

# OBSTETRICS & GYNECOLOGY



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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)\*
- Email correspondence between the editorial office and the authors\*

*\*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](mailto:obgyn@greenjournal.org).

**Date:** Jul 06, 2018  
**To:** "Denise J. Jamieson" [REDACTED]  
**From:** "The Green Journal" em@greenjournal.org  
**Subject:** Your Submission ONG-18-1090

RE: Manuscript Number ONG-18-1090

Maternal Immunization

Dear Dr. Jamieson:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Jul 27, 2018, we will assume you wish to withdraw the manuscript from further consideration.

#### REVIEWER COMMENTS:

Reviewer #1: This is review of vaccines for pregnant women. The text mix inactivated, live-attenuated and "not yet registered" or future vaccines (GBS) and could be better structured by discussing inactivated vaccines, live-attenuated vaccines as groups.

The review could be more focussed on vaccines in everyday use and the discussion of anthrax and smallpox is quite hypothetical and if used in a bioterror situation the considerations of whether to immunize or not would be different. The vaccinia vaccine is being replaced by newer vaccines which is probably only available to military staff at present.

In the first part of the manuscript, the authors discuss influenza vaccine coverage which was 25% before the 2009 pandemic and then increased to 50% among pregnant women. A graph showing annual vaccine uptake in pregnant women would be interesting and would add information.

I agree that the MMR is contraindicated in pregnancy, but MMR vaccine coverage in the general population would indicate the proportion of pregnant women not protected and perhaps the opportunity to discuss MMR in women planning a pregnancy should be included.

Reviewer #2: This is a monograph on vaccination for an obstetrics-gynecology audience. This is an invited paper.

#### Precis

The précis should be rewritten for brevity and clarity.

#### Abstract

I think the abstract would be more useful if summarized specific recommendations rather than give a general overview over vaccinations much of which is already known to the audience.

#### Introduction

This is a good summary of the growing recognition of the importance of vaccination programs among obstetricians and gynecologists.

#### Efficacy and safety of vaccinations

This section should be greatly shortened or eliminated in the interest of space.

#### Trends in vaccination:

Again, in the interest of space, might wish to reduce or eliminate.

I have enumerated the vaccines addressed here in order of their discussion. This should probably be reorganized so that there is a more clear rationale for the order in which the vaccines are listed.

Influenza Anthrax  
 Hepatitis A  
 Hepatitis B  
 Japanpanese encephalitis vaccine  
 Meningoccal vaccine  
 Polio vaccine  
 Raboes Vaccome  
 Smallpox vaccine;  
 Yellow Feber vaccine  
 TDAP vaccne  
 Repiratory syncial virus  
 Group B strep

This monograph would greatly benefit from making it shorter and better organized in terms of clinical relevance. In particular, the vaccinations of particular importance during pregnancy should probably be separated from those for nonpregnant women. For non-pregnant women, vaccination should be further divided into common threats and those less common. Vaccinations in development should either be omitted altogether or separated into a separate and brief section.

Reviewer #3: The authors describe maternal immunization, efficacy and safety of various vaccines and current trends in usage during pregnancy. Overall, the manuscript is well written. The introduction provides a good generalized background of topic, the safety and efficacy of vaccine and trends of vaccination are well explained and each vaccine is explained in detail in the manuscript.

1.The topics not covered in the paper are Varicella vaccine and Malaria vaccine. Varicella exposure is commonly encountered in pregnant women and Malaria is one of the most severe public health problems worldwide.

2.The authors describe the trends in vaccination, however the barriers and reasons for non- compliance and measures to improve vaccine compliance such as health provider based interventions are not discussed in the manuscript.

3.The second paragraph, Lines 5 and 7 under Efficacy and Safety section, please cite the references.

4.The authors should consider mentioning the Influenza and Tdap vaccines that are routinely used and recommended during pregnancy first, followed by vaccines for other infectious agents

#### EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

2. 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 will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at <http://links.lww.com/AOG/A515>, and the gynecology data definitions are available at <http://links.lww.com/AOG/A935>.

3. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Clinical Expert Series articles should not exceed 25 typed, double-spaced pages (6,250 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes).

Please limit your Introduction to 250 words and your Discussion to 750 words.

4. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:

\* All financial support of the study must be acknowledged.

\* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.

\* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement 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).

5. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

6. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Clinical Expert Series, 300 words. Please provide a word count.

7. 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.

8. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

9. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: [http://edmgr.ovid.com/ong/accounts/table\\_checklist.pdf](http://edmgr.ovid.com/ong/accounts/table_checklist.pdf).

10. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance ([obgyn@greenjournal.org](mailto:obgyn@greenjournal.org)). In most cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at <http://www.acog.org/Resources-And-Publications>.

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If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at <http://ong.editorialmanager.com>. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors, that each author has given approval to the final form of the revision, and that the agreement form signed by each author and submitted with the initial version remains valid.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Jul 27, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2017 IMPACT FACTOR: 4.982

2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

If you would like your personal information to be removed from the database, please contact the publication office.

Manuscript Number ONG-18-1090

Response to Reviewers' Comments

REVIEWER COMMENTS:

**Reviewer #1:** This is review of vaccines for pregnant women. The text mix inactivated, live-attenuated and "not yet registered" or future vaccines (GBS) and could be better structured by discussing inactivated vaccines, live-attenuated vaccines as groups.

The review could be more focused on vaccines in everyday use and the discussion of anthrax and smallpox is quite hypothetical and if used in a bioterror situation the considerations of whether to immunize or not would be different. The vaccinia vaccine is being replaced by newer vaccines which is probably only available to military staff at present.

R: We have separated the discussion on vaccines for special populations/situations from those routinely recommended

In the first part of the manuscript, the authors discuss influenza vaccine coverage which was 25% before the 2009 pandemic and then increased to 50% among pregnant women. A graph showing annual vaccine uptake in pregnant women would be interesting and would add information.

R: We have included the most recent figure available from CDC to illustrate coverage of influenza vaccine in pregnancy since the 2009 pandemic, including the influence of provider recommendation on coverage.

I agree that the MMR is contraindicated in pregnancy, but MMR vaccine coverage in the general population would indicate the proportion of pregnant women not protected and perhaps the opportunity to discuss MMR in women planning a pregnancy should be included.

R: We agree with this comment and have included it in the text.

**Reviewer #2:** This is a monograph on vaccination for an obstetrics-gynecology audience. This is an invited paper.

Precis

The précis should be rewritten for brevity (sic) and clarity.

R: We have done this as suggested.

Abstract

I think the abstract would be more useful if summarized specific recommendations rather than give a general overview over vaccinations much of which is already known to the audience.

R: Thank you for this comment. While it is difficult to include all the existing recommendations in the abstract, we have provided more specific recommendations in addition to the general concept of maternal immunization, as in introduction to the content of this article.

#### Introduction

This is a good summary of the growing recognition of the importance of vaccination programs among obstetrician-gynecologists.

R: Thank you for this comment

#### Efficacy and safety of vaccinations

This section should be greatly shortened or eliminated in the interest of space.

R: We have revised this section and shortened where feasible.

#### Trends in vaccination:

Again, in the interest of space, might wish to reduce or eliminate.

R: Similarly, we have revised and shortened, where feasible.

I have enumerated the vaccines addressed here in order of their discussion. This should probably be reorganized so that there is a more clear rationale for the order in which the vaccines are listed.

Influenza Anthrax

Hepatitis A

Hepatitis B

Japanese (sic) encephalitis vaccine

Meningococcal (sic) vaccine

Polio vaccine

Rabies Vaccine (sic)

Smallpox vaccine;

Yellow Fever (sic) vaccine

TDAP vaccine (sic)

Respiratory syncytial virus (sic)

Group B strep

R: Thank you, we have reorganized the vaccines based on recommendations as routine, in special circumstances, contraindicated and under development/research. We have also organized the Table in the same manner.

This monograph would greatly benefit from making it shorter and better organized in terms of clinical relevance. In particular, the vaccinations of particular importance during pregnancy should probably be separated from those for nonpregnant women. For non-pregnant women, vaccination should be further divided into common threats and those less common. Vaccinations in development should either be omitted altogether or separated into a separate and brief section.

R: Thank you for this comment. This review focuses on vaccinations in pregnancy and the post-partum period, rather than in non-pregnant women. We have reorganized the document to make it better organized based on existing recommendations for vaccination during pregnancy.

**Reviewer #3:** The authors describe maternal immunization, efficacy and safety of various vaccines and current trends in usage during pregnancy. Overall, the manuscript is well written. The introduction provides a good generalized background of topic, the safety and efficacy of vaccine and trends of vaccination are well explained and each vaccine is explained in detail in the manuscript.

1.The topics *not covered* in the paper are Varicella vaccine and Malaria vaccine. Varicella exposure is commonly encountered in pregnant women and Malaria is one of the most severe public health problems worldwide.

R: Thank you for this comment. Varicella is a live vaccine and as such, it is contraindicated in pregnancy. Adequate vaccination prior to pregnancy is encouraged to protect women during pregnancy. We have added a comment about this. Regarding malaria, we agree that this is an important problem in a large population worldwide, however no licensed vaccines are available for malaria. We have noted the need to consider this disease for vaccine prevention in the future.

2.The authors describe the trends in vaccination, however the barriers and reasons for non- compliance and measures to improve vaccine compliance such as health provider based interventions are not discussed in the manuscript.

R: This is an important issue, which might be beyond the scope of this review, particularly given the space limitations. However, we have added a brief comment regarding the importance of provider recommendation for vaccine acceptance and compliance during pregnancy, as it relates to influenza vaccination, in particular..

3.The second paragraph, Lines 5 and 7 under Efficacy and Safety section, please cite the references.

R: We have added these references.

4.The authors should consider mentioning the Influenza and Tdap vaccines that are routinely used and recommended during pregnancy first, followed by vaccines for other infectious agents

R: We have reorganized the manuscript to include routinely recommended vaccines first (see previous comments), followed by vaccines that are recommended in special circumstances.

In addition to the above changes, the manuscript's references have been reorganized to conform with the current order of citation.

EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

XX 1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.

2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

2. 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 will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at [https://urldefense.proofpoint.com/v2/url?u=http-3A\\_\\_links.lww.com\\_AOG\\_A515&d=DwlGaQ&c=ZQs-KZ8oxEw0p81sqgiaRA&r=cyylP9eahnpACDi1AVivrRv0rC21xDM\\_g2T-aM-C7s&m=lsJ9bdhnHFi4CBnCF2do\\_AamcZUnO7ONCxubwjXLV54&s=3t0kH7xmB9NnRWIagKr86GhLSHBT4ZWf64vy-SbqMAw&e=](https://urldefense.proofpoint.com/v2/url?u=http-3A__links.lww.com_AOG_A515&d=DwlGaQ&c=ZQs-KZ8oxEw0p81sqgiaRA&r=cyylP9eahnpACDi1AVivrRv0rC21xDM_g2T-aM-C7s&m=lsJ9bdhnHFi4CBnCF2do_AamcZUnO7ONCxubwjXLV54&s=3t0kH7xmB9NnRWIagKr86GhLSHBT4ZWf64vy-SbqMAw&e=), and the gynecology data definitions are available at [https://urldefense.proofpoint.com/v2/url?u=http-3A\\_\\_links.lww.com\\_AOG\\_A935&d=DwlGaQ&c=ZQs-KZ8oxEw0p81sqgiaRA&r=cyylP9eahnpACDi1AVivrRv0rC21xDM\\_g2T-aM-C7s&m=lsJ9bdhnHFi4CBnCF2do\\_AamcZUnO7ONCxubwjXLV54&s=8b1QblclX8gB-NNjk95zvEbKBnh2FOQjBrsckzGl6Ew&e=](https://urldefense.proofpoint.com/v2/url?u=http-3A__links.lww.com_AOG_A935&d=DwlGaQ&c=ZQs-KZ8oxEw0p81sqgiaRA&r=cyylP9eahnpACDi1AVivrRv0rC21xDM_g2T-aM-C7s&m=lsJ9bdhnHFi4CBnCF2do_AamcZUnO7ONCxubwjXLV54&s=8b1QblclX8gB-NNjk95zvEbKBnh2FOQjBrsckzGl6Ew&e=).

R: Thank you, we have reviewed these documents.

3. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Clinical Expert Series articles should not exceed 25 typed, double-spaced pages (6,250 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendices). Please limit your Introduction to 250 words and your Discussion to 750 words.

R: We have made the necessary changes to comply with these requirements in the introduction and Discussion, as well as the total length of the manuscript.

4. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:

\* All financial support of the study must be acknowledged.

\* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such

acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.

\* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement 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).

R: Thank you, we have noted all these requirements and complied.

5. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

R: The short title is: Maternal Immunization

6. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Clinical Expert Series, 300 words. Please provide a word count.

R: We have modified the document as needed to comply with this requirement for the abstract, and provided a word count.

7. Only standard abbreviations and acronyms are allowed. A selected list is available online at [https://urldefense.proofpoint.com/v2/url?u=http-3A\\_edmgr.ovid.com\\_ong\\_accounts\\_abbreviations.pdf&d=DwlGaQ&c=ZQs-KZ8oxEw0p81sqgiaRA&r=cyylP9eahnpACDi1AVivrwRv0rC21xDM\\_g2T-aM-C7s&m=lsJ9bdhnHFi4CBnCF2do\\_AamcZUnO7ONCsubwjXLV54&s=aY38N3AtJ0PmfUF9bgGuQGnmC7RbBPPRRxIV2UuyI4Q&e=](https://urldefense.proofpoint.com/v2/url?u=http-3A_edmgr.ovid.com_ong_accounts_abbreviations.pdf&d=DwlGaQ&c=ZQs-KZ8oxEw0p81sqgiaRA&r=cyylP9eahnpACDi1AVivrwRv0rC21xDM_g2T-aM-C7s&m=lsJ9bdhnHFi4CBnCF2do_AamcZUnO7ONCsubwjXLV54&s=aY38N3AtJ0PmfUF9bgGuQGnmC7RbBPPRRxIV2UuyI4Q&e=). 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.

R: Thank you, we are following this requirement.

8. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

R: Thank you, we are following these requirements.

9. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: [https://urldefense.proofpoint.com/v2/url?u=http-3A\\_\\_edmgr.ovid.com\\_ong\\_accounts\\_table-5Fchecklist.pdf&d=DwIGaQ&c=ZQs-KZ8oxEw0p81sqgiaRA&r=cyylP9eahnpACDi1AVivrwRv0rC21xDM\\_g2T-aM-C7s&m=lsJ9bdhnHFi4CBnCF2do\\_AamcZUnO7ONCsubwjXLV54&s=\\_PbdfLKAHNf-x\\_jm1k81tsFa9K0dBao-0SZRmB6i4rc&e=](https://urldefense.proofpoint.com/v2/url?u=http-3A__edmgr.ovid.com_ong_accounts_table-5Fchecklist.pdf&d=DwIGaQ&c=ZQs-KZ8oxEw0p81sqgiaRA&r=cyylP9eahnpACDi1AVivrwRv0rC21xDM_g2T-aM-C7s&m=lsJ9bdhnHFi4CBnCF2do_AamcZUnO7ONCsubwjXLV54&s=_PbdfLKAHNf-x_jm1k81tsFa9K0dBao-0SZRmB6i4rc&e=).

R: Thank you, we are following these requests.

10. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance ([obgyn@greenjournal.org](mailto:obgyn@greenjournal.org)). In most cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications

page at [https://urldefense.proofpoint.com/v2/url?u=http-3A\\_\\_www.acog.org\\_Resources-2DAnd-2DPublications&d=DwIGaQ&c=ZQs-KZ8oxEw0p81sqgiaRA&r=cyylP9eahnpACDi1AVivrwRv0rC21xDM\\_g2T-aM-C7s&m=lsJ9bdhnHFi4CBnCF2do\\_AamcZUnO7ONCsubwjXLV54&s=gDKgxHR1YjzULA3mwDzs-v2FB0g4t\\_hFFAeacmKGfO&e=](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.acog.org_Resources-2DAnd-2DPublications&d=DwIGaQ&c=ZQs-KZ8oxEw0p81sqgiaRA&r=cyylP9eahnpACDi1AVivrwRv0rC21xDM_g2T-aM-C7s&m=lsJ9bdhnHFi4CBnCF2do_AamcZUnO7ONCsubwjXLV54&s=gDKgxHR1YjzULA3mwDzs-v2FB0g4t_hFFAeacmKGfO&e=).

R: Thank you, we are following these requests.

## Daniel Mosier

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**From:** Jamieson, Denise Jean [REDACTED]  
**Sent:** Thursday, August 23, 2018 2:29 PM  
**To:** Daniel Mosier  
**Subject:** FW: Manuscript Revisions: ONG-18-1090R1  
**Attachments:** 18-1090R1 ms (8-22-18v2)\_fm.docx

Our responses and revisions attached.

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes.  
[Agree](#)
2. LINE 36: Please revise "and/or" to mean either "and" or "or." Be sure this is done throughout your paper.  
[We will use "and".](#)
3. LINE 153: Is this for TDAP or what? And the next sentence does not seem to follow logically. Could you just get rid of this section and roll it into the appropriate sections below?  
[This is for Tdap, yes. We've clarified that this relates to trends in coverage, so would leave there.](#)
4. LINE 234: ? greatest  
[Yes – thank you – typo corrected](#)
5. TABLE 1: The table in CO 741 must be used as is in your paper for ACOG to grant permission to use it. Would you like to use the CO table as is, then create a Table 2 showing the additional information you included that isn't in the original CO table?  
If you want to reprint the original table, please complete section IB of the author agreement form, which asks you to list items that aren't original to your manuscript.  
[We would prefer to use the modified table, not the original – as we reorganized the order of the vaccines to match the order presented in the text. We also made updates and added new organization, rows, and footnotes. Can we use and refer to it as adapted?](#)

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**From:** Jamieson, Denise Jean [REDACTED]  
**Sent:** Wednesday, August 22, 2018 1:27 PM  
**To:** Munoz-Rivas, Flor [REDACTED]  
**Subject:** FW: Manuscript Revisions: ONG-18-1090R1

\*\*\*CAUTION:\*\*\* This email is not from a BCM Source. Only click links or open attachments you know are safe.

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**From:** Daniel Mosier <[dmosier@greenjournal.org](mailto:dmosier@greenjournal.org)>  
**Date:** Wednesday, August 22, 2018 at 2:15 PM  
**To:** "Jamieson, Denise Jean" [REDACTED]  
**Subject:** Manuscript Revisions: ONG-18-1090R1

Dear Dr. Jamieson,

Thank you for submitting your revised manuscript. It has been reviewed by the editor, and there are a few issues that must be addressed before we can consider your manuscript further:

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes.
2. LINE 36: Please revise "and/or" to mean either "and" or "or." Be sure this is done throughout your paper.
3. LINE 153: Is this for TDAP or what? And the next sentence does not seem to follow logically. Could you just get rid of this section and roll it into the appropriate sections below?
4. LINE 234: ? greatest
5. TABLE 1: The table in CO 741 must be used as is in your paper for ACOG to grant permission to use it. Would you like to use the CO table as is, then create a Table 2 showing the additional information you included that isn't in the original CO table?  
If you want to reprint the original table, please complete section IB of the author agreement form, which asks you to list items that aren't original to your manuscript.

Each of these points are marked in the attached manuscript. Please respond point-by-point to these queries in a return email, and make the requested changes to the manuscript. When revising, please leave the track changes on, and do not use the "Accept all Changes" function in Microsoft Word.

Please let me know if you have any questions. Your prompt response to these queries will be appreciated; please respond no later than COB on **Friday, August 24th**.

Sincerely,  
-Daniel Mosier

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