

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.*

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obgyn@greenjournal.org.

Date: Jul 08, 2022
To: "Alexander M Friedman" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-1145

RE: Manuscript Number ONG-22-1145

Trends and Outcomes for Deliveries with Cystic Fibrosis

Dear Dr. Friedman:

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 29, 2022, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: The authors highlight trends in the management of pregnancy with CF. They have used a large data base (NIS) to determine national trends in delivery hospitalization and outcomes with pregnancy and CF. They have found that deliveries with CF increased fivefold during the 20 year study and that these women experience more severe morbidity than controls especially respiratory morbidity, VTE and preterm delivery. Even though none of the findings is unexpected and these findings are consistent with what most clinicians are experiencing, the time period studied gives a current assessment.

The methods are clear and rationale provided for statistical methods used including the standardized mean difference. Since the use of the standardized mean difference is not common, perhaps further explanation of how it is used would be helpful.

The paper is well written and clear.

The conclusions are supported by the data.

The discussions of strength and limitations is appropriate.

Reviewer #2: ONG 22-1145

In the manuscript under review, we evaluate the results of a cross sectional study from 2000-2019 evaluating the trends in pregnancies complicated by cystic fibrosis. The authors found that the number of deliveries complicated by CF increased during the study period and that these pregnancies are at increased risk for a broad range of adverse outcomes

A few comments on the manuscript are as follows:

ABSTRACT

1. No major issues identified.

INTRODUCTION

2. A strong argument is made for this analysis. However, a hypothesis is missing

METHODS

3. How was the study timeline chosen?

RESULTS

4. Given the size of the database, a propensity score analysis may be considered.

DISCUSSION

5. The authors should consider adding the risk of residual confounding as a potential limitation.

STATISTICAL EDITOR COMMENTS:

lines 82-85: Since the NIS sampling methodology changed during the years of the study, need to include that in limitations section as a possible error term in estimates, since all years were aggregated and then adjusted for most of the analyses.

Table 1, lines 160-162, Supplemental Table 1: Need to give even more transparency to the distinction between the unweighted (actual) counts) vs the weighted sample counts. This could be done via a footnote with reference to Supplemental Table 1 or some other method of drawing more attention to the distinction. Also, the proportion of "Unknown" among race is the 2nd largest proportion. Thus, any analysis of or adjustment by race is imprecise and potentially statistically biased. Need to acknowledge this among limitations, also. Typically, standardized mean differences < 0.15 or 0.10 are agreed to lack clinical importance. Suggest addressing this in this and other Tables using SMD format since some differences are small numerically, although statistically significant owing to the large sample sizes.

Table 3: Should include in footnote the variables/characteristics used as adjustors in the aOR model. Suggest highlighting or otherwise identifying the aORs that were statistically significant. Should also note for reader in footnote that the counts of adverse outcomes provided in Table 3 are weighted counts, with the actual counts roughly 20% of the values shown and refer to flow diagram.

Supplemental Table 2: Should include the counts for unweighted sample (as in Table 3 of main text).

Should include a flow diagram (in main text) showing the unweighted sample sizes, then the counts for SMM for both CF and non-CF cohorts, and then the weighted counts.

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

Use "Black" and "White" (capitalized) when used to refer to racial categories.

List racial and ethnic categories in tables in alphabetic order. Do not use "Other" as a category; use "None of the above" instead.

Please refer to "Reporting Race and Ethnicity in Obstetrics & Gynecology" at https://edmgr.ovid.com/ong/accounts/Race_and_Ethnicity.pdf.

5. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "People with disabilities" or "women with disabilities" instead of "disabled people" or "disabled women"; "patients with HIV" or "women with HIV" instead of "HIV-positive patients" or "HIV-positive women"; and "people who are blind" or "women who are blind" instead of "blind people" or "blind women."

6. The journal follows ACOG's Statement of Policy on Inclusive Language (<https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2022/inclusive-language>). When possible, please avoid using gendered descriptors in your manuscript. Instead of "women" and "females," consider using the following: "individuals;" "patients;" "participants;" "people" (not "persons"); "women and transgender men;" "women and gender-expansive patients;" or "women and all those seeking gynecologic care."

7. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions> and the gynecology data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

8. 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.

Original Research: 3,000 words

9. 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.

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.

Original Research: 300 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. 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.

13. 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.

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

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

Express all percentages to one decimal place (for example, 11.1%). Do not use whole numbers for percentages.

15. 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.

16. 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.

17. Figures 1 and 2 may be resubmitted as-is with the revision.

18. Each supplemental file in your manuscript should be named an "Appendix," numbered, and ordered in the way they are first cited in the text. Do not order and number supplemental tables, figures, and text separately. References cited in appendixes should be added to a separate References list in the appendixes file.

19. 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 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 29, 2022, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Dwight J. Rouse, MD, MSPH
Deputy Editor, Obstetrics

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

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COLUMBIA UNIVERSITY
MEDICAL CENTER

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Gynecology*
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20 July 2022

Dear Dr. Wright,

Thank you for the positive response to our manuscript, "Trends and Outcomes for Deliveries with Cystic Fibrosis." We appreciate the thoughtful response by the reviewers. We have revised the manuscript per the recommendations of the reviewers and believe that as a result the manuscript is substantially improved.

The main/primary study findings have not been published elsewhere and everyone included on the author list contributed in a meaningful way to the manuscript. This analysis followed STROBE guidelines. 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. Thank you for your consideration. Please contact me with any questions.

Sincerely,

Alexander Friedman, MD, MPH
Associate Professor of Obstetrics and Gynecology
Department of Obstetrics and Gynecology, College of Physicians and Surgeons

Response to reviewer and editor comments for:
Trends and Outcomes for Deliveries with Cystic Fibrosis

Reviewer 1

Reviewer 1/Comment 1

Reviewer #1: The authors highlight trends in the management of pregnancy with CF. They have used a large data base (NIS) to determine national trends in delivery hospitalization and outcomes with pregnancy and CF. They have found that deliveries with CF increased fivefold during the 20 year study and that these women experience more severe morbidity than controls especially respiratory morbidity, VTE and preterm delivery. Even though none of the findings is unexpected and these findings are consistent with what most clinicians are experiencing, the time period studied gives a current assessment.

The methods are clear and rationale provided for statistical methods used including the standardized mean difference. Since the use of the standardized mean difference is not common, perhaps further explanation of how it is used would be helpful.

Response

Thank you for the positive response to our manuscript – we have expanded the discussion per the recommendations of the reviewer and have added additional citations clarifying our selection of SMD given that traditional chi-squared analysis are more likely to find statistically significant but not clinically significant differences in large population-based studies.

"Comparisons were made by calculating the standardized mean difference (SMD), a measure of distance between two group means computed by dividing the difference in means by an estimate of the standard deviation.¹⁷ A value of >10% (>0.1) for the SMD was considered as a meaningful magnitude of difference between each subgroup.¹⁸ SMD was used over traditional chi-squared analyses as the latter is likely to find statistically significant, but not clinically relevant differences, in large samples.¹⁹"

Reviewer 1/Comment 2

The paper is well written and clear.

The conclusions are supported by the data.

The discussions of strength and limitations is appropriate.

Response

Thank you for the positive response to our manuscript.

Reviewer 2

Reviewer 2/Comment 1

Reviewer #2: In the manuscript under review, we evaluate the results of a cross sectional study from 2000-2019 evaluating the trends in pregnancies complicated by cystic fibrosis. The authors found that the number of deliveries complicated by CF increased during the study period and that these pregnancies are at increased risk for a broad range of adverse outcomes

A few comments on the manuscript are as follows:

ABSTRACT

1. No major issues identified.

Response

Thank you for the positive response to our manuscript.

Reviewer 2/Comment 2

INTRODUCTION

2. A strong argument is made for this analysis. However, a hypothesis is missing

Response

Thank you – we have made this change per the recommendation of the reviewer.

‘We hypothesized that given that the life expectancy of CF has increased, the prevalence of CF among deliveries hospitalizations also increased; we further hypothesized that deliveries with CF would be at high risk for complications.’

Reviewer 2/Comment 3

METHODS

3. How was the study timeline chosen?

Response

Thank you for this important this question. Past studies had examined trends in delivery outcomes among this population, but the most recently published study only included data up to 2010. For this reason, we selected a timeframe inclusive of 2010-2019 to capture newly available data. We have clarified this in our revised manuscript:

"Previous studies have examined trends in this population up to 2010, and our timeframe was selected to incorporate newly available data.¹⁷"

Reviewer 2/Comment 4

RESULTS

4. Given the size of the database, a propensity score analysis may be considered.

Response

Thank you for this interesting comment that we have discussed with our study group. In discussing with our colleague in pulmonary, a clinically interesting propensity score analysis model would include allocation to specific medical therapy for treatment. We are planning this analysis with claims data; however, this database does not include outpatient medication, so we have elected not to perform a propensity score analysis in this study.

Reviewer 2/Comment 5

DISCUSSION

5. The authors should consider adding the risk of residual confounding as a potential limitation.

Response

Thank you for this feedback. We have added this change to our revised discussion:

"Given the limitations of the dataset, we were unable to identify CF genotypes, which have an known impact on disease severity and various pregnancy outcomes.³⁹ We were also unable to account for other clinical variables such as baseline pulmonary function, which similarly has been linked to obstetric outcomes.³⁶ Importantly, the limitations of our dataset made it impossible to identify whether patients included in our analysis were on CFTR modulators which have been increasing used among pregnant women with CF in recent years. Residual confounding may have affected the results of this study."

STATISTICAL EDITOR COMMENTS:

Comment 1

lines 82-85: Since the NIS sampling methodology changed during the years of the study, need to include that in limitations section as a possible error term in estimates, since all years were aggregated and then adjusted for most of the analyses.

Response

Thank you for this feedback. We have added this to our limitations section:

'Finally, the NIS sampling methodology changed in 2012 and although specific trends weights were applied to allow for calculation of national estimates, this sampling change have introduced a source of error in our analyses aggregating data across the study period.'

Comment 2

Table 1, lines 160-162, Supplemental Table 1: Need to give even more transparency to the distinction between the unweighted (actual) counts) vs the weighted sample counts. This could be done via a footnote with reference to Supplemental Table 1 or some other method of drawing more attention to the distinction.

Response

We appreciate this feedback and have added the terms "weighted" and "unweighted" following references to Supplemental Figure 1 and Table 1 to clarify for the reader (i.e. "Supplemental Figure 1, unweighted" and "Table 1, weighted")

Comment 3

Also, the proportion of "Unknown" among race is the 2nd largest proportion. Thus, any analysis of or adjustment by race is imprecise and potentially statistically biased. Need to acknowledge this among limitations, also.

Response

This is an important point, and we have added this to our limitations section:

"The proportion of our sample for which race was "unknown" (12.3% of our weighted sample) may have biased the estimates obtained in this study."

Comment 4

Typically, standardized mean differences < 0.15 or 0.10 are agreed to lack clinical importance. Suggest addressing this in this and other Tables using SMD format since some differences are small numerically, although statistically significant owing to the large sample sizes.

Response

Thank you for this important feedback. We have expanded our discuss of the use of SMD in our paper (see response to Review 1/Comment 1). We also added footnotes to Tables 1 and 2: "SMD >0.1 is considered a meaningful magnitude of difference between each subgroup."

Comment 5

Table 3: Should include in footnote the variables/characteristics used as adjustors in the aOR model. Suggest highlighting or otherwise identifying the aORs that were statistically significant.

Should also note for reader in footnote that the counts of adverse outcomes provided in Table 3 are weighted counts, with the actual counts roughly 20% of the values shown and refer to flow diagram.

Response

We have clarified the variables included in our adjusted model with the following footnote:
"Model adjusted for race, age, payer status, income, obesity, multiple gestation, prior cesarean delivery, history of VTE, hospital location, hospital region"

We also added in a footnote reading: "Counts of adverse outcomes are weighted counts, with the actual counts roughly 20% of the values shown (see Figure 3 for unweighted counts of SMM)"

Comment 6

Supplemental Table 2: Should include the counts for unweighted sample (as in Table 3 of main text).

Response

Thank you – this data is included in Supplemental Table 2.

Comment 7

Should include a flow diagram (in main text) showing the unweighted sample sizes, then the counts for SMM for both CF and non-CF cohorts, and then the weighted counts.

Response

We have added this flow diagram in the main text as Figure 3, as well as the following sentence:

There were 111 cases of ntSMM among the CF cohort (unweighted 23) and 528,018 cases of ntSMM in the non-CF cohort (unweighted 109,290) (Figure 3).

EDITOR COMMENTS

Comment 1

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.

Response

We OPT-IN.

Comment 2

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.

Response

We have added this information on the title page.

Comment 3

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.

Response

We believe all authors have received this email.

Comment 4

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

Use "Black" and "White" (capitalized) when used to refer to racial categories.

List racial and ethnic categories in tables in alphabetic order. Do not use "Other" as a category; use "None of the above" instead.

Please refer to "Reporting Race and Ethnicity in Obstetrics & Gynecology" at https://edmgr.ovid.com/ong/accounts/Race_and_Ethnicity.pdf.

Response

We believe the manuscript conforms with these requirements. We state in the revised manuscript why race is included in the analysis and an explanation of the 'other' category at the base of Table 1.

Comment 5

5. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "People with disabilities" or "women with disabilities" instead of "disabled people" or "disabled women"; "patients with HIV" or "women with HIV" instead of "HIV-positive patients" or "HIV-positive women"; and "people who are blind" or "women who are blind" instead of "blind people" or "blind women."

Response

We believe the manuscript conforms with these requirements.

Comment 6

6. The journal follows ACOG's Statement of Policy on Inclusive Language (<https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2022/inclusive-language>). When possible, please avoid using gendered descriptors in your manuscript. Instead of "women" and "females," consider using the following: "individuals;" "patients;" "participants;" "people" (not "persons"); "women and transgender men;" "women and gender-expansive patients;" or "women and all those seeking gynecologic care."

Response

We believe the manuscript conforms with these requirements.

Comment 7

7. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions> and the gynecology data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions>. If use of the

reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

Response

We believe the manuscript conforms with these requirements.

Comment 8

8. 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.

Original Research: 3,000 words

Response

We believe the manuscript conforms with these requirements.

Comment 9

9. 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.

Response

We believe the manuscript conforms with these requirements.

Comment 10

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.

Original Research: 300 words

Response

We believe the abstract is appropriately formatted. The word count is 244.

Comment 11

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.

Response

We believe the manuscript conforms with these requirements.

Comment 12

12. 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.

Response

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Comment 13

13. 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.

Response

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Comment 14

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

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

Express all percentages to one decimal place (for example, 11.1%). Do not use whole numbers for percentages.

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Comment 15

15. 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.

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Comment 16

16. 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.

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

Response

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Comment 17

17. Figures 1 and 2 may be resubmitted as-is with the revision.

Response

These figures have been resubmitted.

Comment 18

18. Each supplemental file in your manuscript should be named an "Appendix," numbered, and ordered in the way they are first cited in the text. Do not order and number supplemental tables, figures, and text separately. References cited in appendixes should be added to a separate References list in the appendixes file.

Response

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Comment 19

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Response

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