilis who have certain risk</p>

	<p>factors may be at higher risk of transmitting syphilis to their infant. To address the reviewer's concern, we have deleted that sentence.</p>
<p>9. In the last paragraph of the discussion, the authors conclude that based on increasing proportions of pregnant women with syphilis that providers should follow national guidelines for syphilis screening in pregnancy. It seems that national guidelines are vague regarding which women should be rescreened in pregnancy. Can the authors make any suggestions on who should have additional screening based on their data?</p>	<p>We agree that the current guidelines for repeat syphilis screening during pregnancy leave room for interpretation about who is at "high risk" for syphilis infection and the definition of a "high prevalence" geographic area. Unfortunately, we are not able to provide further specificity based on the data in this manuscript, other than to highlight that relying on self-reported risk behaviors to determine who is rescreened would miss a substantial proportion of pregnant women with syphilis. CDC is currently working on a cost-effectiveness evaluation that may help inform future guidance about repeat screening during pregnancy.</p>
<p>Statistical Editor's Comments:</p>	
<p>1. lines 142-143: Should briefly outline the stats tests used and the inference threshold employed.</p>	<p>This information has been added in lines 151-153 of the revised manuscript.</p>
<p>2. lines 151-153: Doesn't this relatively high proportion of missing or unknown pregnancy status possibly bias the interpretation of proportions with various risk behaviors among the known pregnant women? Should be cited as limitation in Discussion.</p>	<p>Our analysis only included female syphilis cases that were known to be pregnant. This likely underestimates the true number of pregnant syphilis cases, and could affect our</p>

	<p>estimates of prevalence of reported risk factors. We have added 2 sentences to the discussion (lines 261-267) to articulate this point.</p>
<p>3. lines 171-182: I think it would be worth adding that there was a statistically significant increase in prevalence of any reported risk factor from 2012-2016.</p>	<p>Thank you for this suggestion. We have added a statistical analysis of the trends in reported risk factors and inserted the relevant information into the methods section (lines 151-153), the results section (lines 194-204), and in Table 2 and the Figure.</p>
<p>4. lines 183-192: Should report these as statistically significant changes or as NS changes.</p>	<p>All increases referred to in the text are statistically significant, and we have inserted the indication of the p-value into the text where pertinent (194-204).</p>
<p>5. General and re: lines 214-217: Could there be any changes in reporting of syphilis cases during this time period that could have influenced the data collection?</p>	<p>This is an interesting question, but it is unlikely that syphilis case reporting changed during the time period studied. The case definition for syphilis did not change during this time. Moreover, syphilis reporting is mostly laboratory-based (triggered by positive lab results, not dependent on clinician reports), so is unlikely to be influenced by clinician willingness to report. Finally, because it has been a longstanding recommendation that all pregnant women should be screened for syphilis and estimates of screening</p>

	coverage are >90%, it is unlikely that changes in screening practices affected case ascertainment or reporting.
6. Figure needs legend and citation as to the statistical significance of the change in proportion of early syphilis cases.	Figure 1 has a legend across the bottom of the bar graph. A note has been added to the figure indicating that the change in proportion of cases that were early syphilis cases was statistically significant.
Associate Editor's Comments:	
Please in a sensitivity analysis, quantitate in some way the potential effect of missing pregnancy data on the number of syphilis cases among pregnant women (e.g, if all with missing pregnancy data had syphilis vs. none)	This information has been added to the discussion section, lines 261-267 in the revised version of the manuscript.
Editorial Office Comments:	
1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. 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: 1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries. 2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.	We have included that we OPT-IN into the cover letter.

<p>2. 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 will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at http://links.lww.com/AOG/A515, and the gynecology data definitions are available at http://links.lww.com/AOG/A935.</p>	<p>To the best of our knowledge we have used these definitions. The phrasing was changed from "...28-32 weeks of gestation..." to between 28 weeks and 0 days to 32 weeks and 0 days of estimated gestation..." in lines 223-226. Otherwise we have not used any non-standard data definitions.</p>
<p>3. 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 appendixes).</p> <p>Please limit your Introduction to 250 words and your Discussion to 750 words.</p>	<p>Title page: 1 page</p> <p>Precis: 1</p> <p>Abstract: 2</p> <p>Text: 9</p> <p>References: 2</p> <p>Figure: 1</p> <p>Tables: 3</p> <p>20 pages total</p> <p>Introduction has been shortened substantially. Discussion has been shortened to <750 words.</p>
<p>4. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:</p> <ul style="list-style-type: none"> * 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 	<p>N/A</p>

<p>entities that provided and paid for this assistance, whether directly or indirectly.</p> <p>* 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 signature on the journal's author agreement form verifies that permission has been obtained from all named persons.</p> <p>* 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).</p>	<p>N/A</p> <p>N/A</p> <p>This was included in the acknowledgements section.</p>
<p>5. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.</p>	<p>This has been updated to:</p> <p><i>“Trends Among Pregnant Women with Syphilis”</i> (41 characters with spaces)</p>
<p>6. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.</p> <p>In addition, the abstract length should follow journal guidelines. The word limits for different article types are as</p>	<p>Confirmed - Word count is 250</p>

<p>follows: Original Research articles, 300 words. Please provide a word count.</p>	
<p>7. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com/ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.</p>	<p>Done</p>
<p>8. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.</p>	<p>This has been changed where applicable.</p>
<p>9. Our readers are clinicians and a detailed review of the literature is not necessary. Please shorten the Discussion and focus on how your results affect or change actual patient care. Do not repeat the Results in the Discussion section.</p>	<p>The discussion has been shortened in response to reviewer comments and is now <750 words.</p>
<p>10. 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.</p>	<p>Confirmed</p>
<p>11. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College 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. 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 a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical</p>	<p>N/A</p>

interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at <http://www.acog.org/Resources-And-Publications>.

Daniel Mosier

From: Shivika Trivedi Kapadia [REDACTED]
Sent: Wednesday, October 3, 2018 7:01 PM
To: Daniel Mosier
Subject: Re: Manuscript Revisions: ONG-18-1476R1
Attachments: 10.03.18 Trends and Risk Factors Among Pregnant Women with Syphilis_Rev 2.docx

Dear Mr. Mosier,

Thank you for your edits. Please find the attached with tracked changes. Also, please see below for specific responses to your comments/inquiries. I am sorry for the delay in responding.

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes. **Yes all of these look fine, aside from the change to the title (see below).**
2. LINE 1: Note edits to title: **I would prefer the following as the title: "National Trends and Reported Risk Factors Among Pregnant Women with Syphilis in the United States, 2012-2016." This more accurately describes our study rather than saying ...Risk Factors in Syphilis Among Pregnant Women since the Risk Factors we are studying are among the pregnant women.**
3. LINE 54: Is this information correct? **Yes, the the current guidelines from both the CDC and ACOG are correctly stated.**
4. LINE 91: This is a new section we're adding to Original Research articles that are being considered for the January 2019 issue and beyond. Do you have any information to add? **No, we did not have any funding. This will be added to the end of the Introduction? Or is it added as a new section between the Introduction and the Materials and Methods?**
5. TABLE 1: Explain the reason for using boldface data in a footnote at the end of the table. **I am a little unclear of the question, but if this refers to the the numbers that were bolded in the table, this was done to improve readability. These can be un-bolded.**
6. TABLE 2: Explain the reason for using boldface data in a footnote at the end of the table. **I am a little unclear of the question, but if this refers to the the numbers that were bolded in the table, this was done to improve readability. These can be un-bolded.**
7. TABLE 3: Explain the reason for using boldface data in a footnote at the end of the table. **I am a little unclear of the question, but if this refers to the the numbers that were bolded in the table, this was done to improve readability. These can be un-bolded.**

Thank you for your continued consideration of our manuscript. I hope the answers above are to your satisfaction but please let me know if I can clarify further.

Best wishes,
Shivika Trivedi

On Mon, Oct 1, 2018 at 2:28 PM Daniel Mosier <dmosier@greenjournal.org> wrote:

Dear Dr. Trivedi,

Thank you for submitting your revised manuscript. It has been reviewed by the editor, and there are a few issues that must be addressed before we can consider your manuscript further:

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes.
2. LINE 1: Note edits to title.
3. LINE 54: Is this information correct?
4. LINE 91: This is a new section we're adding to Original Research articles that are being considered for the January 2019 issue and beyond. Do you have any information to add?
5. TABLE 1: Explain the reason for using boldface data in a footnote at the end of the table.
6. TABLE 2: Explain the reason for using boldface data in a footnote at the end of the table.
7. TABLE 3: Explain the reason for using boldface data in a footnote at the end of the table.

Each of these points are marked in the attached manuscript. Please respond point-by-point to these queries in a return email, and make the requested changes to the manuscript. When revising, please leave the track changes on, and do not use the "Accept all Changes" function in Microsoft Word.

Please let me know if you have any questions. Your prompt response to these queries will be appreciated; please respond no later than COB on **Wednesday, October 3rd**.

Sincerely,

-Daniel Mosier

Daniel Mosier

Editorial Assistant

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From: [REDACTED]
To: [Stephanie Casway](mailto:Stephanie.Casway)
Subject: Re: O&G Figure Revision: 18-1476
Date: Wednesday, September 26, 2018 7:32:14 AM

Dear Ms. Casway,
Thank you for editing these figures. I approve their usage and agree that they are up to date. Just wanted to confirm that the second sentence of the legend will be separated from the title (first sentence of the legend).
Thanks so much.
Best,
Shivika Trivedi

On Mon, Sep 24, 2018 at 3:25 PM Stephanie Casway <SCasway@greenjournal.org> wrote:

Good Afternoon Dr. Trivedi,

Your figure has been edited, and PDFs of the figure and legend are attached for your review. Please review the figure and legend CAREFULLY for any mistakes. In addition, please see our query below.

AQ1: Note that we have edited your *P* value per journal style (limited to 3 decimal places). If this is a concern, please let me know.

PLEASE NOTE: Any changes to the figures must be made now. Changes made at later stages are expensive and time-consuming and may result in the delay of your article's publication.

To avoid a delay, I would be grateful to receive a reply no later than Wednesday, 9/26. Thank you for your help.

Best wishes,

Stephanie Casway, MA
Production Editor

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