

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.

Date: May 15, 2020
To: "Ilona Telefus Goldfarb" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-1271

RE: Manuscript Number ONG-20-1271

Ethnic inequities in COVID-19 illness in pregnancy

Dear Dr. Goldfarb:

Your manuscript has been rapidly reviewed by the Editors. We would like to pursue fast-track publication. If you can address the comments below and submit your revision quickly, the Editorial Office will start working on it as soon as possible. I am setting the due date to May 19th, but we will start working on it whenever you can submit.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

REVIEWER COMMENTS:

Reviewer #2: Title: For what feature of COVID-19 are there racial inequalities—the pathologic features? Symtpoms? Presentation? Outcomes? treatment?

41. What were institutional protocols and did they change during this 2 week period. Also, was this 2 week period during the uptick of cases at Mass General or the peak?

53. Do not begin a sentence with a numeral. Either spell out or edit your sentence to avoid the need to start w/ a number.

I'm having a hard time squaring the statement that 72.2% of Hispanic women were positive here, with statement on line 58 that 10.6% of Hispanic women had tested positive. The graph is consistent with the latter numbers.

58. Not clear what this sentence starting on line 58 means "By May 4th...." Do you mean of all Hispanic and Non-Hispanic women presenting to your hospital these were the rates of symptoms and positive results? That implies you were doing universal testing, including for asymptomatic women. Is that true? What number of patients are you talking about?

68. Do you have a reference for this?

74. Are there possible biologic reasons for increased rates? BMI seems to be a risk factor for severity of disease in pregnant women, for instance. Is there a difference in obesity rates? You suggest different comorbidity as a possibility on line 78. Perhaps you could move line 78-79 up to sentence ending on 74 to co-locate speculations about possible explanations for disparities seen.

75. By evolving access to testing, do you mean on a national or Mass Gen. access?

Reviewer #3: The authors conducted a study looking at ethnic inequities over the 2 recent months of the COVID-19 pandemic. They identified Hispanic women to be at more risk of testing positive and also having more disease-related sequelae.

Title

1 - It is hard to justify an all-inclusive title as provided when it actually just boils down to Hispanic v not. Also, this is a study about symptomatic pregnant women.

Intro

2 - Concisely stated to frame the topic

Methods

3 - Important to note that these are symptomatic women only, yet in the very next sentence it is stated that (?) asymptomatic women were also tested if they had (mysteriously undefined) risk factors per institutional protocols. This needs to be clarified.

4 - Line 43 should read 'COVID-19 confirmed symptomatic women' - as written it sounds like two different groups

5 - Line 44 - separating out race and ethnicity is often a challenge, but is the reader to understand that non-Hispanic included white, black, asian, Indian, etc? And if this is the case what is the racial breakdown? Or are the authors only comparing Hispanic v non-Hispanic white women - and if this is the case, why only these 2 groups?

Results

6 - How/why were 30% of the symptomatic patients not tested? Line 53. And, how about pointing out the inequity of who got tested? It looks like 83% of Hisp v 65% non-Hispanics got tested - this strikes this reader as reminiscent of ethnic inequity of who gets drug screening?

7 - Confusing line 58-60: are the authors now talking about ALL pregnant patients admitted to L&D? And that 17.7% of Hisp reported symptoms? And 10.6% tested positive? Who was inquiring about symptoms?

Discussion

8 - Paragraph line 69-74 is reasonable speculation, but should be stated as such as they have no data to prove this - just association

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.

2. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA). When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

3. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at <https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Research Letters articles should not exceed 2.5 pages (600 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

5. 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).

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

running foot.

7. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

8. Please review the journal's Table Checklist to make sure that your table conforms to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

9. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <http://edmgr.ovid.com/acd/accounts/ifauth.htm>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

If you choose to revise your manuscript, please submit your revision through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded in a word processing format such as Microsoft Word. Your revision's cover letter should include the following:

- * A confirmation that you have read the Instructions for Authors (<http://edmgr.ovid.com/ong/accounts/authors.pdf>), and
- * A point-by-point response to each of the received comments in this letter.

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

Sincerely,

The Editors of Obstetrics & Gynecology

2018 IMPACT FACTOR: 4.965

2018 IMPACT FACTOR RANKING: 7th out of 83 ob/gyn journals

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/ong/login.asp?a=r>). Please contact the publication office if you have any questions.

May 18, 2020

Dear Editors of Obstetrics & Gynecology,

We are delighted that the Green Journal is interested in a revision of our manuscript, newly-titled "Prevalence and severity of COVID-19 illness in symptomatic Hispanic and non-Hispanic pregnant women."

All the undersigned authors have met criteria for authorship and confirm that we have read the Instructions for Authors document. The authors have no conflicts of interest to declare.

We are grateful for the reviewers' insightful comments and edits. For the content-related edits, please find a point-by-point response below, with added or changed text in *italics*. The edits suggested by the reviewer are reflected in the marked and clean revised manuscript.

Reviewer #2: Title: For what feature of COVID-19 are there racial inequalities—the pathologic features? Symptoms? Presentation? Outcomes? treatment?

Thank you for this suggestion. We have made changes to the title to reflect the outcomes of prevalence and severity of disease, and the populations of interest.

"Prevalence and severity of COVID-19 illness in symptomatic Hispanic and non-Hispanic pregnant women"

41. What were institutional protocols and did they change during this 2 week period. Also, was this 2 week period during the uptick of cases at Mass General or the peak?

Thank you for this opportunity to clarify. This time period is inclusive of the peak incidence in Massachusetts. The manuscript has been edited and a reference to Massachusetts state data added.

"This is a prospective cohort study of women at a single academic medical center who reported symptoms of COVID-19 while pregnant or within 2 weeks postpartum from March 6 to May 4, 2020 which included the peak COVID-19 incidence."

MA DPH Reference: <https://www.mass.gov/info-details/covid-19-response-reporting#covid-19-cases-in-massachusetts->

53. Do not begin a sentence with a numeral. Either spell out or edit your sentence to avoid the need to start w/ a number.

Thank you for this correction. We have made this edit in the manuscript.

I'm having a hard time squaring the statement that 72.2% of Hispanic women were positive here, with statement on line 58 that 10.6% of Hispanic women had tested positive. The graph is consistent with the latter numbers.

We have changed the methods and results sections in order to clarify that the latter proportion noted by the reviewer and reflected in the figure is estimated based on all patients receiving prenatal care in our institution.

Methods: *"The cumulative incidence of women reporting symptoms and those with confirmed COVID-19 among all pregnant women receiving prenatal care at the study institution was estimated using delivery volume and ethnicity data."*

Results: *"By May 4, an estimated 17.7% and 10.6% of Hispanic and 7.3% and 1.3% of non-Hispanic patients receiving prenatal care at the study institution reported symptoms and tested positive for SARS-CoV-2, respectively (Figure 1)"*

58. Not clear what this sentence starting on line 58 means "By May 4th...." Do you mean of all Hispanic and Non-Hispanic women presenting to your hospital these were the rates of symptoms and positive results? That implies you were doing universal testing, including for asymptomatic women. Is that true? What number of patients are you talking about?

Thank you for your comment. We have only included women in this manuscript who were symptomatic and tested based on symptoms. Please see the above response to clarify these results further.

68. Do you have a reference for this?

We have clarified that this statement refers to the data from our own institution presented above.

74. Are there possible biologic reasons for increased rates? BMI seems to be a risk factor for severity of disease in pregnant women, for instance. Is there a difference in obesity rates? You suggest different comorbidity as a possibility on line 78. Perhaps you could move line 78-79 up to sentence ending on 74 to co-locate speculations about possible explanations for disparities seen.

Our suggestion would be that racial and ethnic inequities are not likely secondary to biologic differences per se, inasmuch as there are few true biologic or genetic differences between populations. Though differences in BMI may be associated with some of the disparity in severity, such differences in this exposure are likely socially-, and not biologically mediated. We would prefer to keep the paragraph of limitations of our work intact; we hope this will be acceptable.

75. By evolving access to testing, do you mean on a national or Mass Gen. access?

We have clarified that we are referring to changes in institutional availability of testing.

From the discussion section: *"We recognize the contribution of evolving access to COVID-19 testing over the study period in our institution."*

Reviewer #3: The authors conducted a study looking at ethnic inequities over the 2 recent months of the COVID-19 pandemic. They identified Hispanic women to be at more risk of testing positive and also having more disease-related sequelae.

Title

1 - It is hard to justify an all-inclusive title as provided when it actually just boils down to Hispanic v not. Also, this is a study about symptomatic pregnant women.

We have made changes to the title to reflect the outcomes of prevalence and severity of disease, and the populations of interest.

"Prevalence and severity of COVID-19 illness in symptomatic Hispanic and non-Hispanic pregnant women."

Intro

2 - Concisely stated to frame the topic

Thank you for your comments.

Methods

3 - Important to note that these are symptomatic women only, yet in the very next sentence it is stated that (?) asymptomatic women were also tested if they had (mysteriously undefined) risk factors per institutional protocols. This needs to be clarified.

Thank you for this opportunity to clarify. We have edited this sentence to reflect that only symptomatic women are included in this cohort. Given the evolving testing capacity, the criteria for testing at our institution also changed to take epidemiologic risk factors into consideration along with symptoms.

"Women were tested for SARS-CoV-2 (RT-PCR 53 nasopharyngeal swab) based on symptoms and epidemiologic factors."

4 - Line 43 should read 'COVID-19 confirmed symptomatic women' - as written it sounds like two different groups

We thank the reviewer and have made this change.

5 - Line 44 - separating out race and ethnicity is often a challenge, but is the reader to understand that non-Hispanic included white, black, asian, Indian, etc? And if this is the case what is the racial breakdown? Or are the authors only comparing Hispanic v non-Hispanic white women - and if this is the case, why only these 2 groups?

Thank you for this opportunity to clarify. Yes, we have created mutually exclusive racial and ethnic comparisons, so the comparator to Hispanic then includes non-Hispanic white, black, Asian women and those of other races. We have added the following footnote to the table,

"Non-Hispanic group includes white, black, Asian and women of other races."

Results

6 - How/why were 30% of the symptomatic patients not tested?

Thank you for this opportunity to clarify. As testing capacity was limited, particularly early on in the pandemic, symptoms alone were not sufficient to justify testing during the time of this cohort. Additional epidemiologic risk factors, not present for all symptomatic women, were required for testing.

Line 53. And, how about pointing out the inequity of who got tested? It looks like 83% of Hisp v 65% non-Hispanics got tested - this strikes this reader as reminiscent of ethnic inequity of who gets drug screening?

We would agree that differential testing access contributes to inequities in disease propagation in some communities. In this case, more testing centers were established in particularly high-risk communities over time, including many with high proportions of Hispanic residents. This increased access for Hispanic patients; we believe this was just and in accordance with concerns for local prevalence of disease.

7 - Confusing line 58-60: are the authors now talking about ALL pregnant patients admitted to L&D? And that 17.7% of Hisp reported symptoms? And 10.6% tested positive? Who was inquiring about symptoms?

We have changed the methods and results sections in order to clarify that the latter proportion noted by the reviewer and reflected in the figure is estimated based on all patients receiving prenatal care in our institution.

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Discussion

8 - Paragraph line 69-74 is reasonable speculation, but should be stated as such as they have no data to prove this - just association

Thank you for this comment. We agree that our concerns are speculative and have added additional language to support this notion.

"Language barriers, jobs without sick pay or insurance, and fear of immigration officials may keep individuals from necessary screening and medical attention, which may allow further spread of disease within their homes and communities."

I, Ilona Goldfarb, affirm 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.

On behalf of my co-authors, I would like to thank you again for the opportunity to revise our manuscript. We look forward to hearing from you.

Sincerely,
Ilona Goldfarb, MD, MPH