

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)*

**The corresponding author has opted to make this information publicly available.*

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obgyn@greenjournal.org.

Date: Jul 29, 2019
To: "Mark A. Turrentine" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-1198

RE: Manuscript Number ONG-19-1198

Penicillin Allergy in Pregnancy: Moving from "Rash" Decisions to Accurate Diagnosis

Dear Dr. Turrentine:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Per the separate email from Nancy Chescheir, MD, you have been asked to revise your manuscript as a Clinical Expert Series submission.

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 Aug 19, 2019, we will assume you wish to withdraw the manuscript from further consideration.

If you need assistance with submitting your revision, please contact Randi Zung.

REVIEWER COMMENTS:

Reviewer #1: This commentary addresses an important but neglected aspect re: assessment of PCN allergy in pregnancy. In light of the national recommendations for reduction of broad spectrum antibiotic use, it is important to discuss. The message that OBGYNS can and should be involved in the process of PCN allergy hx, assessment, and confirmation requires attention. The education in Table 1 and the questionnaire are especially helpful.

The strength of the recommendations for allergy testing in pregnancy could be improved by more detail on how this can be achieved and how to overcome barriers within institutions to start such a service. Many of the documents with discussion of skin testing specifically state that such testing should be performed by an allergist or individuals with specific training. Access to allergists is quite limited in some areas. Inclusion of and buy in from the American Academy of Allergy, Asthma, and Immunology that this can be performed by midlevel practitioners and with non-allergist MD oversight will be helpful (after development of appropriate protocols, as discussed). Perhaps reference to or personal communications of robust outpatient programs would help. There is admittedly little data on allergy testing in pregnancy (although robust data on desensitization).

The use of cefazolin needs clarification: In Penicillin Allergy in Anesthesia Practice document, with the history of urticaria, penicillin allergy testing is considered if feasible and if positive, the recommendation is to administer Cefazolin (if there is no concern for cephalosporin allergy) preoperatively - Anesth Analg. 2018 Sep;127(3):642-649. doi: 10.1213/ANE.0000000000003419. This does not corroborate with the recently published ACOG Committee Opinion, that states, that urticaria is considered a high risk allergy, and that clindamycin should be administered if sensitive, if not, vancomycin. This should be addressed to avoid conflict among disciplines involved in pregnancy care.

Reviewer #2:

Specific comments

Abstract:

Line 36: typographic error, seems it should read "should undergo penicillin skin testing as early in the pregnancy as possible"

Line 50-52: I don't understand the distinction between the adoption of penicillin allergy testing in "pregnant women specifically" and "our patients in general." Are the authors referring to the general female population here with the "our" referring to the collective body of Obstetricians and Gynecologists? Perhaps this could be rephrased "adoption of penicillin allergy testing in pregnant women specifically as well as the general population."

Introduction:

Line 81: Consider changing "to manage IAP..." to "to provide IAP..."

Paragraph lines 83-94: this provides interesting background context, though unclear how this contributes to argument authors are making other than to make the point that patient reported penicillin allergies have been problematic for the implantation of the 2010 GBS guidelines as they have led to more widespread use of these alternative antibiotic regimens. Perhaps this paragraph could be summed up "Patient reported penicillin allergies have led to increasingly common use of broader-spectrum and less effective antibiotics for IAP against GBS as put forth by the 2010 GBS prophylaxis guidelines created by ACOG and the AAP."

Line 89-94: grammar here is a bit odd. Are the authors referring to themselves as those who were members of the writing team for the recently published ACOG Committee Opinion?

Penicillin Allergy:

Line 122-123: casual language "really". Would consider rephrasing to "persons with history of penicillin allergy are in fact penicillin tolerant."

Line 129-133: the phrasing of the examples is a bit confusing. Consider adding a phrase "this rash is not a true hypersensitivity reaction, rather it is likely a direct component of the viral syndrome for which the antibiotic was taken, but is still frequently assumed to be a sign of penicillin allergy."

Line 132-133: The tenses are mixed here. Would consider phrasing "this rash was not a true hypersensitivity reaction but was still frequently..."

Line 133: Consider changing "finally" to "additionally" as it is introducing only the second explanatory reason rather than the last to a list of three or more.

Evaluation of Penicillin Allergy:

Line 143-144: would consider rephrasing "when a person presents with a h/o penicillin allergy the initial assessment is to determine" to "when a person presents with a h/o PCN allergy the initial assessment should be to determine" as this is the behavior the authors are advocating for in the commentary.

Skin Testing:

Line 167: passive language, consider "subsequently able to receive penicillin..."

Line 170: should be "the authors describe.."

Line 171: typographic error, "that required materials be for the penicillin"

Line 175: typographic error "and continued monitoring of the both the woman and her fetus..."

Line 201: typographic error "within providers' considerations for diagnostic protocols in for women..."

It seems that there are already many settings in which PCN allergy skin testing could be set up that would allow for such monitoring, particularly antenatal monitoring units. The authors could consider acknowledging that the infrastructure may already be in place for a large component of this. Integrating the appropriate additional personal into the workflow will be the challenge.

Conclusion:

Paragraph Lines 187-193: While true, this paragraph does not directly support the argument the authors are making. Would consider removing it.

Line 203-204: would consider the following rephrasing "the long term benefits of evaluating a penicillin allergy early in the prenatal period include the ability to use first-line..."

[similar comment from abstract section] Line 212: the distinction between pregnant women specifically and our patients in general is confusing. Would rephrase to "testing in pregnant women specifically and the female population in general"

Line 215-218: while technically grammatically correct the flow of this sentence is a bit choppy. Would consider breaking up into simpler sentences to pack a punch at the conclusion.

General comments:

This would perhaps be a stronger paper if the authors focused only on pregnancy. There are several times authors mention implications or recommendations for pcn allergy testing specifically during pregnancy and then broaden to women's health care in general though the meat of the argument is directed specifically at antibiotic use during pregnancy.

There are a few times the authors discuss the emergence of antibiotic resistance. While this issue is related to the issue of penicillin allergy testing I would be careful that it not distract from the clear argument the authors are making advocating for improved history taking and penicillin allergy skin testing as a systematic way to address antibiotic stewardship.

There are a few very minor typographic errors with extra or omitted words.

Reviewer #3: This is a current commentary focusing on the impact of pregnant patients being labelled as penicillin allergic. The commentary focuses on the potential impact of this over labeling, outlines some direct measures to modify this and describe the likely positive impact of such changes. Ways in which this manuscript could be improved include:

Lines 89-94: I think this sentence reads awkwardly. Are the three authors of this manuscript on the committee opinion writing team? What are the details of the problems associated with clinical implementation of the previous guidelines?

Line 98: Does AAAAI have a position statement on skin testing during pregnancy? Has ACOG made steps to work with AAAAI to make a joint statement?

Lines 170-176: What about concentrating our efforts on testing postpartum or during well woman exams rather than during pregnancy?

Lines 183-184: I cannot see a time when this setting would be appropriate for pregnant patients. Do you mean postpartum or other non-pregnant times?

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.

- as early?

- be consistent here-less effective or less-effective? Also, can you try to avoid repeating less-effective in such a short space to begin with?

- would you consider "are neither truly allergic nor at risk...?"

- "became apparent to us" flows better with the introduction of this sentence "As members of the ...team..., issues became apparent to us"

- reword with neither/nor. It just makes the sentence a bit clearer.

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. 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 point-by-point response letter.

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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.

Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

4. Please add a citation for lines 148-150 (ascertaining...care management) and 153-156 (because most...patients). These are nearly verbatim from an ACOG CO.

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. 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, 250 words. Please provide a word count.

8. 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.

9. 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.

10. 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.

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. 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.

13. If you choose to revise your manuscript, please submit your revision through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded in a word processing format such as Microsoft Word. Your revision's cover letter should include the following:

- * A confirmation that you have read the Instructions for Authors (<http://edmgr.ovid.com/ong/accounts/authors.pdf>), and
- * A point-by-point response to each of the received comments in this letter.

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 Aug 19, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2018 IMPACT FACTOR: 4.965
2018 IMPACT FACTOR RANKING: 7th out of 83 ob/gyn journals

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/ong/login.asp?a=r>). Please contact the publication office if you have any questions.

August 12, 2019

Editor

Obstetrics & Gynecology

RE: Manuscript ID ONG-19-1198

Dear Editor,

We wish to thank the Editor and Reviewers for their comments. We also want to thank you for the opportunity to do the revisions and convert this to a Clinical Expert Series. The suggestions were fantastic and the manuscript is stronger from them. We will address each comment individually. Since we have been asked to change this from a Current Commentary to a Clinical Expert Series, a “new” manuscript is enclosed. Taking the original version and doing Track Changes would have been very confusing due to the structure change. The line numbers in our response refer to the revised manuscript version. 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. Regarding the inquiry of transparency around peer-review. Yes, please publish our point-by-point response letter (OPT-IN). This is also to confirm that we have read the Instructions for Authors for this series.

Best regards,

Mark Turrentine, MD

REVIEWER COMMENTS:

Reviewer #1:

This commentary addresses an important but neglected aspect re: assessment of PCN allergy in pregnancy. In light of the national recommendations for reduction of broad spectrum antibiotic use, it is important to discuss. The message that OBGYNS can and should be involved in the process of PCN allergy hx, assessment, and confirmation requires attention. The education in Table 1 and the questionnaire are especially helpful.

The strength of the recommendations for allergy testing in pregnancy could be improved by more detail on how this can be achieved and how to overcome barriers within institutions to start such a service.

We agree that the logistical details of creating penicillin allergy testing service for pregnant women would be beneficial to the obstetrics and gynecology community. However, our goal was first to get obstetrical providers to even consider offering this diagnostic testing alternative. Further, the various clinical hurdles in establishing a penicillin allergy-testing program would probably be an entire Clinical Expert Series in itself (Perhaps a second manuscript at some

point?). However, we did add lines 258 to 261 suggesting some potential policy options for obstetrical providers and institutions to consider.

Many of the documents with discussion of skin testing specifically state that such testing should be performed by an allergist or individuals with specific training. Access to allergists is quite limited in some areas. Inclusion of and buy in from the American Academy of Allergy, Asthma, and Immunology that this can be performed by midlevel practitioners and with non-allergist MD oversight will be helpful (after development of appropriate protocols, as discussed). Perhaps reference to or personal communications of robust outpatient programs would help. There is admittedly little data on allergy testing in pregnancy (although robust data on desensitization).

Unfortunately, as the Reviewer points out, there is very limited data available on penicillin allergy testing programs during pregnancy. The few mentions in the literature are only abstracts presented at scientific meetings. However, we do have lines 262 to 269 addressing this very point (i.e. training other non-allergy specialists to perform this testing).

The use of cefazolin needs clarification: In Pencillin Allergy in Anesthesia Practice document, with the history of urticaria, penicillin allergy testing is considered if feasible and if positive, the recommendation is to administer Cefazolin (if there is no concern for cephalosporin allergy) preoperatively - *Anesth Analg.* 2018 Sep;127(3):642-649. doi: 10.1213/ANE.0000000000003419. This does not corroborate with the recently published ACOG Committee Opinion, that states, that urticaria is considered a high risk allergy, and that clindamycin should be administered if sensitive, if not, vancomycin. This should be addressed to avoid conflict among disciplines involved in pregnancy care.

The article the reviewer refers to is not a guideline endorsed by any anesthesiology society. This article is a systematic review and decision analysis by the authors of the article (who are from Canada). The classification of allergies is controversial (this is stated in the introduction of the article the Reviewer refers to). We have added a section titled, "DRUG HYPERSENSITIVITY REACTIONS" lines 131 to 153 to help clarify classification schemes for types of drug allergic reactions for the reader. We have further elaborated on this in lines 205 to 210. In addition, we have clarified our objective in lines 92 to 95 explaining that the intrapartum antibiotic prophylaxis for the prevention for group B streptococcus serves as a model to explain how penicillin allergy testing will improve antibiotic stewardship in obstetrics. Finally, we would argue that "de-labeling" an individual would have longer-term benefits than utilizing a cephalosporin for surgical prophylaxis in what would be considered a high risk of anaphylaxis (i.e. urticaria).

Reviewer #2:

Specific comments

Abstract:

Line 36: typographic error, seems it should read "should undergo penicillin skin testing as early in the pregnancy as possible"

We have reworded the Precis and this has been corrected (now lines 35 to 36)

Line 50-52: I don't understand the distinction between the adoption of penicillin allergy testing in "pregnant women specifically" and "our patients in general." Are the authors referring to the general female population here with the "our" referring to the collective body of Obstetricians and Gynecologists? Perhaps this could be rephrased "adoption of penicillin allergy testing in pregnant women specifically as well as the general population."

This has been rephrased and is now lines 51 to 53.

Introduction:

Line 81: Consider changing "to manage IAP..." to "to provide IAP..."

This has been rephrased and is now lines 81 to 84.

Paragraph lines 83-94: this provides interesting background context, though unclear how this contributes to argument authors are making other than to make the point that patient reported penicillin allergies have been problematic for the implantation of the 2010 GBS guidelines as they have led to more widespread use of these alternative antibiotic regimens. Perhaps this paragraph could be summed up "Patient reported penicillin allergies have led to increasingly common use of broader-spectrum and less effective antibiotics for IAP against GBS as put forth by the 2010 GBS prophylaxis guidelines created by ACOG and the AAP."

We appreciate this suggestion and have deleted these lines.

Line 89-94: grammar here is a bit odd. Are the authors referring to themselves as those who were members of the writing team for the recently published ACOG Committee Opinion?

We have removed this language.

Penicillin Allergy:

Line 122-123: casual language "really". Would consider rephrasing to "persons with history of penicillin allergy are in fact penicillin tolerant."

This has been rephrased and is now lines 162 to 163.

Line 129-133: the phrasing of the examples is a bit confusing. Consider adding a phrase "this rash is not a true hypersensitivity reaction, rather it is likely a direct component of the viral syndrome for which the antibiotic was taken, but is still frequently assumed to be a sign of penicillin allergy."

This has been reworded as suggested and is now lines 178 to 180.

Line 132-133: The tenses are mixed here. Would consider phrasing "this rash was not a true hypersensitivity reaction but was still frequently..."

This has been reworded as suggested and is now lines 178 to 180.

Line 133: Consider changing "finally" to "additionally" as it is introducing only the second explanatory reason rather than the last to a list of three or more.

This has been deleted.

Evaluation of Penicillin Allergy:

Line 143-144: would consider rephrasing "when a person presents with a h/o penicillin allergy the initial assessment is to determine" to "when a person presents with a h/o PCN allergy the initial assessment should be to determine" as this is the behavior the authors are advocating for in the commentary.

This has been corrected as suggested and is now lines 186 to 188.

Skin Testing:

Line 167: passive language, consider "subsequently able to receive penicillin..."

This has been corrected and is now line 241.

Line 170: should be "the authors describe.."

This has been rephrased and is now line 252

Line 171: typographic error, "that required materials be for the penicillin"

This has been corrected and is now lines 253 to 254.

Line 175: typographic error "and continued monitoring of the both the woman and her fetus..."

This has been corrected and is now line 257

Line 201: typographic error "within providers' considerations for diagnostic protocols in for women..."

This has been corrected and is now line 279

It seems that there are already many settings in which PCN allergy skin testing could be set up that would allow for such monitoring, particularly antenatal monitoring units. The authors could consider acknowledging that the infrastructure may already be in place for a large component of this. Integrating the appropriate additional personal into the workflow will be the challenge.

We appreciate this suggestion and have added lines 258 to 261 to address this.

Conclusion:

Paragraph Lines 187-193: While true, this paragraph does not directly support the argument the authors are making. Would consider removing it.

We thank the Reviewer for this suggestion and have removed most of this paragraph.

Line 203-204: would consider the following rephrasing "the long term benefits of evaluating a penicillin allergy early in the prenatal period include the ability to use first-line..."

We have rephrased this as suggested and now are lines 283 to 284

[similar comment from abstract section] Line 212: the distinction between pregnant women specifically and our patients in general is confusing. Would rephrase to "testing in pregnant women specifically and the female population in general"

We appreciate the suggestion and reworded. This is now lines 291 to 292.

Line 215-218: while technically grammatically correct the flow of this sentence is a bit choppy. Would consider breaking up into simpler sentences to pack a punch at the conclusion.

We have adjusted this and is now lines 295 to 298.

General comments:

This would perhaps be a stronger paper if the authors focused only on pregnancy. There are several times authors mention implications or recommendations for pen allergy testing specifically during pregnancy and then broaden to women's health care in general though the meat of the argument is directed specifically at antibiotic use during pregnancy.

We have added a section at the beginning titled, **GROUP B STREPTOCOCCUS COLONIZATION in PENICILLIN ALLERGIC PATIENTS**, lines 102 to 129 to help direct the focus of the argument.

There are a few times the authors discuss the emergence of antibiotic resistance. While this issue is related to the issue of penicillin allergy testing I would be careful that it not distract from the clear argument the authors are making advocating for improved history taking and penicillin allergy skin testing as a systematic way to address antibiotic stewardship.

We appreciate this suggestion. We deleted the first paragraph of the Conclusion (removing the discussion on antibiotic resistance).

There are a few very minor typographic errors with extra or omitted words.

We have gone through the document and corrected these.

Reviewer #3:

This is a current commentary focusing on the impact of pregnant patients being labelled as penicillin allergic. The commentary focuses on the potential impact of this over labeling, outlines some direct measures to modify this and describe the likely positive impact of such changes. Ways in which this manuscript could be improved include:

Lines 89-94: I think this sentence reads awkwardly. Are the three authors of this manuscript on the committee opinion writing team? What are the details of the problems associated with clinical implementation of the previous guidelines?

We have deleted these sentences for clarity.

Line 98: Does AAAAI have a position statement on skin testing during pregnancy? Has ACOG made steps to work with AAAAI to make a joint statement?

Unfortunately, the AAAAI has no statement. ACOG's statement in Committee Opinion 782 was a groundbreaker. Hopefully, this will be something both organizations do in the future (and maybe this Expert Series can expedite that).

Lines 170-176: What about concentrating our efforts on testing postpartum or during well woman exams rather than during pregnancy?

The problem with this approach is that a large portion of pregnant women require an antibiotic during pregnancy. Further, obstetric providers are not doing a good job of using the right antibiotic during pregnancy. So testing during pregnancy will not only benefit women then but with their future health needs. We have addressed this particular point in lines 95 to 100, 124 to 129, lines 180 to 184 and lines 224 to 227.

Lines 183-184: I cannot see a time when this setting would be appropriate for pregnant patients. Do you mean postpartum or other non-pregnant times?

See comment above.

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.

- as early?

This has been reworded.

- be consistent here-less effective or less-effective? Also, can you try to avoid repeating less-effective in such a short space to begin with?

This has been reworded as suggested.

- would you consider "are neither truly allergic nor at risk..."?

We modified the sentence as suggested.

- "became apparent to us" flows better with the introduction of this sentence "As members of the ...team..., issues became apparent to us"

This has been reworded as noted above by Reviewer #2.

- reword with neither/nor. It just makes the sentence a bit clearer.

We modified the sentence as suggested.

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. 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:

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Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

The disclosures remain the same.

4. Please add a citation for lines 148-150 (ascertaining...care management) and 153-156 (because most...patients). These are nearly verbatim from an ACOG CO.

We have deleted one line but added the citation to the other. It is difficult since we were the authors of those other lines as well, but thank you for pointing this out.

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.

We are compliant with current terminology.

6. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines: **These guidelines have been noted and complied with.**

* 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.

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The Abstract and manuscript are consistent.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Clinical Expert Series, 250 words. Please provide a word count.

This has been done.

8. 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.

Only standard abbreviations have been used.

9. 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.

We have removed any use of the virgule symbol.

10. 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.

We have added a potential Figure 1. Since the guidelines to authors for Clinical Expert Series encourages use of color illustrations, we thought that Figure 1 from the Shenoy ES, Macy E, Rowe T, Blumenthal KG. Evaluation and management of penicillin allergy: A review. JAMA 2019; 321: 188-99 would be helpful for readers. We have reached out to JAMA and obtained

permission for reprinting this (RightsLink JAMA order number 501505280). However, they indicate the cost would be \$2916. I have not yet agreed to this since the three of us are not able to pay for this, but was wondering if the journal would think this would be of value to the readership? If this is cost prohibitive, the reference to the figure can be deleted. I have yellow highlighted it in the revised manuscript for ease of identification. The only other option that might be considered (this would require permission from JAMA) would be to publish a “hyperlink” to the figure 1 of the JAMA article at the position in the Clinical Expert Series where we refer to a Figure. We do not know what this may cost.

We have enclosed permission for Table 3. The invoice for reprinting this is attached and is \$60.

Table 2. We have permission from ACOG to reprint this table. However, from some email exchanges that have been sent to the college since the publication of Committee Opinion 782, there are plans to “adjust” this Table slightly. Since we are the authors of this Table, we have enclosed the new version. Some additional language was added to the Legend of the Table. This table will be published in December 2019 prior to the publication of this Clinical Expert Series.

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>.

See comment above about Table 2.

12. 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.

13. If you choose to revise your manuscript, please submit your revision through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded in a word

processing format such as Microsoft Word. Your revision's cover letter should include the following:

- * A confirmation that you have read the Instructions for Authors (<http://edmgr.ovid.com/ong/accounts/authors.pdf>), and

- * A point-by-point response to each of the received comments in this letter.