OBSTETRICS & GYNECOLOGY

NOTICE: This document contains comments from the reviewers and editors generated during peer review of the initial manuscript submission and sent to the author via email.

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

Date: Sep 09, 2021
To: "Antonio Saad" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-21-1762

RE: Manuscript Number ONG-21-1762

The Impact of the B.1.617.2 (delta) SARS-CoV-2 variant on the Obstetrical Population

Dear Dr. Saad:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. The Editors are interested in potentially publishing your revised manuscript in a timely manner. In order to have this considered quickly, we need to have your revision documents submitted to us as soon as you are able. I am tentatively setting your due date to September 13, 2021, but please let me know if you need additional time.

The standard revision letter text follows.

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 #1: The authors objective was to evaluate disease severity and maternal and neonatal outcomes with the delta variant and compare these outcomes to a 2020 cohort of COVID-19 cases. To do this the authors conducted a retrospective cohort study at a single center. The authors conclude based on their results that pregnant patients infected with the delta variant are more symptomatic, require more oxygen support and may have worse maternal and neonatal outcomes.

The authors should be commended for pursuing this line of investigation. However, I have several questions and suggestions:
1. Given that one of the objectives is a comparison to an earlier time period, did the authors consider formatting their results section in such a manner as to reflect that comparison. As it is written now the only mention of the historic data is in the Discussion and Table 2 is referenced only in the discussion.

2. In comparing these two different time periods, did the authors use the same criteria for asymptomatic, symptomatic and symptomatic requiring oxygen support?

3. Were the clinical criteria around oxygen support the same in both time periods?

4. Were there other clinical changes in patient management between the two time periods which could inform/impact these results?

5. In their discussion the authors state that vaccination is the cornerstone for control of the pandemic -- while undoubtedly true, how is that statement related to the results generally and this analysis specifically?

6. The authors also state that vaccination should ideally occur before pregnancy -- the rationale behind this statement seems opaque in general and also as it relates to this analysis.

Reviewer #2: This research letter describes a recent cohort of pregnant people who tested positive for SARS-CoV-2 during the summer wave. As we know, this wave consist almost exclusively of infections due to the Delta variant. The authors describe the outcomes of these infections and also compare them to a historic cohort of pregnant people infected with the original alpha variant. This is an important question and one that the majority of us are currently dealing with.

1. Methods: please describe which maternal outcomes you intended to collect. Also, although you describe a standard set of perinatal outcomes, I wonder if a more SARS-CoV-2 specific group of outcomes might be appropriate. For example, frequency of preeclampsia, placental insufficiency and SGA is worth reporting.

2. Results: consider using the categories mild, moderate, severe, and critical as per the NIH treatment guidelines. You could group mild and moderate together in your symptomatic but did not require oxygen group.

3. Results: I'm so sad for your vaccination rate.

4. Discussion: although I agree with your final paragraph, you do not address vaccination extensively within your analysis, nor do you have substantial vaccinated n to justify saying that this data shows the importance of vaccination. Perhaps instead you could cite other studies showing the significant protection vaccination provides against severe and critical disease.

5. Tables/results: it would be useful to compare comorbidities between the current and historical hearts. I certainly believe that Delta is to blame, but it would to demonstrate that the two cohorts aren't significantly different with regard to their baseline health status.

STATISTICAL EDITOR COMMENTS:

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

lines 18-20: See later comments re: Tables 1 and 2: There is no statistical difference in O_2 support or neonatal adverse outcomes. There is a significant difference in terms of proportion symptomatic.

Table 1: Need units for age. All columns had n ≤ 30, so should round all %s to nearest integer, not cite to 0.1% precision.

Table 1 and lines 68-79: The stats tests used (chi-square or Fisher's test) evaluated results across 2 or three columns. In the case of comparing three groups, one cannot attribute the p-value to one of the groups, that is only valid for a pair-wise comparison. Therefore the sentences that imply the p-value refers to one group (symptomatic requiring O_2, for example) are an incorrect interpretation of the test.

Table 2: Need to round all %s to nearest integer %, not to 0.1% precision. For the referent group from 2020, were the same criteria used for testing? That is, were all women tested during the 2020 time period? Also, from reference (7), the abstract description lists 91 women, 61.5% asymptomatic, 34.1% symptomatic and 4.4% requiring O_2. Those proportions work out to 56 asymptomatic, total of 35 symptomatic, of whom 4 required O_2. Those counts are not the same as in Table 2, ie, the 35 and 38 are transposed. The Fisher's test result for O_2 requirement: 4:87::8:53 has $p = 0.07$, ie, NS. Also, if comparing the symptomatic not requiring O_2 support, ie, 31:61::30:31, the difference is NS ($p = 0.07$, also). Another important issue is whether the groups from 2020 and 2021 were comparable in terms of age, obesity and other comorbidities.

Overall, it is not clear from these data that there is clear evidence of worse outcomes.

EDITOR COMMENTS:

1. We are interested in a revised manuscript. If you choose to revise, please expedite your revision as we are eager to get this into print and will expedite its publication ahead of print. That said, your conclusions need to be toned down as really only GA and symptomotology (if memory serves) were actually statistically different between time periods.

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

A. OPT-IN: Yes, please publish my point-by-point response letter.
B. OPT-OUT: No, please do not publish my point-by-point response letter.

3. When you submit your revised manuscript, please make the following edits to ensure your submission contains the required information that was previously omitted for the initial double-blind peer review:
* Include your title page information in the main manuscript file. The title page should appear as the first page of the document. Add any previously omitted Acknowledgements (ie, meeting presentations, preprint DOIs, assistance from non-byline authors).
* Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and in the body text. For industry-sponsored studies, the Role of the Funding Source section should be included in the body text of the manuscript.
* Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).
* Name the IRB or Ethics Committee institution in the Methods section (if applicable).
* Add any information about the specific location of the study (ie, city, state, or country), if necessary for context.

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

5. 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.

6. Please submit a completed STROBE checklist.

7. 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.

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

9. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

* All financial support of the study must be acknowledged.
* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
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* 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).
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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 journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

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

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

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

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

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* 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.

Sincerely,

Dwight J. Rouse, MD, MSPH
Editor-in-Chief

2020 IMPACT FACTOR: 7.661
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