

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.*

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obgyn@greenjournal.org.

Date: Oct 30, 2020
To: "Blair J. Wylie" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-2402

RE: Manuscript Number ONG-20-2402

A Primer on Vaping for the Obstetrician-Gynecologist

Dear Dr. Wylie:

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 Nov 20, 2020, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

Dear author(s),

Thank you for submitting your manuscript. I enjoyed reading your commentary and have the following comments for which I will appreciate your consideration:

1. Line 67, I think you either need to keep "the youth" or "young adults" but not both terms
2. Line 71, the percentage 27.5 % of which component? The total US population? Or the young adults who smoke?
3. Line 110-112, this information also appeared elsewhere in the manuscript. Is this information solidly supported? Please cite more than one reference (if possible)
4. Is there any literature on pregnant women using e-cig.?
5. Is there any literature linking e-cig. To similar conditions widely present in pregnant women like cholestasis liver disease (effect of dysfunctional liver on detoxifying e-cig. Contents), and hypertension/pre-eclampsia, renal malfunction, and states of high O2 demand (how patients with hypoxia/hypoxemia affected by e-cig? As pregnant is also a case of high O2 demand) ...etc?
6. Could you please formulate a table on the toxic substances that e-cig. Contains and effects of each component on pregnant women/fetal health if possible. For example, the table would start with separate columns of the potentially toxic substance, second column with existing literature that documents meteno-fetal toxicity of this substance, and third column on non-pregnant adult health...etc.
7. For "" What are the potential health effects of vaping?"" I would tabulate this section. Even small simple table would make it easier to locate the info for readers
8. Although figure 3 carries some educational information, I would use the space for table(s).

Reviewer #2:

Overall Comments: This commentary provides an excellent history and defines aspects of the use of electronic cigarettes that an OBGYN should be aware. Information was provided regarding current evidence of its effects on its reproductive health, of which there is little and studies are typically small without clearly defined and long-term outcomes. The commentary seems to be a bit long as the front end provides much of the background and explanations with respect to what these devices are and how they are used. The information is presented on behalf of all users, not just female users

until the section of reproductive risks. Instead of referring to pregnant "individuals" (line 240, 263, 269, 272, 291) or "people" (line 269), could use the term women or female. Other specific comments below.

Specific Comments:

Title: ok

Short title: ok

Précis: ok

Abstract: Nicely introduces the topic and rationale for the commentary.

Commentary: The first 7.5 pages is mainly a generic introduction describing the devices and liquids used and there health risks as known overall. This is interesting but may be able to be reduced a bit in length. The Reproductive Risks of e-cigarettes is of high interest and I wonder if the studies could be better outlined in tables. The results of the study described in lines 261-268, the results should be more definitively stated that the results are non-significant (CI crosses 1), along with the fact that there are extremely small N's being assessed. Prefer lines 281-295, should be written more from the 3rd person perspective.

Resources were of interest and the references were appropriate and timely.

Reviewer #3:

This current commentary submitted for consideration reviews overall health data on e-cigarette use. While there are limited data on the impact of e-cigarettes and their by-products on reproductive health, the authors review some of the 3-4 publications to date.

The authors do reference recent ACOG Committee Opinion 807, published this year. I feel the ACOG publication more succinctly summarizes current data on both traditional tobacco use, as well as e-cigarette.

The manuscript is well written, and could be adapted to many other specialties as well.

EDITORIAL OFFICE COMMENTS:

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

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

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

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

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If the figure or table you want to reprint can be easily found on the internet from a reputable source, we recommend providing a link to the source in your text instead of trying to reprint it in your manuscript.

4. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric 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.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Current Commentary articles should not exceed 12 typed, double-spaced pages (3,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

6. The title is phrased as if it is teaching Obstetrician-Gynecologists how to vape. Is there a possible edit to avoid this?

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

7. 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).

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

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

In addition, the abstract length should follow journal guidelines. The word limit for Current Commentary articles is 250 words. Please provide a word count.

10. 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.

11. 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.

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13. ACOG is moving toward discontinuing the use of "provider." Please replace "provider" throughout your paper with either a specific term that defines the group to which are referring (for example, "physicians," "nurses," etc.), or use "health care professional" if a specific term is not applicable.

14. In your Abstract, manuscript Results sections, and tables, the preferred citation should be in terms of an effect size, such as odds ratio or relative risk or the mean difference of a variable between two groups, expressed with appropriate confidence intervals. When such syntax is used, the P value has only secondary importance and often can be omitted or noted as footnotes in a Table format. Putting the results in the form of an effect size makes the result of the statistical test more clinically relevant and gives better context than citing P values alone.

If appropriate, please include number needed to treat for benefits (NNTb) or harm (NNTh). When comparing two procedures, please express the outcome of the comparison in U.S. dollar amounts.

Please standardize the presentation of your data throughout the manuscript submission. For P values, do not exceed three decimal places (for example, "P = .001"). For percentages, do not exceed one decimal place (for example, 11.1%).

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

In addition, the American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly (exceptions could include manuscripts that address items of historical interest). If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found at the Clinical Guidance page at <https://www.acog.org/clinical> (click on "Clinical Guidance" at the top).

16. Figures 1-3: Please provide letters of permission for print and online use of these images.

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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).

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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.

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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. 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 Nov 20, 2020, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

John O. Schorge, MD
Associate Editor, Gynecology

2019 IMPACT FACTOR: 5.524
2019 IMPACT FACTOR RANKING: 6th out of 82 ob/gyn journals

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Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

November 27, 2020

John O. Schorge, MD and Editorial Staff

Obstetrics and Gynecology

On behalf of my co-authors, thank you for allowing me and my co-authors to submit a revised manuscript, now entitled “**Vaping: What obstetrician-gynecologists should understand about the rise in electronic cigarette use**” for consideration as a Current Commentary in *Obstetrics and Gynecology*. We appreciate the opportunity to improve upon our initial submission. A point-by-point response to the reviewer comments follows this letter. If accepted, we would opt-in and have the point-by-point response letter available in the supplemental digital content associated with the manuscript.

I ☐ affirm that I have read the Instructions for Authors, that the manuscript has been submitted solely to *Obstetrics and Gynecology*, is not under consideration at any other journal and has not been published elsewhere. All authors have participated in the revision process and have had the opportunity to approve the final version.

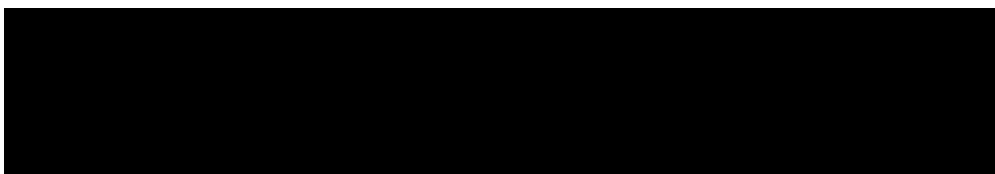
Many thanks for consideration of our revised commentary. Please do not hesitate to contact me if you have any questions at bwylie@bidmc.harvard.edu or 617-667-2636.

Sincerely yours,

Blair Wylie, MD MPH (*corresponding author*)

Associate Professor of Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School
Division of Maternal-Fetal Medicine, Department of Obstetrics and Gynecology, Beth Israel Deaconess Medical Center

Visiting Scientist, Harvard T.H. Chan School of Public Health, Department of Environmental Health
Boston, Massachusetts



DETAILED RESPONSE TO REVIEWERS

Reviewer comments are written below in **Bold**. Our responses follow in normal font.

Reviewer #1:

Dear author(s),

Thank you for submitting your manuscript. I enjoyed reading your commentary and have the following comments for which I will appreciate your consideration:

1. Line 67, I think you either need to keep "the youth" or "young adults" but not both terms

We have eliminated "young adults" as youth can refer to both middle/high school students as well as young adults. This was also changed in the first paragraph of the introduction.

2. Line 71, the percentage 27.5 % of which component? The total US population? Or the young adults who smoke?

This has been clarified to read, "five million middle and high school students, or 27.5% of this age group."

3. Line 110-112, this information also appeared elsewhere in the manuscript. Is this information solidly supported? Please cite more than one reference (if possible).

The information on the temperatures achieved by e-cigarettes is well established and increasingly recognized as a factor in aerosolizing other potential toxicants of the device. Two additional references have been added to the manuscript. There was greater variation in temperatures achieved in initial generation devices but in more recent generation devices this can be programmed by the user.

4. Is there any literature on pregnant women using e-cig.?

Information on use of electronic cigarettes among pregnant women was originally included in the section entitled "What are the reproductive risks of e-cigarettes". For the revision, we have moved this information to the paragraph discussing prevalence of use among reproductive-aged individuals as others may wonder about this question earlier in the manuscript as well.

5. Is there any literature linking e-cig. To similar conditions widely present in pregnant women like cholestasis liver disease (effect of dysfunctional liver on detoxifying e-cig. Contents), and hypertension/pre-eclampsia, renal malfunction, and states of high O2 demand (how patients with hypoxia/hypoxemia affected by e-cig? As pregnant is also a case of high O2 demand) ...etc?

This is a very interesting question and we did a search of PubMed and GoogleScholar to see if any literature existed. Unfortunately, there does not (yet) seem to be a literature linking e-cigarettes with these pregnancy complications.

6. Could you please formulate a table on the toxic substances that e-cig. Contains and effects of each component on pregnant women/fetal health if possible. For example, the table would start with separate columns

of the potentially toxic substance, second column with existing literature that documents meteno-fetal toxicity of this substance, and third column on non-pregnant adult health...etc.

Thank you for this suggestion. We have included a table on the potentially toxic substances that have been identified as constituents of e-aerosol including some comments on potential adverse effects to general health. Inclusion of existing literature on the maternal-fetal toxicity of the particular constituents is beyond the scope, intent or page limits of the current commentary and incompletely understood at this time.

7. For "" What are the potential health effects of vaping?"" I would tabulate this section. Even small simple table would make it easier to locate the info for readers

As noted in response to your prior comment, a new table has been included in the revision that we believe is complementary to the text (rather than repetitive) and outlines potential harmful constituents of the aerosol and known adverse effects of these constituents. We considered adding an additional table of health effects (e.g., cough, increased blood pressure, etc); however, there are nuances to the existing literature and it is challenging to generalize given the wide variety of devices, e-liquids and flavoring and user behaviors. We worry that oversimplification in a table may be misleading as to the current state of knowledge.

8. Although figure 3 carries some educational information, I would use the space for table(s).

Thank you for this suggestion. Figure 3 has been eliminated from the manuscript and a link to the online figure is provided instead. Additionally, we have eliminated both Figures 1 as the information was available in the text. A table has been created.

Reviewer #2:

Overall Comments: This commentary provides an excellent history and defines aspects of the use of electronic cigarettes that an OBGYN should be aware. Information was provided regarding current evidence of its effects on its reproductive health, of which there is little and studies are typically small without clearly defined and long-term outcomes. The commentary seems to be a bit long as the front end provides much of the background and explanations with respect to what these devices are and how they are used. The information is presented on behalf of all users, not just female users until the section of reproductive risks.

Thank you for these comments—we have made shortened the front end of the manuscript considerably and collated information in a new table.

Instead of referring to pregnant "individuals" (line 240, 263, 269, 272, 291) or "people" (line 269), could use the term women or female.

We understand that this terminology may be unfamiliar to some; however, we believe that this terminology is gender-inclusive and will soon be the norm in published obstetric literature. We strongly prefer keeping the language as written.

Other specific comments below.

Specific Comments:

Title: ok

Short title: ok

Précis: ok

Abstract: Nicely introduces the topic and rationale for the commentary.

Commentary: The first 7.5 pages is mainly a generic introduction describing the devices and liquids used and there health risks as known overall. This is interesting but may be able to be reduced a bit in length.

We have trimmed the introductory sections of the commentary as suggested; thank you for this comment.

The Reproductive Risks of e-cigarettes is of high interest and I wonder if the studies could be better outlined in tables.

One of the studies was removed from the manuscript as it remains under peer review (see response to your comment on lines 281-295). That left only three (non-animal) studies—two reporting on pregnancy outcomes and a third on fecundability. We drafted a table summarizing these studies but ultimately decided not to include this table. There are limitations to the studies as detailed in the text (sample size, inclusion criteria), nuances that do not lend them well to tabular form. Additionally, the outcomes of the three studies are distinct enough that collating in one spot was not as useful as it might have been had all the outcomes been similar.

The results of the study described in lines 261-268, the results should be more definitively stated that the results are non-significant (CI crosses 1), along with the fact that there are extremely small N's being assessed.

That the confidence interval includes the null has been emphasized in the revisions along with the very small sample size of those engaged in e-cigarette use or dual use.

Prefer lines 281-295, should be written more from the 3rd person perspective.

As this analysis is still undergoing the peer review process and therefore cannot be appropriately referenced, we have decided to remove it from the manuscript.

Resources were of interest and the references were appropriate and timely.

Thank you for this comment.

Reviewer #3:

This current commentary submitted for consideration reviews overall health data on e-cigarette use. While there are limited data on the impact of e-cigarettes and their by-products on reproductive health, the authors review some of the 3-4 publications to date. The authors do reference recent ACOG Committee Opinion 807, published this year. I feel the ACOG publication more succinctly summarizes current data on both traditional tobacco use, as well as e-cigarette.

We agree that the ACOG Committee Opinion 807 is a succinct and well written document and we highlight it specifically in our final section "Call to Action for Obstetrician-Gynecologists." The focus of the Committee Opinion (Tobacco and nicotine cessation in pregnancy) is distinct (and more focused) than the intent of this commentary. E-cigarettes are presented as one of a variety of nicotine alternative replacement therapies. Our goal with this commentary was to dig a bit deeper, specifically with respect to e-cigarettes.

The manuscript is well written, and could be adapted to many other specialties as well.

Thank you for this comment.

EDITORIAL OFFICE COMMENTS:

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

- A. OPT-IN: Yes, please publish my point-by-point response letter.**
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We agree to opt-in and have our point-by-point responses printed in the supplemental digital content if the manuscript is accepted for publication.

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

The co-authors are aware that they will receive and email to verify their eCTA forms.

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

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

Not applicable.

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Tables, figures, and supplemental digital content should be original. The use of borrowed material (eg, lengthy direct quotations, tables, figures, or videos) is discouraged. If the material is essential, written permission of the copyright holder must be obtained.

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When you submit your revised manuscript, please upload 1) the permissions license and 2) a copy of the original source from which the material was reprinted, adapted, or modified (eg, scan of book page(s), PDF of journal article, etc.).

If the figure or table you want to reprint can be easily found on the internet from a reputable source, we recommend providing a link to the source in your text instead of trying to reprint it in your manuscript.

We have eliminated 2 of the 3 Figures. We do think a pictorial representation of an electronic cigarette will be useful to the reader for visualization of the component parts. Particularly for those reading the print version, it is unlikely they would type in the internet address for this. The schematic is published online by the Centers for Disease Control. As noted on their website (<https://www.cdc.gov/other/agencymaterials.html>), most of the information on the CDC and ASTDR websites is not subject to copyright, is in the public domain, and may be freely used or reproduced without obtaining copyright permission unless specifically prohibited, which does not appear to be the case for this figure. We have included in the Figure legend the wording requirements by the CDC.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Current Commentary articles should not exceed 12 typed, double-spaced pages (3,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, tables, boxes, figure legends, and print appendixes) but exclude references.

6. The title is phrased as if it is teaching Obstetrician-Gynecologists how to vape. Is there a possible edit to avoid this?

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

This particular interpretation of our title had not occurred to us until reading this critique of it. We have amended it to the following, *"Vaping: What obstetrician-gynecologists should understand about rising electronic cigarette use."* While less pithy than the original title, it avoids the interpretation that we are teaching our medical specialty how to vape! Many thanks for this helpful comment.

7. 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).**

All appropriate acknowledgments and financial support has been included.

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

An updated short title has been provided.

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

In addition, the abstract length should follow journal guidelines. The word limit for Current Commentary articles is 250 words. Please provide a word count.

The abstract was reviewed and is consistent with the revised manuscript. The finalized word count is 230.

10. Only standard abbreviations and acronyms are allowed. A selected list is available online at https://urldefense.proofpoint.com/v2/url?u=http-3A_edmgr.ovid.com_ong_accounts_abbreviations.pdf&d=DwlGaQ&c=WknmpdNpvrIj2B5K1aWVqL1SOiF30547pqSuOmtwXTQ&r=roa4jqztYOSg7LBRIiWop_gjuP8Z-lkSVJv8bpSdLYg&m=f0VAzQai4GQYtzxAc5FQoDpi458-k6S8-50SMN01kS8&s=4j-2OFmP7jQklcX9TsxBdPqVE_PTrVjHC5lCasQ1sNw&e= . Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

Standard abbreviations are used and spelled out the first time used in the abstract and the body of the manuscript.

11. 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 only commercial name we use is Juul and this is specified as a commercial name and used only once in the text to describe a commonly used vernacular term for an e-cigarette.

12. 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.

We did not include the virgule symbol in our manuscript in sentences.

13. ACOG is moving toward discontinuing the use of "provider." Please replace "provider" throughout your paper with either a specific term that defines the group to which are referring (for example, "physicians," "nurses," etc.), or use "health care professional" if a specific term is not applicable.

We have amended the one instance of the use of provider to the term obstetrician.

14. In your Abstract, manuscript Results sections, and tables, the preferred citation should be in terms of an effect size, such as odds ratio or relative risk or the mean difference of a variable between two groups, expressed with appropriate confidence intervals. When such syntax is used, the P value has only secondary importance and often can be omitted or noted as footnotes in a Table format. Putting the results in the form of an effect size makes the result of the statistical test more clinically relevant and gives better context than citing P values alone.

We have used effect sizes when describing studies.

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.

Not applicable.

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%).

Not applicable.

15. Please review examples of our current reference style at https://urldefense.proofpoint.com/v2/url?u=http-3A-ong.editorialmanager.com&d=DwlGaQ&c=WknmpdNpvrIj2B5K1aWVqL1SOiF30547pqSuOmtwXTQ&r=roa4jqztYOsg7LBRLiWop_gjuP8Z-lkSVJv8bpSdLYg&m=f0VAzQai4GQYtzxAc5FQoDpi458-k6S8-50SMN01kS8&s=YdfWdtSfgHGT8GUDj4GKa6Z3rgY-wlJ8Zn4hN49hal4&e= (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.

References have been formatted according to your current reference style.

In addition, the American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly (exceptions could include manuscripts that address items of historical interest). If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if an ACOG document has been withdrawn, it should not be

referenced in your manuscript (exceptions could include manuscripts that address items of historical interest).

All ACOG documents (eg, Committee

Opinions and Practice Bulletins) may be found at the Clinical Guidance page

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Only the most recent ACOG document on Tobacco and Nicotine Cessation was referenced.

16. Figures 1-3: Please provide letters of permission for print and online use of these images.

Please see response to comment #3.

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.

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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.

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Our one remaining figure has been saved as a high resolution TIFF.

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*** 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.**

Included in cover letter.