

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)*

**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: Dec 17, 2021
To: "Abigail Liberty" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-21-2293

RE: Manuscript Number ONG-21-2293

Human milk expression technologies: A Primer for the OBGYN

Dear Dr. Liberty:

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 interested in a revised version as a Clinical Expert Series. Please change your submission Article Type to: Clinical Expert Series (invited only) when you submit your revision.

Please see the follow-up email from Editorial Assistant, Emily Fernandez, with the CES Instructions for Authors.

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:

Lines 82-92

I think also speaking about washing/sterilizing components in between pumps, avoiding submerging the tubing in water (as some pumps do say this in their manuals) is important.

Lines 106-111

I'd also like to hear about those collection devices that allow one to connect a storage bag directly or commercially available adapters that allow one to pump directly into a storage bag. (ie. Kiinde Twist®)

Box 2 "infant indications"—Tongue tie—I would add the term Ankyloglossia somewhere in parentheses. A better more general term would be "Latching difficulties" or something of the sort.

Box 3—I don't see this box mentioned at all in the discussion. I think it should be addressed as it's own topic and not just placed in a box without any discussion.

I do not see figures in the draft for consideration.

Reviewer #2:

Interesting, useful review

line 34 - acknowledge WHO priority as well
line 44- add "and health benefit"

line 60- add " and knowledge base/training" after "resources;" highlight number of MOC articles addressed this or other breastfeeding issues
 line 78- include here basics of fitting rather than encouraging referral to specialist that is likely unavailable and of variable quality
 line 134 - "stational?"
 line 151 - not "can be" costly, they ARE costly. include price range for pumps. highlight tools like adept health that facilitate coverage
 line 207 - vibrators - interesting, but myopic, there are lots of tools that vibrate - toothbrushes, massagers, etc. Need much clearer focus here that data do not show devices > manual massage. line 259 support AND EDUCATION. valuable to mention 4th trimester disparities in lactation.

figures:

be more comprehensive in listing pumps

box 2 - eliminate contraindication to breast feeding

box 3 - add flat/inverted nipples. provide image of concave shape

throughout, be sensitive to gender/chestfeeding.

mention not covered adjuncts like shields, cups, ointments, hydrogels, ice packs, storage options etc

Reviewer #3:

This commentary is a thorough review of human milk expression technology.

Abstract:

7-8 please provide references

Introduction

24,25 - please provide references

32-33 - this sentence is confusing. Consider rephrasing to something like: "COVID-19 vaccines generate a robust immunologic response in the milk of lactating individuals, which may provide their neonates protection from COVID infection."

97,98 - please provide references

134 - Is "stational" meant to say "stationary"?

Figures and Tables: Box 1 - good review of definitions. Box 2 I'm not sure this is necessary as a box. I think a box on the benefits of breastfeeding would be important and reinforce the need to appropriately counsel patients on breastfeeding.

Table 1. what dose superscript "a" refer to?

References: Check reference 8 - does this address COVID and breastfeeding antibodies?

EDITOR COMMENTS:

1. Thank you for submitting your work to Obstetrics and Gynecology. If you would like to revise this submission, we are requesting that it be in the format of a Clinical Expert Series (rather than a current commentary).

2. Please consider submitting figure 2 as photographs rather than a graphical depiction of the different flanges.

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:

- 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. 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.

3. 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.

4. 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.

5. Figures 1-2: Please be sure to cite the images in order in the manuscript text (including A, B, C, labels). Are these images original to the manuscript/has permission been obtained to use them?

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.

Both print and electronic (online) rights must be obtained from the holder of the copyright (often the publisher, not the author), and credit to the original source must be included in your manuscript. Many publishers have online systems for submitting permissions requests; please consult the publisher directly for more information. Permission is also required for material that has been adapted or modified from another source.

Increasingly, publishers will not grant permission for modification of their material. Creative Commons licenses and open

access have also made obtaining permissions more challenging. In order to avoid publication delays, we strongly encourage authors to link or reference to the material they want to highlight instead of trying to get permission to reprint it. For example, "see Table 1 in Smith et al" (insert reference number) or "see Table 1 in the document available at [insert URL]." For articles that the journal invites, such as the Clinical Expert Series, the journal staff does not seek permission for modifications of material — the material will be reprinted in its original form.

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.).

6. 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.

7. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Clinical Expert Series should not exceed 6, 250 words. Stated word limits include the title page, précis, abstract, text, tables, boxes, and figure legends, but exclude references.

8. 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).
- * If your manuscript was uploaded to a preprint server prior to submitting your manuscript to Obstetrics & Gynecology, add the following statement to your title page: "Before submission to Obstetrics & Gynecology, this article was posted to a preprint server at: [URL]."

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 Clinical Expert Series 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 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. ACOG avoids using "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.

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.

14. 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 references you are citing are still current and available. Check the Clinical Guidance page at <https://www.acog.org/clinical> (click on "Clinical Guidance" at the top). If the reference is still available on the site and isn't listed as "Withdrawn," it's still a current document.

If the reference you are citing has been updated and 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.

15. Figures 1-2: Please be sure to cite the images in order in the manuscript text (including A, B, C, labels). Are these images original to the manuscript/has permission been obtained to use them?

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.

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).

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.

Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce.

16. 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 <https://wkauthorservices.editage.com/open-access/hybrid.html>.

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 open access, you will receive an Open Access Publication Charge letter from the Journal's Publisher, Wolters Kluwer, and instructions on how to submit any open access charges. The email will be from publicationservices@copyright.com with the subject line, "Please Submit Your Open Access Article Publication Charge(s)." Please complete payment of the Open Access charges within 48 hours of receipt.

If you choose to revise your manuscript, please submit your revision through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded as a Microsoft Word document. 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 Jan 07, 2022, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Torri D. Metz, MD
Associate Editor, Obstetrics

2020 IMPACT FACTOR: 7.661
2020 IMPACT FACTOR RANKING: 3rd 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.

January 5th, 2022

Dear Editor and Reviewers,

Thank you for your revisions regarding our submission to the Obstetrics & Gynecology, titled "**Human milk technologies: A Primer for the OBGYN**" (Manuscript Number ONG-21-2293).

Our responses to the thoughtful reviews are below in bold for ease of review:

Reviewer #1:

Lines 82-92

I think also speaking about washing/sterilizing components in between pumps, avoiding submerging the tubing in water (as some pumps do say this in their manuals) is important.

We have included information about cleaning pump pieces and tubing specifically according to the CDC guidelines on lines 152-155.

Lines 106-111

I'd also like to hear about those collection devices that allow one to connect a storage bag directly or commercially available adapters that allow one to pump directly into a storage bag. (ie. Kiinde Twist®)

We have added this useful information to the text. With the exception of Table 1 and Box 3 which includes specific brands when relevant, we did not include any branded information in the body of the manuscript.

Box 2 "infant indications"—Tongue tie—I would add the term Ankyloglossia somewhere in parentheses. A better more general term would be "Latching difficulties" or something of the sort.

This clarification has been added.

Box 3—I don't see this box mentioned at all in the discussion. I think it should be addressed as it's own topic and not just placed in a box without any discussion.

We have included references to this box throughout the text when appropriate, particularly in the discussion of flange fit (Lines 107-110), simultaneous individualized programming (line 135) and pump accessories (line 213).

I do not see figures in the draft for consideration.

We were sorry for this confusion. The figures were attached through the submission software as separate files as instructed.

Reviewer #2: Interesting, useful review

line 34 - acknowledge WHO priority as well

This clarification has been added and ultimately moved even earlier in the introduction when discussing the global impact of breastfeeding (line 50).

line 44- add "and health benefit"

This clarification has been added.

line 60- add " and knowledge base/training" after "resources;" highlight number of MOC articles addressed this or other breastfeeding issues

This clarification about knowledge base has been added. Unfortunately, we were unable to find any reference to the number of MOC articles specific to breastfeeding and therefore did not include that specifically. We emphasized the rapid growth in this area and the limited resources available to counsel specific about human milk technology (lines 87-89).

line 78- include here basics of fitting rather than encouraging referral to specialist that is likely unavailable and of variable quality

We have added this information to the manuscript (lines 104-108).

line 134 - "stational?"

This typo has been corrected.

line 151 - not "can be" costly, they ARE costly. include price range for pumps. highlight tools like adept health that facilitate coverage

This clarification has been added.

line207 - vibrators - interesting, but myopic, there are lots of tools that vibrate - toothbrushes, massagers, etc. Need much clearer focus here that data do not show devices > manual massage.

We have broadened this language to include the more common vibrating devices you suggested. Regarding electric versus manual massage, we are aware that Academy of Breastfeeding Medicine is soon to update their 2014 Mastitis Protocol and are likely to recommend against mechanical massage in the setting of mastitis. We were unable to find data suggesting harms of mechanical massagers outside of an inflammatory state and therefore made the lack of data more explicit in the text (lines 237-241).

line 259 support AND EDUCATION. valuable to mention 4th trimester disparities in lactation.

These clarifications have been added.

figures: be more comprehensive in listing pumps

When deciding which pumps to include, we compiled all pumps available through major third party distributors including Byram, Aeroflow and Edgepark and included all of their available pumps in this chart. We have made this more clear in the text, lines 269-270. We have added two additional pumps (BabyBuddah and Elvie Stride) to reflect recent market changes since the original draft was written.

box 2 - eliminate contraindication to breast feeding

We have removed this from Box 2 after extensive discussion within our group. Although originally intended to refer to the limited temporary medication contraindications to breastfeeding (such as radioactive iodine treatment), we agree with the reviewers that this is beyond the scope of this review and may inadvertently reinforce inaccurate beliefs about contraindications to breastfeeding.

box 3 - add flat/inverted nipples. provide image of concave shape

Strategies for flat or inverted nipples has been added to Box 3. We did not include an image of concave breast shapes in the text but are hopeful that the inclusion of photographs of flanges as suggested by the editor will help readers with understanding the technologies and relevant physiology.

throughout, be sensitive to gender/chestfeeding.

We appreciate this feedback and utilized gender inclusive language in accordance to Academy of Breastfeeding in the original draft. Edits included in this revision will reflect “direct feeding” instead of nursing.

mention not covered adjuncts like shields, cups, ointments, hydrogels, ice packs, storage options etc

The section on purchasing includes a statement that insurance does not cover accessories as well as a work-around some patients have used involving healthcare spending accounts (lines 271-272).

Reviewer #3: This commentary is a thorough review of human milk expression technology.

Abstract: 7-8 please provide references

We did not include references in the abstract in accordance with the journals standards. We believe that this introductory statement is meant to frame the importance of breastfeeding which we further explain in the introduction with references (lines 53-60 including references 4-10).

Introduction

24,25 - please provide references

The introduction has been re-structured to provide more intuitive references of the benefits of breastfeeding to infant and parent.

32-33 - this sentence is confusing. Consider rephrasing to something like: "COVID-19 vaccines generate a robust immunologic response in the milk of lactating individuals, which may provide their neonates protection from COVID infection."

This edit has been made.

97,98 - please provide references

This reference has been added.

134 - Is "stational" meant to say "stationary"?

This typo has been corrected.

Figures and Tables: Box 1 - good review of definitions. Box 2 I'm not sure this is necessary as a box. I think a box on the benefits of breastfeeding would be important and reinforce the need to appropriately counsel patients on breastfeeding.

Regarding Box 2, one of our goals for including indications for using a breast pump was to emphasize the complexity and dynamic nature of infant feeding decisions while modeling gender inclusive language. We feel that the benefits of breastfeeding are adequate explained in the introduction.

Table 1. what dose superscript "a" refer to?

Superscript a was to clarify the monetary reference and this has been included in the table. We have also modified the superscript to use symbols in accordance with the journals guidelines.

References: Check reference 8 - does this address COVID and breastfeeding antibodies?

Thank you for finding this error.

EDITOR COMMENTS:

1. Thank you for submitting your work to Obstetrics and Gynecology. If you would like to revise this

submission, we are requesting that it be in the format of a Clinical Expert Series (rather than a current commentary).

We have made this adjustment in our submission.

2. Please consider submitting figure 2 as photographs rather than a graphical depiction of the different flanges.

We have submitted an photograph figure. The clear and transparent nature of the pieces made them extremely hard to photograph to showcase their clinical differences within our technical capacities. We are happy to work with the editorial office to submit original photographs for additional editing if desired or to conduct a second attempt at a photographic image if there are concerns with the submitted photographs.

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:

A. OPT-IN: Yes, please publish my point-by-point response letter.

5. Figures 1-2: Please be sure to cite the images in order in the manuscript text (including A, B, C, labels). Are these images original to the manuscript/has permission been obtained to use them?

These figures are originals made by the study team specifically for the manuscript.

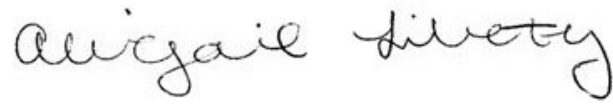
12. ACOG avoids using "provider." Please replace "provider" throughout your paper with either a specific term that defines the group to which are referring (for example, "physicians," "nurses," etc.), or use "health care professional" if a specific term is not applicable.

We have made this change throughout the text.

15. Figures 1-2: Please be sure to cite the images in order in the manuscript text (including A, B, C, labels). Are these images original to the manuscript/has permission been obtained to use them?

These figures are originals made by the study team specifically for the manuscript. All original files have been attached to this revision.

Please contact me with any outstanding questions or concerns.

A handwritten signature in cursive script that reads "Abigail Liberty".

Abigail Liberty, MD, MSPH (she/her)
Complex Family Planning Fellow
Department of Obstetrics & Gynecology
Oregon Health & Science University

