

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains comments from the reviewers and editors generated during peer review of the initial manuscript submission and sent to the author via email.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:
obgyn@greenjournal.org.

Date: Apr 11, 2019
To: "Sarah J Son" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-491

RE: Manuscript Number ONG-19-491

Women's Preventive Services Initiative's Well-Woman Chart: A Summary of Preventive Health Recommendations for Women

Dear Dr. Son:

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 May 02, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

Precis: None

Overall: The paper summarizes the work of the Women's Preventative Services Initiative (a national collaborative of 21 health professional organizations and patient representatives that develops, reviews, updates, and disseminates evidence-based clinical recommendations for women's preventive health care services in the United States) to develop the Well-Woman Chart.

Clinical preventive services are generally underutilized in the United States. The purpose of the Well-Woman Chart is to improve the delivery of preventive health services for women in clinical settings. The Well-Woman Chart summarizes currently covered preventive services recommendations in one source and is intended to provide a comprehensive and practical method to guide busy practices.

The WPSI recommendations are then reviewed by HRSA for insurance coverage under the Affordable Care Act (ACA). The WPSI evaluates preventive services that often lack definitive research in important areas (adolescents, pregnant, or elderly women, racial and ethnic minorities, low-income women, and those with low health literacy). The Well-Woman Chart is separated into age intervals (13-17, 18-21, 22-29, 40-49, 50-145 64, 65-75, >75 years) and pregnancy conditions (not pregnant, pregnant, postpartum) that most closely align with existing recommendations.

OTHER:

Disclosures: All financial and intellectual disclosures of interest were declared and potential conflicts were discussed and managed following the conflict of interest process of the American College of Obstetricians and Gynecologists.

Disclaimer: Information or content and conclusions in this article are those of the WPSI and should not be construed as the official position or policy of, or should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

Human subjects: not applicable

Abstract:

1. The abstract is succinct and through representation of the manuscript. It is only 182 words in length (250 allowed).

Introduction/Purpose:

2. A complete review of the reasons for underutilization of clinical preventive services, benefits to clinical preventive services and current insurance coverage for these services. The purpose is very clearly stated as is the target audience and target patient population.

3. Line 69: Probably should be "These visits".

Methods:

4. The methods are very well presented. They describe an exhaustive and iterative approach to the development of the guidelines.

Results:

5. The results are essentially the Well-Woman Card itself. The developers have managed to synthesize numerous recommendations for multiple services, across successive age groups as well as for pregnancy and the post-partum period into one easy to read document. Links to reference sources are included.

Discussion:

6. The discussion is brief and relevant.

References:

7. The authors slightly exceed the limit for references (29 instead of 24) for a current commentary but that seems justified given the comprehensive nature of the initiative they are tasked to describe.

TABLES AND FIGURES:

8. Excellent, high quality figure.

Appendix:

9. Excellent resource of supporting materials.

Reviewer #2: This manuscript clearly summarizes an important body of work by many people. It is well written and my comments are few:

Introduction:

- line 69: visit should be visits.

- line 144: the age range 22-29 should be edited to 22-39.

Chart:

- although the text of the manuscript and the small print in the chart note that immunizations are covered elsewhere, consider adding a blue row called immunizations with a white row under that provides the note and appropriate reference with which to link (i.e. the content within superscript b).

- something should also be included in pregnancy and postpartum regarding immunizations.

Discussion:

- The discussion is remarkably brief for such a comprehensive effort with the potential for so much impact. There seems an opportunity to make a statement about the role of preventive care in decreasing health care utilization and costs, in addition to overall increasing quality of care and access to care.

Reviewer #3: No comments to authors.

Reviewer #4: This current commentary includes the Well-Woman Chart issued by WPSI. This document has clearly been created and reviewed by multiple well-qualified contributors, and therefore I have only one typo to correct:

Line 144: the age group '22-29' should be 22-39 to match the chart.

Thank you for the invitation to review this important work.

EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.

- This is not sufficiently transparent. Please provide the COI for the authors.

- is it the intention to update this on a regular basis to keep it "current"?

- for clarity for this reader: if the USPSTF and Bright Futures are clear (ie, there is no "gap") do you not mention their recommendations in the chart?

- Is it possible to make a statement about why the work of these two organizations is insufficient to do this same work?

- give the date

- One reviewer recommended adding the immunization schedule. I think that is not necessary but in digital version of the well woman chart is it possible to have a hotlink to the CDC guidelines?

2. 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:

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

3. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

4. All submissions that are considered for potential publication are run through CrossCheck for originality. The following lines of text match too closely to previously published works.

- o Variance needed, lines 353-6 ("Hospital treatment is free...in other countries)."
- o Citation needed, lines 360-2 ("However, a residual left...increase the risk").

5. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at <https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

6. Specific rules govern the use of acknowledgments in the journal. Please note 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 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).

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

8. 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: Current Commentary articles, 250 words. Please provide a word count.

9. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

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

11. The American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG 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 (exceptions could include manuscripts that address items of historical interest). If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found via the Clinical Guidance & Publications page at <https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance>.

12. For the figure, we recommend that you insert a link to the Chart somewhere in the Introduction, as opposed to having it appear in print. The file is too large and would not be legible. If you intend to submit the Clinical Summary Tables as SDC, you need to cite that somewhere in the text as "Appendix 1."

13. 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 <http://edmgr.ovid.com/acd/accounts/ifauth.htm>.

Please note that 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.

14. 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 and that each author has given approval to the final form of the revision.

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 May 02, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2017 IMPACT FACTOR: 4.982
2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

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