OBSTETRICS & GYNECOLOGY

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

Date: Dec 17, 2021
To: "Nicole D. Ford" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-21-2179

RE: Manuscript Number ONG-21-2179

Clinician Knowledge and Practices Related to Assessing Prior Hypertensive Disorders of Pregnancies

Dear Dr. Ford:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

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

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

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Jan 07, 2022, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

This manuscript describes the results of a survey aimed at determining the screening practices of clinicians regarding history of hypertensive disorders of pregnancy (HDP), the clinicians' knowledge of future cardiovascular disease risk, and barriers/facilitator for referral of positively screened women for cardiovascular disease risk evaluation and monitoring.

Lines 22-23: "Overall, 25% of clinicians correctly identified all future risks associated with HDP." There are other future risks that have been shown associated with HDP such as Type 2 DM, chronic kidney disease, metabolic syndrome and dyslipidemia. The clinicians did not correctly identify ALL future risk, but rather the risks that were listed in the survey questions or the cardiovascular risks. Please clarify the statement.

Lines 33-34 and 177-178: "1 out of 4 clinicians correctly identified all future risks associated with HDP." See the above statement for lines 22-23. Please clarify the statement.

Lines 48-50: What is entailed in a cardiovascular risk evaluation and what are some lifestyle modifications that could be recommended to women with a history of HDP?

Line 62-64: Is there an incentive for clinicians to respond to this survey? If so, what?

Line 147: The term "reported" should be corrected to "selected", since it was a multiple selection questionnaire, rather than fill in the blank.

Lines 149-150: The fact that these respondents answered "none of these/not sure" implies a need (and possibly a request) for education about these risks. This should be addressed in the Discussion.

Is there a role for cardiovascular risk screening being performed by the respondents themselves? This would affect the responses on the barriers/facilitators questions. It may be that the "no barriers/changes" responses may be due to the ability of the clinicians to perform this service themselves. Readers might benefit from a discussion of what is entailed in a cardiovascular risk screen and/or references to that information.

Reviewer #2:

Introduction

Overall, a well written introduction with some areas that would benefit from additional information. In paragraph one, consider defining more specifically what cardiovascular disease (CVD) entails. It may also be helpful to address the annual cost(s) associated with CVD to the healthcare system as a whole to further emphasize why this is an important issue.
In paragraph 2, line 46-47, a more thorough discussion as to how HDP contributes to developing CVD through the traditional CVD risk factors would aid in making this association stronger. Consider adding a sentence or two in paragraph 3 that discusses the benefits of coordination of care amongst various providers and citing primary literature sources that support this claim.

Methods

A flow diagram illustrating what is discussed in lines 62-76 would be very helpful and an additional way to organize and present this information. For example, a flow diagram that details the inclusion criteria for those taking the survey, the total number of respondents invited to participate that is then sub divided into those who responded, didn't respond, and who didn't meet the screening criteria, etc would be beneficial in demonstrating how the selection of respondents was made.

Discussion

Recommend starting the discussion (line 174) with "As demonstrated in this study," to further emphasize the main study findings to the readers. Would be interesting to address WHY you think that those providers seeing less patients per week are less likely to screen their patients or if there is anything in the literature that has previously investigated this. Line 194 mentions the need to improve clinician knowledge; in line 195, consider addressing strategies for HOW to improve clinical knowledge around the future CVD risks and some potential evidence based strategies for closing the gaps in clinical knowledge amongst providers. The discussion highlights that most clinicians identify at least one future risk associated with HDP (line 197-198); this would be an ideal time in the paper to discuss the various associated future risks and cite the respective articles where this is discussed. Limitations are mentioned in the discussion, but the strengths of the study should also be discussed.

Figures

Visually appealing, informative, and easy to read. Good visual summary illustrating some of the key points of the article.

Tables
Well organized and easy to comprehend. Consider shortening tables to only include the information that is discussed in the body of the text.

Reviewer #3:

The authors set out to assess hypertensive disorder of pregnancy (HDP) screening practices amongst clinicians, determine facilitators/barriers to screening and define practice characteristics of those not screening.
The Introduction is concisely written and provides the necessary background for the manuscript. The study aims are clear.
The methods reveal this as a cross-sectional web-based survey with a 67% response rate. Planned analysis appears appropriate.
It is not clear what fields the NP and PA clinicians comprise. This is import for implementation of education or interventions based on this data. Please clarify whether they are PA/NPs in OB or other fields.
The results are well organized. Figure titles should be brief and descriptive. Recommended condensing the figure titles. Avoid sentences.
Conclusions are well organized and not overstated.

STATISTICS EDITOR COMMENTS:

Lines 29-31: The cohort seeing 80-109 pts/week is NS different from the referent, so it is only the group seeing < 80 pts/week that is statistically different from the referent. Need to change the sentence.

lines 73-76: What were the response rates among the categories of clinicians?

Figs 1 and 2: Since the stats were based on Chi-square, the test evaluates the distribution of all 3 groups, so it is actually a test among all 3 groups, while between would imply some pair-wise testing. Need to clarify that the p-value does not refer to a particular pair wise comparison, but rather the overall difference among the groups.

Figs 3 and 4: Need to include CIs for the proportions. In Fig 3, the high proportion of Other/None of these limits estimation and precision for the other factors.

EDITORIAL OFFICE COMMENTS:

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

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* 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.

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4. For studies that report on the topic of race or include it as a variable, authors must provide an explanation in the manuscript of who classified individuals' race, ethnicity, or both, the classifications used, and whether the options were defined by the investigator or the participant. In addition, the reasons that race/ethnicity were assessed in the study also should be described (eg, in the Methods section and/or in table footnotes). Race/ethnicity must have been collected in a formal or validated way. If it was not, it should be omitted. Authors must enumerate all missing data regarding race and ethnicity as in some cases, missing data may comprise a high enough proportion that it compromises statistical precision and bias of analyses by race.

Use "Black" and "White" (capitalized) when used to refer to racial categories. The nonspecific category of "Other" is a

convenience grouping/label that should be avoided, unless it was a prespecified formal category in a database or research instrument. If you use "Other" in your study, please add detail to the manuscript to describe which patients were included in that category.

5. 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.

6. 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 5,500 words. Stated word limits include the title page, précis, abstract, text, tables, boxes, and figure legends, but exclude references.

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* 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.
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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%").

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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 Jan 07, 2022, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Dwight J. Rouse, MD
Editor-in-Chief

2020 IMPACT FACTOR: 7.661
2020 IMPACT FACTOR RANKING: 3rd out of 83 ob/gyn journals
