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: Apr 01, 2022
To: "Miriam Keltz Pomeranz" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-371

RE: Manuscript Number ONG-22-371

A Review of Pregnancy Dermatoses

Dear Dr. Pomeranz:

Thank you for sending us your work for consideration for publication in Obstetrics & Gynecology. Your manuscript has been reviewed by the Editorial Board and by special expert referees. The Editors would like to invite you to submit a revised version for further consideration.

If you wish to revise your manuscript, please read the following comments submitted by the reviewers and Editors. Each point raised requires a response, by either revising your manuscript or making a clear argument as to why no revision is needed in the cover letter.

To facilitate our review, we prefer that the cover letter you submit with your revised manuscript include each reviewer and Editor comment below, followed by your response. That is, a point-by-point response is required to each of the EDITOR COMMENTS (if applicable), REVIEWER COMMENTS, STATISTICAL EDITOR COMMENTS (if applicable), and EDITORIAL OFFICE COMMENTS below. Your manuscript will be returned to you if a point-by-point response to each of these sections is not included.

The revised manuscript should indicate the position of all changes made. Please use the "track changes" feature in your document (do not use strikethrough or underline formatting).

Your submission will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Apr 22, 2022, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

This is a review of pregnancy dermatoses as part of the clinical expert series. The manuscript is informative and will be of interest to the readership.

My comments, questions and suggestions are as follows:
1. The commentary is nicely broken down into epidemiology and pathogenesis, clinical presentation, diagnosis and differential diagnosis, maternal and fetal risk, and treatment. The Tables and images are helpful.
2. A general introductory paragraph about the overall topic at the very beginning of the manuscript would be helpful before launching into each disorder.
3. An overall concluding paragraph at the end of the document would also be helpful to anchor the manuscript.
4. Certain abbreviations seem to be introduced into the narrative without first spelling them out:
a. IIF line 52
b. PEP line 60
c. ICP line 159
d. There may be other examples.
5. Line 247 -- "proceeds" -- I believe the intention was "precedes."
6. Lines 253-256: it is unclear why preeclampsia and HELLP would be part of the ICP differential given the other characteristics of these disorders?
7. In the section on ICP, I do not see the Ovadia et al Lancet article from 2019 discussed which concludes that "The risk of stillbirth is increased in women with intrahepatic cholestasis of pregnancy and singleton pregnancies when serum bile acids concentrations are of 100 μmol/L or more. Because most women with intrahepatic cholestasis of pregnancy have bile acids below this concentration, they can probably be reassured that the risk of stillbirth is similar to that of pregnant women in the general population, provided repeat bile acid testing is done until delivery." This does not need to be the final word on potential fetal risk, but if indeed the paper is not referenced (I may have missed it), it should be.
8. Line 286 -292: The same study seems to be described as both a large randomized trial and a study with limited sample

size.
9. In the ICP section, line 323, the author uses the acronym of ACG which is apparently the American College of Gastroenterologists. This is easily confused with ACOG. Furthermore, delivery recommendations seem to be extracted from the ACG. I would recommend the authors focus on ACOG and SMFM for obstetrical management guidelines.
10. Line 333-336 in the ICP section: the author describes SMFM guidelines with a reference from the European J Obstet Gynecol Reprod Biol (reference 99). I would recommend direct reference of the society guidelines.
11. In the same lines the author mentions pulmonary maturity as a prerequisite for early term delivery. I do not believe that is in the SMFM or ACOG guidelines.
12. In general I would recommend the author quote ACOG and SMFM guidelines directly and avoid other international guidelines when discussing obstetrical management.
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14. Line 412 -- "hypothesizes" should be "hypotheses."
15. Line 457 -- the author uses the phrase "high risk of stillbirth" attached to a host of etiologies and no supporting numbers. Caution is recommended with these sweeping statements here and elsewhere in the manuscript.
16. Line 459--the authors writes of a neonatal death three days after a "normal reactive nonstress test." I think the author means fetal demise. The word "normal" before reactive is likely unnecessary.
17. Lines 468-470: the author lists an array of antenatal surveillance recommendations for the same disorder as in line 459. I would advise caution in the discussion of testing strategies in such a sweeping manner.
18. Line 475: the author discusses decreased fetal reactivity with high dose steroids and advises close fetal monitoring--the reference is from the International Journal of Women's Health. Again, I would caution around these kinds of surveillance statements without supportive data, and would recommend relying on more robust references.
19. Lines 484-485: the author references perinatal complications (ruptured membranes) after cyclosporine administration. I would caution on making these associations without more robust data.
20. Overall the author needs to pay close attention to the level of references used in this manuscript especially when discussing perinatal complications and obstetrical management.

Reviewer #2:

There is no introduction or orientation to the reader as to what is forthcoming.
What does the author offer regarding a summary of new insights into dermopathies of pregnancy?
Line 52. What is IIF? Why indirect versus direct? What is the significance if it is negative or positive?
Line 57. How is this test ordered?
Line 57+. How does the author recommend diagnosing PG?
Line 57+. Is biopsy necessary or is clinical examination adequate?
Line 63. What is PEP? Undefined at this point in the paper.
Line 65. Differential diagnosis. Describe the distinguishing characteristics of each differential and the setting where these would be found as well as the work up to obtain the accurate diagnosis. Accompanying images should be included as well.
Line 90. Give specific recommendation for high potency topical steroid: name, dose, frequency, duration.
Line 158. Regarding the differential diagnosis, describe the distinguishing characteristics of each differential and the setting where these would be found as well as the work up to obtain the accurate diagnosis. Accompanying images should be included as well.
Line 169. Give examples of low to mid potency topical steroids: name, dose, frequency, duration.
Line 228. Combine with line 191.
Line 251. Again, the readership should understand the significances of DIF and IIF. See previous comments on this from line 52.
Line 313. The dose of UDCA seems excessive. According to the SMFM 2021 Guideline "If the pruritus is not relieved, the dose can be titrated to a maximum of 21 mg/ kg per day." Please correct and reference appropriately.
Line 319. Address refractory cases with use of cholestyramine or rifampin and reference accordingly. Reinforce risk of malabsorption of vitamin K with cholestyramine.
Line 333: The statement is inconsistent with current SMFM guidelines regarding delivery timing and should be updated and referenced. Include recommendations for fetal testing.
Line 550: More photographic examples of the more common skin disorders including different skin tones should be included.
Line 552. Shorten the reference list.

Reviewer #3:

Very thorough summary of dermatoses of pregnancy.
An introduction and conclusion sections would improve the article and need to be added.
Table I and II are good.
Image Figure III does not show well. Replace.

EDITORIAL OFFICE COMMENTS:

1. If your article is accepted, the journal will publish a copy of this revision letter and your point-by-point responses as supplemental digital content to the published article online. You may opt out by writing separately to the Editorial Office at em@greenjournal.org, and only the revision letter will be posted.

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:
* Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and at the end of the abstract. For industry-sponsored studies, describe on the title page how the funder was or was not involved in the study.
* 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's Copyright Transfer Agreement (CTA) must be completed by all authors. When you uploaded your manuscript, each coauthor received an email with the subject, "Please verify your authorship for a submission to Obstetrics & Gynecology." Please ask your coauthor(s) to complete this form, and confirm the disclosures listed in their CTA are included on the manuscript's title page. If they did not receive the email, they should check their spam/junk folder. Requests to resend the CTA may be sent to em@greenjournal.org.

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. Make sure your manuscript meets the following word limit. The word limit includes the précis, abstract, text, tables, boxes, and figure legends, but excludes the title page, reference list, and supplemental digital content. Figures are not included in the word count.

Clinical Expert Series: 6,250

6. Specific rules govern the use of acknowledgments in the journal. Please review the following guidelines and edit your title page as needed:

* 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 or indicate whether the meeting was held virtually).
* 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]."
* Do not use only authors' initials in the acknowledgement or Financial Disclosure; spell out their names the way they appear in the byline.

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

8. Be sure that each statement and any data in the abstract are also stated in the body of your manuscript, tables, or figures. Statements and data that appear in the abstract must also appear in the body text for consistency. Make 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 manuscript.

In addition, the abstract length should follow journal guidelines. Please provide a word count.

Clinical Expert Series: 250 words

9. 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.

10. The journal does not use the virgule symbol (/) in sentences with words, except with ratios. 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.

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

12. Please review examples of our current reference style at https://edmgr.ovid.com/ong/accounts/ifa_suppl_refstyle.pdf. 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 formal reference list. Please cite them on the line in parentheses.

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. In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript.

Please make sure your references are numbered in order of appearance in the text.

13. Figures 1-5: Please cite figures within manuscript text.

14. 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.

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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 a point-by-point response to each of the received comments in this letter. Do not omit your responses to the EDITOR COMMENTS (if applicable), the REVIEWER COMMENTS, the STATISTICAL EDITOR COMMENTS (if applicable), or the EDITORIAL OFFICE COMMENTS.

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

Again, your manuscript will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Apr 22, 2022, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Dwight J. Rouse, MD
Deputy Editor, Obstetrics

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

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Dear Editor-in-Chief,

Please find enclosed our revised manuscript, “A Review of Pregnancy Dermatoses,” which we would like to re-submit for publication in *Obstetrics & Gynecology*.

In this manuscript, we review the dermatoses of pregnancy. For each disease, we discuss the epidemiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, maternal risks, fetal risks, and treatment. We aim to provide a useful and up-to-date reference for providers treating this subset of patients.

Please address all correspondence to: Miriam Pomeranz, MD, 240 East 38th Street, 12th Floor, New York, NY 10016, Electronic address: Miriam.Pomeranz@nyulangone.org

The authors are submitting solely to *Obstetrics & Gynecology*. The manuscript is not under consideration elsewhere, and it will not be submitted elsewhere unless a final negative decision is made by the Editors of *Obstetrics & Gynecology*. The authors have no financial relationships or conflicts of interested relevant to this article to disclose. All authors have approved the manuscript and agree with its submission to *Obstetrics & Gynecology*.

Below please find the reviewers’ comments followed by our responses. Thank you.

Reviewer #1:

This is a review of pregnancy dermatoses as part of the clinical expert series. The manuscript is informative and will be of interest to the readership. Thank you!

My comments, questions and suggestions are as follows:

1. The commentary is nicely broken down into epidemiology and pathogenesis, clinical presentation, diagnosis and differential diagnosis, maternal and fetal risk, and treatment. The Tables and images are helpful. Thank you

2. A general introductory paragraph about the overall topic at the very beginning of the manuscript would be helpful before launching into each disorder. An introductory paragraph has been added to the beginning of the manuscript.

3. An overall concluding paragraph at the end of the document would also be helpful to anchor the manuscript. A concluding paragraph has been added to the end of the manuscript.

4. Certain abbreviations seem to be introduced into the narrative without first spelling them out: These, and others, have been updated.
a. IIF line 52
b. PEP line 60
c. ICP line 159
d. There may be other examples.

5. Line 247 -- "proceeds" -- I believe the intention was "precedes." This has been changed.

6. Lines 253-256: it is unclear why preeclampsia and HELLP would be part of the ICP differential given the other characteristics of these disorders? These have been removed from the differential diagnosis.

7. In the section on ICP, I do not see the Ovadia et al Lancet article from 2019 discussed which concludes that "The risk of stillbirth is increased in women with intrahepatic cholestasis of pregnancy and singleton pregnancies when serum bile acids concentrations are of 100 μmol/L or more. Because most women with intrahepatic cholestasis of pregnancy have bile acids below this concentration, they can probably be reassured that the risk of stillbirth is similar to that of pregnant women in the general population, provided repeat bile acid testing is done until delivery." This does not need to be the final word on potential fetal risk, but if indeed the paper is not referenced (I may have missed it), it should be. The reference was added to the section of fetal risk in ICP.

8. Line 286 -292: The same study seems to be described as both a large randomized trial and a study with limited sample size. This has been updated.

9. In the ICP section, line 323, the author uses the acronym of ACG which is apparently the American College of Gastroenterologists. This is easily confused with ACOG. Furthermore, delivery recommendations seem to be extracted from the ACG. I would recommend the authors focus on ACOG and SMFM for obstetrical management guidelines. The guidelines have been updated.

10. Line 333-336 in the ICP section: the author describes SMFM guidelines with a reference from the European J Obstet Gynecol Reprod Biol (reference 99). I would recommend direct reference of the society guidelines. The reference has been updated.

11. In the same lines the author mentions pulmonary maturity as a prerequisite for early term delivery. I do not believe that is in the SMFM or ACOG guidelines. The recommendations were updated.

12. In general I would recommend the author quote ACOG and SMFM guidelines directly and avoid other international guidelines when discussing obstetrical management. Other guidelines have been removed from the manuscript.

13. Line 320 -- I think the word "been" is missing between "not" and "shown." The word “been” has been added.

14. Line 412 -- "hypothesizes" should be "hypotheses." The word has been changed.

15. Line 457 -- the author uses the phrase "high risk of stillbirth" attached to a host of etiologies and no supporting numbers. Caution is recommended with these sweeping statements here and elsewhere in the manuscript. These sweeping statements have been removed.

16. Line 459--the authors writes of a neonatal death three days after a "normal reactive nonstress test." I think the author means fetal demise. The word "normal" before reactive is likely unnecessary. “Neonatal death” was changed to “fetal demise,” and “normal” was removed.

17. Lines 468-470: the author lists an array of antenatal surveillance recommendations for the same disorder as in line 459. I would advise caution in the discussion of testing strategies in such a sweeping manner. I removed the testing strategies and stated, “Additionally, fetal monitoring can be performed to determine if early delivery is warranted.”

18. Line 475: the author discusses decreased fetal reactivity with high dose steroids and advises close fetal monitoring--the reference is from the International Journal of Women's Health. Again, I would caution around these kinds of surveillance statements without supportive data, and would recommend relying on more robust references. This statement has been removed.

19. Lines 484-485: the author references perinatal complications (ruptured membranes) after cyclosporine administration. I would caution on making these associations without more robust data. A meta-analysis performed in the transplant literature states that cyclosporine is likely safe with small risk of prematurity. I have changed the wording to specify where the data came from.

20. Overall the author needs to pay close attention to the level of references used in this manuscript especially when discussing perinatal complications and obstetrical management. References were reviewed to ensure appropriate information is discussed.

Reviewer #2:

There is no introduction or orientation to the reader as to what is forthcoming. An introduction has been added.

What does the author offer regarding a summary of new insights into dermopathies of pregnancy? Introduction and concluding paragraphs were added to the manuscript.

Line 52. What is IIF? Why indirect versus direct? What is the significance if it is negative or positive? IIF has been defined.

Line 57. How is this test ordered? IIF has been defined as a serum blood test.

Line 57+. How does the author recommend diagnosing PG? How should we address this? DIF? A sentence was added to explicitly state the histology and DIF are used to confirm the diagnosis of PG.

Line 57+. Is biopsy necessary or is clinical examination adequate? A sentence was added to explicitly state that histology and DIF are used to confirm the diagnosis of PG.

Line 63. What is PEP? Undefined at this point in the paper. A phrase was added to define PEP.

Line 65. Differential diagnosis. Describe the distinguishing characteristics of each differential and the setting where these would be found as well as the work up to obtain the accurate diagnosis. Accompanying images should be included as well. Although this would be a very interesting addition to the paper, it is beyond the scope of this paper.

Line 90. Give specific recommendation for high potency topical steroid: name, dose, frequency, duration. This has been added.

Line 158. Regarding the differential diagnosis, describe the distinguishing characteristics of each differential and the setting where these would be found as well as the work up to obtain the accurate diagnosis. Accompanying images should be included as well. Although this would be a very interesting addition to the paper, it is beyond the scope of this paper.
Line 169. Give examples of low to mid potency topical steroids: name, dose, frequency, duration. This has been added.

Line 228. Combine with line 191. The sections have been merged.

Line 251. Again, the readership should understand the significances of DIF and IIF. See previous comments on this from line 52. This has been added to the previous section.

Line 313. The dose of UDCA seems excessive. According to the SMFM 2021 Guideline "If the pruritus is not relieved, the dose can be titrated to a maximum of 21 (it used to be 25) mg/ kg per day." This has been updated to reflect the SMFM 2021 Guidelines.

Line 319. Address refractory cases with use of cholestyramine or rifampin and reference accordingly. Reinforce risk of malabsorption of vitamin K with cholestyramine. Do current guidelines still recommend use? The SMFM guidelines recommend use when UDCA cannot be prescribed or if patients continue to have symptoms while receiving the maximum dose of UDCA. I have added this to the manuscript. The risks of cholestyramine were also added to the manuscript.

Line 333: The statement is inconsistent with current SMFM guidelines regarding delivery timing and should be updated and referenced. Include recommendations for fetal testing. This has been updated.

Line 550: More photographic examples of the more common skin disorders including different skin tones should be included. Although this would be a very interesting addition to the paper, it is beyond the scope of this paper.

Line 552. Shorten the reference list. We believe the references are needed in order to perform a comprehensive review of the literature.

Reviewer #3:

Very thorough summary of dermatoses of pregnancy. Thank you.

An introduction and conclusion sections would improve the article and need to be added. Introduction and concluding paragraphs were added to the manuscript.

Table I and II are good. Thank you.

Image Figure III does not show well. Replace. Unfortunately, this is the best photograph that we have of cholestasis of pregnancy. We would welcome photos from other sources if possible.

EDITORIAL OFFICE COMMENTS:

1. If your article is accepted, the journal will publish a copy of this revision letter and your point-by-point responses as supplemental digital content to the published article online. You may opt out by writing separately to the Editorial Office at em@greenjournal.org, and only the revision letter will be posted. Okay, thank you.

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:

* Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and at the end of the abstract. For industry-sponsored studies, describe on the title page how the funder was or was not involved in the study. This was added.
* Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable). Not 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. Not Applicable

3. Obstetrics & Gynecology's Copyright Transfer Agreement (CTA) must be completed by all authors. When you uploaded your manuscript, each coauthor received an email with the subject, "Please verify your authorship for a submission to Obstetrics & Gynecology." Please ask your coauthor(s) to complete this form, and confirm the disclosures listed in their CTA are included on the manuscript's title page. If they did not receive the email, they should check their spam/junk folder. Requests to resend the CTA may be sent to em@greenjournal.org. This has been completed to the best of our knowledge.

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://urldefense.com/v3/__https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-

definitions__;!!MXfaZl3l!ILxcxCHOklzlhRPtWqmkaWfrNNjOCMl84phuYplpYYZmJ5mtdUuoLtoprq8zQoO5KgMR$ and the gynecology data definitions at https://urldefense.com/v3/__https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions__;!!MXfaZl3l!ILxcxCHOklzlhRPtWqmkaWfrNNjOCMl84phuYplpYYZmJ5mtdUuoLtoprq8zQodHpzwe$. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter. Thank you.

5. Make sure your manuscript meets the following word limit. The word limit includes the précis, abstract, text, tables, boxes, and figure legends, but excludes the title page, reference list, and supplemental digital content. Figures are not included in the word count. The word count of our précis, abstract, and text is 6249 words. We believe our tables are necessary to understand the terminology of the dermatoses and provide a comprehensive, easy-to-read overview of the manuscript. We also had to increase our wordage to explain the reviewers' comments as listed here.

Clinical Expert Series: 6,250

6. Specific rules govern the use of acknowledgments in the journal. Please review the following guidelines and edit your title page as needed:

* All financial support of the study must be acknowledged. This is done.
* 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. Not applicable.
* 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. Not applicable.
* 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 or indicate whether the meeting was held virtually). Not applicable.
* 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]." Not applicable.
* Do not use only authors' initials in the acknowledgement or Financial Disclosure; spell out their names the way they appear in the byline. This is done.

7. Provide a précis for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms

in the précis. Please avoid phrases like "This paper presents" or "This case presents." This has been added to the manuscript.

8. Be sure that each statement and any data in the abstract are also stated in the body of your manuscript, tables, or figures. Statements and data that appear in the abstract must also appear in the body text for consistency. Make 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 manuscript. Please use the introduction paragraph as an abstract, as the information would be replicated. Thank you.

In addition, the abstract length should follow journal guidelines. Please provide a word count.

Clinical Expert Series: 250 words

9. Only standard abbreviations and acronyms are allowed. A selected list is available online at https://urldefense.com/v3/__http://edmgr.ovid.com/ong/accounts/abbreviations.pdf__;!!MXfaZl3l!ILxcxCHOklzlhRPtWqmkaWfrNNjOCMl84phuYplpYYZmJ5mtdUuoLtoprq8zQpQbreIq$. 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. On the link provided above it states, “If an unapproved abbreviation is used frequently in a manuscript and expansion of this abbreviation throughout the manuscript would detract from its readability, the abbreviation may be used after it has been defined.” We believe all our abbreviations are either on the approved list or would detract from its readability if not used. All of our abbreviation are defined.

10. The journal does not use the virgule symbol (/) in sentences with words, except with ratios. 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. All “/” have been removed.

11. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available at https://urldefense.com/v3/__http://edmgr.ovid.com/ong/accounts/table_checklist.pdf__;!!MXfaZl3l!ILxcxCHOklzlhRPtWqmkaWfrNNjOCMl84phuYplpYYZmJ5mtdUuoLtoprq8zQoRKfJpg$. The table checklist has been reviewed.

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