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: Jun 10, 2022
To: "Tiffany Lois Panko" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-911

RE: Manuscript Number ONG-22-911

Reproductive Injustice in the Deaf Community: A Call to Action

Dear Dr. Panko:

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 Jul 01, 2022, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

The author presents a timely clinical commentary on the disparities of reproductive health in the marginalized deaf community compared to their hearing counterparts. I applaud the author for bringing attention to a population that transcends gender, ethnicity, and race. Refreshing perspective.

Abstract:
Line 4 Give the reference for 67% increased risk for unintended pregnancy. Done Reference 1 line 25

Line 6-7 Give reference for reliance upon withdraw method. Noted line 50.

Line 9 Specify and reference the type of inaccessible health resources. This could be both obvious audio vs. compliance for access to ASL interpreters for office visits.

Line 13 Suggest changing "make" to "differentiate". This directly ties back to your comparison group.

Line 14 Suggest adding deaf women vs. hearing counterparts. It helps emphasize the comparison group.

Line 14-17 I don't think adding your personal experience or background for a clinical commentary is needed. It stands on it's own with completed references. Additional personal background overlaps with personal perspective submission. This manuscript is appropriate for submission to clinical commentary.

Line 33-38 I don't disagree with this paragraph but, is not needed based upon above evidence based references throughout the commentary.

Line 59-62 Do you have further breakdown of intersectional rates by race, ethnicity or gender identification? This would be very useful data.

Line 89-90 This is a very important point to emphasize about telephone surveys It crosses over to most interviews/telephone surveys. It highlights the under represented community on multiple levels.

Line 92-95 Great point. If I did your math all research should be at least 1-2% dedicated to representation.

Line 107-122 Call to action plan! Clearly articulated and consistent with presented gaps in care. This ties back into prior comments about need for advocates and researchers within the community. I leave it to editors if this addresses prior comments in abstract.

Reviewer #2: Thank you for your thoughtful commentary regarding research in the deaf community. This is a thoughtful piece and certainly one that needs to be heard by the medical community. Are you able to narrow down your commentary to the recommendations supported by research in the DHH community? As it reads now, there are many inferences made based on general research (specifically around reproductive health) rather than tied specifically to the deaf community. It makes sense that this would be difficult as DHH are not well represented in the literature. Are there examples from the literature or from specific centers that demonstrate how this can be done well?

Lines 46-54 are clear. They are well supported by data and make your point. This also applies to lines 61-70

Lines 72-77 do not specifically tie to the DHH community so this paragraph could be tailored more to what is known. For example, lines 75-77 tie together well with lines 66-68

Figure 1 does not contribute significantly to your statements as this is using general knowledge about reproductive health outcomes with minimal data to support these links specific to the DHH community. You make some other points that would adjust this image.

-DHH at increased risk of unintended pregnancy due to: less use of healthcare system, less medical information designed specifically for them, less access to contraceptive education/knowledge/access

-Increased rates of IPV linked to risk of unintended pregnancy and increased risk in pregnancy

-Less access/accommodation in pregnancy care leads to fewer prenatal visits, decreased breastfeeding, increased rates of maternal pp depression

Lines 85-105 would focus on what is known about inclusion/exclusion of DHH in research and tie directly to the call of action made in lines 107-122

Lines 124-137 are well supported with data and tie directly into ways the DHH community need to be better supported by the medical community lines 139-151. These are clear calls to action for the medical community in general and less tailored to reproductive health specifically. This may be the direction for the call to action initially, including the importance of reproductive health in this frame.

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. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "Patients with obesity" instead of "obese patients," "Women with disabilities" instead of "disabled women," "women with HIV" instead of "HIV-positive women," "women who are blind" instead of "blind women."

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. Make sure your manuscript meets the following word limit. The word limit includes the manuscript body text only (for example, the Introduction through the Discussion in Original Research manuscripts), and excludes the title page, précis, abstract, tables, boxes, and figure legends, reference list, and supplemental digital content. Figures are not included in the word count.

Current Commentary: 3,000 words

7. For your title, please note the following style points and make edits as needed:
* Please remove "A Call to Action."
* Do not structure the title as a declarative statement or a question.
* Introductory phrases such as "A study of..." or "Comprehensive investigations into..." or "A discussion of..." should be avoided in titles.
* Abbreviations, jargon, trade names, formulas, and obsolete terminology should not be used.
* Titles should include "A Randomized Controlled Trial," "A Meta-Analysis," "A Systematic Review," or "A Cost-Effectiveness Analysis" as appropriate, in the subtitle. If your manuscript is not one of these four types, do not specify the type of manuscript in the title.

8. 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.

9. 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."

10. 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.

Current Commentary: 250 words

11. 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.

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 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.

14. Figure 1: Is this figure original to the manuscript? Please upload as a figure file on Editorial Manager.

15. 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 Jul 01, 2022, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Ebony B. Carter, MD, MPH
Associate Editor, Equity

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

RIT | National Technical Institute for the Deaf
Research Center on
Culture and Language

June 30, 2022

Dear Editor,

I am grateful for the opportunity to submit my revision for the attached manuscript entitled, "Reproductive Injustice in the Deaf Community" for consideration of publication as a current commentary in *Obstetrics and Gynecology*.

- I confirm that I have read the Guide for Authors and that my manuscript complies to the journal's submission guidelines.
- I confirm that the manuscript has been submitted solely to this journal and neither the whole manuscript nor any significant part of it is published, in press, or submitted elsewhere in any form, including as a working paper, online, in a journal or a book.
- I confirm that I have no financial or personal conflicts of interests to disclose.
- The revised manuscript indicates position of all changes made with tracking changes.
- After my signature, I have provided a point-by-point response to each of the reviewers comments and editorial office comments.

Thank you for your consideration,

Tiffany Panko, MD, MBA
Assistant Research Professor
Deaf Health Lab, Director
NTID Research Center on Culture and Language
Rochester Institute of Technology
52 Lomb Memorial Drive
Rochester, NY 14623
[redacted]

Reviewers' comments in black
Author's responses in purple

REVIEWER COMMENTS:

Reviewer #1:

The author presents a timely clinical commentary on the disparities of reproductive health in the marginalized deaf community compared to their hearing counterparts. I applaud the author for bringing attention to a population that transcends gender, ethnicity, and race. Refreshing perspective.
Thank you for recognizing this and for your time reviewing the commentary.

Abstract:
Line 4 Give the reference for 67% increased risk for unintended pregnancy. Done Reference 1 line 25
Thank you for the suggestion. I have not added the reference per the reference styling rules of Obstetrics & Gynecology.

Line 6-7 Give reference for reliance upon withdraw method. Noted line 50.
Thank you for the suggestion. I have not added the reference per the reference styling rules of Obstetrics & Gynecology.

Line 9 Specify and reference the type of inaccessible health resources. This could be both obvious audio vs. compliance for access to ASL interpreters for office visits.
Thank you for pointing this out. I have clarified the line preceding this statement to outline how health resources and communication with physicians can be inaccessible.

Line 13 Suggest changing "make" to "differentiate". This directly ties back to your comparison group.
I appreciate this suggestion as it allows me to clarify my language. I did not make this change but expanded this statement to explain that I am also illustrating the disparity deaf women face compared to their hearing counterparts.

Line 14 Suggest adding deaf women vs. hearing counterparts. It helps emphasize the comparison group.
See above response.

Line 14-17 I don't think adding your personal experience or background for a clinical commentary is needed. It stands on it's own with completed references. Additional personal background overlaps with personal perspective submission. This manuscript is appropriate for submission to clinical commentary.

I'm glad that you agree the commentary stands on its own. However, I feel strongly it's important I provide my researcher positionality. Respectfully, I will leave this statement.

While this commentary is not qualitative research, hermeneutic phenomenology recognizes that the researcher is not separate from the data and part of the analytical process (Moran, 2000). This applies here as my personal and researcher identity shape my worldview in a way to recognize the issues I raise in the commentary and to make suggestions to address these shortcomings.

- Moran D. Introduction to phenomenology. Milton Park: Routledge; 2000.

Line 33-38 I don't disagree with this paragraph but, is not needed based upon above evidence based references throughout the commentary.
I feel strongly that this paragraph should remain. However, your comment is helpful and I feel I have clarified and improved this paragraph.

Line 59-62 Do you have further breakdown of intersectional rates by race, ethnicity or gender identification? This would be very useful data.
I do not. I agree that this would be useful and I look forward to future research identifying these intersectional breakdowns for deaf people.

Line 89-90 This is a very important point to emphasize about telephone surveys It crosses over to most interviews/telephone surveys. It highlights the under represented community on multiple levels.
Absolutely! I have emphasized this point.

Line 92-95 Great point. If I did your math all research should be at least 1-2% dedicated to representation.
Absolutely, and this is at the bare minimum. In fact, with more diverse research teams across the board, science will only benefit.

Line 107-122 Call to action plan! Clearly articulated and consistent with presented gaps in care. This ties back into prior comments about need for advocates and researchers within the community. I leave it to editors if this addresses prior comments in abstract.
Thank you! This is part of the reason why I feel it is important to make clear what my background and expertise is in writing this commentary and the call to action plan.

Reviewer #2: Thank you for your thoughtful commentary regarding research in the deaf community. This is a thoughtful piece and certainly one that needs to be heard by the medical community. Are you able to narrow down your commentary to the recommendations supported by research in the DHH community? As it reads now, there are many inferences

made based on general research (specifically around reproductive health) rather than tied specifically to the deaf community. It makes sense that this would be difficult as DHH are not well represented in the literature. Are there examples from the literature or from specific centers that demonstrate how this can be done well?

Thank you for noting this and for your suggestions. Your point is exactly why I wrote this commentary: to demonstrate reproductive injustice in the deaf community by illustrating adverse effects in common with but not yet studied extensively in deaf women. While I provided references to support recommendations where I could, some recommendations came from my experience working as a deaf woman that does deaf health research with hearing and deaf researchers. As for a specific center as a model, I will highlight the Research Center on Culture and Language from the National Technical Institute for the Deaf at the Rochester Institute of Technology.

Lines 46-54 are clear. They are well supported by data and make your point. This also applies to lines 61-70

Thank you. I actually clarified lines 61-70 to illustrate why I am listing these studies.

Lines 72-77 do not specifically tie to the DHH community so this paragraph could be tailored more to what is known. For example, lines 75-77 tie together well with lines 66-68

This is true and I wrote it this way to make a point that each of these groups (women with short IPI, IPV, and deaf women) experienced the same three adverse birth outcomes. I opted not to tie together lines 75-77 with lines 66-68 and instead clarified the previous paragraph so as not to break up the flow of the two paragraphs.

Figure 1 does not contribute significantly to your statements as this is using general knowledge about reproductive health outcomes with minimal data to support these links specific to the DHH community. You make some other points that would adjust this image.

-DHH at increased risk of unintended pregnancy due to: less use of healthcare system, less medical information designed specifically for them, less access to contraceptive education/knowledge/access

-Increased rates of IPV linked to risk of unintended pregnancy and increased risk in pregnancy

-Less access/accommodation in pregnancy care leads to fewer prenatal visits, decreased breastfeeding, increased rates of maternal pp depression

The figure illustrates the potential link with shared adverse effects among the four groups that have yet to be examined in depth, which I present in order to show that the issue is larger than we may realize. I have edited the figure to reflect this more appropriately. I elected not to expand the figure to include the points as you outlined so as not to complicate the figure; instead, I added language to clarify and emphasize these points. Thank you for bringing my attention to this.

Lines 85-105 would focus on what is known about inclusion/exclusion of DHH in research and tie directly to the call of action made in lines 107-122
I agree!

Lines 124-137 are well supported with data and tie directly into ways the DHH community need to be better supported by the medical community lines 139-151. These are clear calls to action for the medical community in general and less tailored to reproductive health specifically. This may be the direction for the call to action initially, including the importance of reproductive health in this frame.
Thank you for stating that these are clear calls to action. You are correct that these do apply to the medical community in general but also have heightened importance to reproductive health when we consider the need for trust building between healthcare professionals and their patients for what are often sensitive topics or invasive procedures, which I have emphasized.

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.
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* 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.
Acknowledged.

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.

Acknowledged.

4. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "Patients with obesity" instead of "obese patients," "Women with disabilities" instead of "disabled women," "women with HIV" instead of "HIV-positive women," "women who are blind" instead of "blind women."
I wholeheartedly support use of person-first language. However, when referring to those who are deaf or hard of hearing, it is preferred to use identity-first language. The Deaf community views their disability as entwined with their identity, which identity-first language respects. These two articles provide further information:

- https://healthjournalism.org/blog/2019/07/identity-first-vs-person-first-language-is-an-important-distinction/
- https://jtds.commons.gc.cuny.edu/person-first-language-vs-identity-first-language-an-examination-of-the-gains-and-drawbacks-of-disability-language-in-society/

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.
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6. Make sure your manuscript meets the following word limit. The word limit includes the manuscript body text only (for example, the Introduction through the Discussion in Original Research manuscripts), and excludes the title page, précis, abstract, tables, boxes, and figure legends, reference list, and supplemental digital content. Figures are not included in the word count.
Current Commentary: 3,000 words
Acknowledged and checked.

7. For your title, please note the following style points and make edits as needed:
* Please remove "A Call to Action."
* Do not structure the title as a declarative statement or a question.
* Introductory phrases such as "A study of..." or "Comprehensive investigations into..." or "A discussion of..." should be avoided in titles.
* Abbreviations, jargon, trade names, formulas, and obsolete terminology should not be used.

* Titles should include "A Randomized Controlled Trial," "A Meta-Analysis," "A Systematic Review," or "A Cost-Effectiveness Analysis" as appropriate, in the subtitle. If your manuscript is not one of these four types, do not specify the type of manuscript in the title.
Acknowledged and revised.

8. 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.
Acknowledged and revised.

9. 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."
Acknowledged and provided.

10. 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.
Acknowledged and revised.

In addition, the abstract length should follow journal guidelines. Please provide a word count.
Current Commentary: 250 words

Acknowledged and revised.

11. 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.
Acknowledged.

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.
Acknowledged and revised.

13. 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.
Acknowledged and revised.

14. Figure 1: Is this figure original to the manuscript? Please upload as a figure file on Editorial Manager.
Yes, I have made sure to do so this time. My apologies.

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Acknowledged.