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- 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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Date: Aug 18, 2022
To: "Catherine Deneux-Tharaux" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-1237

RE: Manuscript Number ONG-22-1237

Risk of severe postpartum hemorrhage according to the sum of birthweights in twin pregnancies

Dear Dr. Deneux-Tharaux:

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 Sep 08, 2022, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: Thank you for the opportunity to review this manuscript entitled, "Risk of severe postpartum hemorrhage according to the sum of birthweights in twin pregnancies." This is a secondary analysis of JUMODA cohort, a French prospective cohort of twin pregnancies. With a cohort of >8000 patients, the investigators seek to examine whether there is an association between the sum of twin birthweights and severe postpartum hemorrhage. Overall, this is an interesting clinical question, the manuscript is well written, and the investigators use several statistical methods to present robust data, but I have several comments below:

Lines 65-66: This is not a systematic review so I would recommend avoidance of priority claim here and throughout the manuscript (also in the Discussion).

Lines 81-85: Exclusions seem overall appropriate. Would be helpful to state how "antepartum hemorrhage" and "placental abruption" were defined and identified during chart abstraction.

Lines 92-96: The authors should clarify whether they included any admission to the ICU even if for a cause other than PPH (for example sepsis or neurologic events, etc. may warrant ICU admission but not related to the outcome of interest) and should also define how they determined a "postpartum hemorrhage considered severe by the obstetrician."

Lines 131-135: The only difference I can see between the primary study composite outcome and the "most severe PPH" requiring a sensitivity analysis is the addition of "PPH considered severe by obstetrician." As I mentioned above, how "PPH considered severe by obstetrician" was defined is unknown and seems to be a more subjective outcome. If the significance is seen with or without this component outcome (lines 217-219), why even include this component outcome at all?

Lines 204-205: Given that this was a planned secondary analysis of the JUMODA study and that JUMODA was a prospective observational study, I am surprised that there are no variables presented related to presence of baseline anemia or baseline hemoglobin or hematocrit or other anemia-related comorbidities. These are potential confounders that

might have influenced whether patients received blood products, invasive procedures, etc.

Lines 243-256: Agree, and I appreciate the authors' conclusions about how clinicians can best use and interpret these data.

Reviewer #2: The article is very clear in objective and it has achieved it. Similar articles in twins have different results than those presented in this study, but considering similar studies in singleton pregnancies, it is very acceptable that the more weight in both twins the higher risk of severe hemorrhage. The linear increase in the risk of hemorrhage is another credible aspect of this study. The statistical method applied is indicated to show the relevant aspects to demonstrate the objectives.

STATISTICAL EDITOR COMMENTS:

Table 1: Need to enumerate all missing data as n (%) of totals.

lines 123-125: Need to show (could be in supplemental material), the comparison of women with complete vs those with missing imputed data.

Fig 2, Table 2: The RR per 500g increase in SBW from the model appear different from the risks shown in Fig 2. That is, the data demonstrate an apparently lower risk of severe PPH for SBW ≤ 3000 g, essentially the same rates of severe PH for SBW from 3001 to 5500 (which comprised ~ 70% of SBW in this series), then an increase for the groups with SBW > 5500. In other words, rather than represented by a monotonic increase with RR ~ 1.2-1.4 per 500g increment of SBW, it appears that there is a threshold ~ 5500g SBW wherein the risk of severe PPH escalates. Should include a graph showing the actual, i.e., observed, severe PPH rates by SBW increment vs those predicted (with appropriate CIs) by the aRR model. I suggest that this would give more useful information for the clinician. Alternatively, could model the severe PPR risk vs SBW in terms of quartiles.

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: "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."

5. 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."

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

7. 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

8. For your title, please note the following style points and make edits as needed:
* 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.

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. 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.

14. 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.

15. 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.

16. Figures: Unless changes have been requested by the Statistical Editor, please submit your current files with the revision.

17. 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.

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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 Sep 08, 2022, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

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

Dr Catherine Deneux-Tharaux
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75014 Paris, France
Email: catherine.deneux-tharaux@inserm.fr

Paris, September 2nd, 2022

Dear editor,

Please find enclosed a revised version of our manuscript, " Risk of severe postpartum hemorrhage according to the sum of birthweights in twin pregnancies" (Manuscript number: ONG-22-1237).
We are grateful to the Editor and the Reviewers for their comments, and we feel that the quality of the manuscript has been significantly improved as a result of their suggestions.
The manuscript has been revised in accordance with the comments. All the points raised are addressed below in the revision letter. Changes were made in the manuscript using the "track changes" feature in the document.

All authors of the original manuscript have read and approved the revised version of the paper.
We hope our manuscript now meets the standards of *Obstetrics and Gynecology*.

Yours sincerely,

Catherine Deneux-Tharaux

Reviewer 1's comments

Thank you for the opportunity to review this manuscript entitled, "Risk of severe postpartum hemorrhage according to the sum of birthweights in twin pregnancies." This is a secondary analysis of JUMODA cohort, a French prospective cohort of twin pregnancies. With a cohort of >8000 patients, the investigators seek to examine whether there is an association between the sum of twin birthweights and severe postpartum hemorrhage. Overall, this is an interesting clinical question, the manuscript is well written, and the investigators use several statistical methods to present robust data, but I have several comments below.

Answer: We thank the reviewer for this positive comment.

1. Lines 65-66: This is not a systematic review so I would recommend avoidance of priority claim here and throughout the manuscript (also in the Discussion).

Answer: We agree with this comment and modified the manuscript accordingly:
- in the Introduction lines 67 to 69:" The available literature on this question is very limited,[8] in particular regarding the association between twins' birthweights and postpartum hemorrhage."
- in the Discussion lines 235-236:" However, in twin pregnancies, the literature on this question is very limited".

2. Lines 81-85: Exclusions seem overall appropriate. Would be helpful to state how "antepartum hemorrhage" and "placental abruption" were defined and identified during chart abstraction.

Answer: The collection of these pregnancy complications was planned during the design of the JUMODA study. Research nurses collected these data from the medical charts. For each pregnancy complication, its timing (antepartum, perpartum, postpartum) was collected. We have provided further details on the collection of these items in the revised Methods section lines 81 to 84: "Research nurses collected data about maternal characteristics, medical history, pregnancy and maternal complications *with their timing (ante- per- or post-partum)"*

3. Lines 92-96: The authors should clarify whether they included any admission to the ICU even if for a cause other than PPH (for example sepsis or neurologic events, etc. may warrant ICU admission but not related to the outcome of interest) and should also define how they determined a "postpartum hemorrhage considered severe by the obstetrician."

Answer: Our severe PPH composite outcome only included admission to the ICU caused by a PPH. We clarified the definition of our main outcome in the manuscript (Methods section, lines 88 to 93): « postpartum hemorrhage requiring *at least one of the following*: the transfusion of four or more units of packed red blood cells, uterine artery embolization, uterine balloon tamponade, vascular ligation, uterine suture, emergency peripartum hysterectomy, admission to an intensive care unit for management of postpartum hemorrhage or its complications, or a postpartum hemorrhage considered severe by the obstetrician or leading to maternal death. »
The criterion « PPH considered severe by the obstetrician » was left to the discretion of the obstetrician in charge. We acknowledge that this is somehow subjective and possibly heterogeneous between clinicians, despite the fact that French national guidelines on PPH defining severe PPH as a bleeding exceeding 1000 milliliters are widely implemented. In any case, to take into account this potential heterogeneity, we planned a sensitivity analysis excluding this criterion from the definition of our severe PPH outcome; as its results were very similar from those of the main analysis, we believe this criterion is unlikely to bias our findings.

4. Lines 131-135: The only difference I can see between the primary study composite outcome and the "most severe PPH" requiring a sensitivity analysis is the addition of "PPH considered severe by obstetrician." As I mentioned above, how "PPH considered severe by obstetrician" was defined is unknown and seems to be a more subjective outcome. If the significance is seen with or without this component outcome (lines 217-219), why even include this component outcome at all?

Answer: As mentioned in our answer to the previous comment, we acknowledge that this criterion is somehow subjective and possibly heterogeneous between clinicians. We decided to include this component in the composite outcome because French national guidelines on PPH defining severe PPH as a bleeding exceeding 1000 milliliters are widely implemented, and we believe obstetricians follow them. The other components of the main outcome most often characterize more severe PPH and, without the criterion « considered severe », some PPH with significant morbidity would not be considered as « severe postpartum hemorrhage ». Indeed, the incidence of severe PPH in our study is similar to the one found in twin pregnancies included in EPIMOMS, a French study assessing severe maternal morbidity, where the severe PPH composite outcome included a specified threshold of quantified blood loss (Madar H, et al. Severe Acute Maternal Morbidity in Twin Compared With Singleton Pregnancies. Obstet Gynecol. 2019). In consequence, we believe that the definition chosen for our main outcome allows a relevant and complete inclusion of severe PPH cases. In any case, to take into account the potential heterogeneity of the « considered severe » criterion, we planned a sensitivity analysis excluding it from the definition of our severe PPH outcome; as its results were very similar from those of the main analysis, this criterion is unlikely to bias our findings.

5. Lines 204-205: Given that this was a planned secondary analysis of the JUMODA study and that JUMODA was a prospective observational study, I am surprised that there are no variables presented related to presence of baseline anemia or baseline hemoglobin or hematocrit or other anemia-related comorbidities. These are potential confounders that might have influenced whether patients received blood products, invasive procedures, etc.

Answer: We agree with the reviewer and we wish these variables were available. However, collecting those data would have required important resources and this is a secondary analysis of the cohort, therefore these variables were not collected.
Nevertheless, as women with anemia are more likely to have children with low birthweight and to have a transfusion or an invasive procedure in case of PPH, not taking into account this characteristic could underestimate the association we describe, but does not call into question our main result, which is the existence of a strong association between SBW and risk of severe PPH.

6. Lines 243-256: Agree, and I appreciate the authors' conclusions about how clinicians can best use and interpret these data.

Answer: We thank the reviewer for this comment.

Reviewer 2's comments

The article is very clear in objective and it has achieved it. Similar articles in twins have different results than those presented in this study, but considering similar studies in singleton pregnancies, it is very acceptable that the more weight in both twins the higher risk of severe hemorrhage. The linear increase in the risk of hemorrhage is another credible aspect of this study. The statistical method applied is indicated to show the relevant aspects to demonstrate the objectives.

Answer: We thank the reviewer for this positive comment.

STATISTICAL EDITOR COMMENTS:

1. Table 1: Need to enumerate all missing data as n (%) of totals.

Answer: In table 1, we provided the information on missing data by mentioning the number of patients with available data for each variable into brackets (n=xx). Indeed, adding one line with the number of patients with missing data for each variable would much lengthen this table. However, If the editor would prefer, we could revise the Table and enumerate missing data for each variable.
In the revised manuscript, we added the number of patients with available data for the variable "maternal age" (we omitted this information in the first manuscript since there was no missing data for this variable).

2. lines 123-125: Need to show (could be in supplemental material), the comparison of women with complete vs those with missing imputed data.

Answer: We included this table in the revised supplemental material (Appendix 2).

3. Fig 2, Table 2: The RR per 500g increase in SBW from the model appear different from the risks shown in Fig 2. That is, the data demonstrate an apparently lower risk of severe PPH for SBW ≤ 3000 g, essentially the same rates of severe PH for SBW from 3001 to 5500 (which comprised ~ 70% of SBW in this series), then an increase for the groups with SBW > 5500. In other words, rather than represented by a monotonic increase with RR ~ 1.2-1.4 per 500g increment of SBW, it appears that there is a threshold ~ 5500g SBW wherein the risk of severe PPH escalates. Should include a graph showing the actual, i.e., observed, severe PPH rates by SBW increment vs those predicted (with appropriate CIs) by the aRR model. I suggest that this would give more useful information for the clinician. Alternatively, could model the severe PPR risk vs SBW in terms of quartiles.

Answer: We agree with the editor on the priority of providing the most useful information to clinicians. Figure 2 shows the incidence of severe PPH for each birthweight category, without any adjustment, i.e the crude rates of severe PPH in each SBW class. On the other hand, table 2 shows adjusted relative risk, resulting from the multivariable analysis, i.e after potential confounders are taken into account. Therefore, the information given in both is different but not contradictory, and indeed complementary. Modeling the severe PPH risk in terms of quartiles would artificially create thresholds with a sudden increase in the risk of PPH, while the increase is, in fact, linear. Since after adjustment, the relation between twins' birthweights and severe postpartum hemorrhage is linear throughout the birthweight distribution, we believe defining a threshold above which maternal risk would be considered abnormally high appears difficult. As underlined by reviewer 1, we tried to frame our findings in a way that clinicians can best use and interpret these data.

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.

Answer: We agree to the publication of this revision letter and point by point responses.

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.**

Answer:

* Funding information is disclosed on the title page and at the end of the abstract (lines 43-44) : « Financial Support: Supported by a grant from the French Ministry of Health (Programme Hospitalier de Recherche Clinique, AOM2012).”
* This study is neither a clinical trial nor a systematic review.
* The Ethics Committee institutions are named in the Methods section (lines 153 to 156) : “The National Data Protection Authority (DR-2013-528), the consultative committee on the treatment of information on personal health data for research purposes(13–298), and the committee for the protection of people participating in biomedical research research of Paris Ile-de-France 7 (PP-13-014) approved this study.”
* This study was conducted in France, as stated in the Methods section (lines 74-75) “that took place in France from February 2014 through March 2015”

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.

Answer: All authors completed the CTA.

4. 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."

Answer: We reviewed the submission accordingly.

5. 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."

Answer: We reviewed the submission accordingly : we used the word « patient » instead of « women ».

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

Answer: The reVITALIze definitions were used in this study.

7. 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

Answer: This manuscript meets the word limit (2455 words).

8. For your title, please note the following style points and make edits as needed:

* **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.**

Answer: The title meets these criteria : « Risk of severe postpartum hemorrhage according to the sum of birthweights in twin pregnancies".

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.**

Answer:
* All persons meeting the above-mentioned criteria were acknowledged.
* This paper was presented at the 35th annual Meeting of the Society for Pediatric and Perinatal Epidemiologic Research, June 13–14, 2022, Chicago, Illinois. It is mentioned in the title page.
* This manuscript was not uploaded to a preprint server.

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.

Answer:
Each statement in the abstract and any data in the abstract are also stated in the body of this manuscript. There are no inconsistencies between the abstract and the manuscript.

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

Original Research: 300 words

Answer: The abstract has 304 words.

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