

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*

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

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.

Date: Dec 12, 2019
To: "bruce cohen" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-2134

RE: Manuscript Number ONG-19-2134

The Prenatal Diagnosis of a Furcate Placenta: Case Report and Review of the Literature

Dear Dr. cohen:

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 Jan 02, 2020, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

REVIEWER #1:

The authors submit a case report describing the prenatal diagnosis of a furcate insertion of the umbilical cord. I have the following comments regarding the manuscript:

Precis

1. The assertion that assessment for a furcate placenta should be part of every ultrasound seems to go beyond what can reasonably be concluded from a case report.

Case

1. Line 160. Why was betamethasone given when a term delivery was planned?

Discussion

1. Would consider rewording the sentence conveying a "strong belief" that a velamentous cord insertion is "particularly dangerous". It is difficult to draw strong conclusions based on a series of 6 fetal deaths.
2. The majority of the Discussion is editorialized. Would encourage the authors to narrow the discussion based on available data. Instead of drawing sweeping conclusions from this case report and an unpublished dissertation, would consider instead highlighting that: (1) a furcate cord insertion can be identified by ultrasound, (2) it may become more commonly identified with improved ultrasound technology, and (3) it is unknown if this finding is associated with any increased risk for the fetus.

REVIEWER #2:

The authors provide a case report of a furcate placental cord insertion - a rare but potentially important sonographic observation to make and a good topic for a case report for the reader of Obstetrics and Gynecology.

Abstract

Background - The authors write "Controversy exists regarding the definition and management of this condition" This reviewer uses the pathologic definition of a furcate insertion, sonographic may be challenging but should be attempted to be assessed on the anatomy and detailed survey. The management is uncertain however but would refrain from using "Controversy" in introducing this topic.

Teaching point

1. Placental cord insertion is part of the anatomy survey - recommend authors suggesting that furcate cord insertion should be assessed for routinely at that time.

Introduction

Line 111 - Should read "Case reports..."

Discussion

Line 206-208 - placental cord insertion is already part of the anatomy survey (SMFM, AIUM)

I would consider the option of fetal monitoring at 32-34 weeks as well as the consideration of delivery at 39 weeks as well as the need to ensure that there is no vasa previa. I would encourage the reader to have a low threshold to ensure via endovaginal US that the internal os is clear of any fetal vessels in the setting of a furcate cord insertion.

ASSOCIATE EDITOR'S COMMENTS:

Please in your revision heed especially reviewer #1s suggestion that the tenor of this not be overreaching.

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. 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.
- B. OPT-OUT: No, please do not publish my point-by-point response letter.

2. 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.

3. 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.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Case Reports should not exceed 8 typed, double-spaced pages (2,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

5. 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).

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: Case Reports, 125 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. 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.

If appropriate, please include number needed to treat for benefits (NNTb) or harm (NNTh). When comparing two procedures, please express the outcome of the comparison in U.S. dollar amounts.

Please standardize the presentation of your data throughout the manuscript submission. For P values, do not exceed three decimal places (for example, "P = .001"). For percentages, do not exceed one decimal place (for example, 11.1%).

10. We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If on the other hand, it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

11. The Journal's Production Editor had the following comments about the figures in your manuscript:

"Figures 1–4: Please upload high res versions of these figures without any labels or arrows. These will be added back per journal style. Please label the figures as 1–4 on Editorial Manager."

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

If the figures were created using a statistical program (eg, STATA, SPSS, SAS), please submit PDF or EPS files generated directly from the statistical program.

Figures should be saved as high-resolution TIFF files. The minimum requirements for resolution are 300 dpi for color or black and white photographs, and 600 dpi for images containing a photograph with text labeling or thin lines.

Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce.

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.

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 Jan 02, 2020, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

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.

Bruce Cohen, MD
One Brookline Place, Suite 301
Brookline, MA 02445

December 17, 2019

Dear Editorial Staff,

The following case report is resubmitted with revisions for publication solely to the Journal, *Obstetrics and Gynecology*. The manuscript has not been submitted elsewhere, nor will it be submitted elsewhere unless there is a negative decision made by the editors of *Obstetrics and Gynecology*. The lead author affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned have been explained. This study was unfunded and there are no potential competing or conflicts of interest. Written informed consent was obtained from the patient described in this case report and is filed in our records.

I have read the Instructions for Authors and appreciate the input of the reviewers and Associate Editor. The following is a point by point response to each of the reviewer's comments:

Reviewer #1

***Precis:* “The assertion that assessment for a furcate placenta should be part of every ultrasound seems to go beyond what can reasonably be concluded from a case report.”**

I completely agree with the reviewer and changed the text to avoid overreaching conclusions throughout.

***Case:* “Why was betamethasone given when a term delivery was planned?”**

This is because some of our referring providers administer betamethasone, starting at 36 5/7 weeks for elective 37 week deliveries.

***Discussion:* “Would consider reworking the sentence conveying a ‘strong belief’ that a velamentous cord insertion is ‘particularly dangerous’. It is difficult to draw conclusions based on a series of 6 fetal deaths.”**

I agree and the sentence was changed to avoid an overreaching conclusion.

“The majority of the Discussion is editorialized. Would encourage the authors to narrow the discussion based on available data. Instead of drawing sweeping conclusions from this case report and an unpublished dissertation, would consider instead highlighting that: (1) a furcate cord insertion can be identified by ultrasound, (2) it may become more commonly identified with improved ultrasound technology, and (3) it is unknown if this finding is associated with any increased risk to the fetus.”

We again agree, to our embarrassment, that we overreached in our conclusions based on far too little data. We attempted to change this error throughout the text.

Reviewer #2

Background: “...would refrain from using ‘Controversy’ in introducing this topic.

We rewrote this sentence to be more succinct.

Teaching Point: “Placental cord insertion is part of the anatomy survey.”

We understand that this is true and fixed this sentence. Reviewer #2 then suggested that we recommend that furcate cord insertion should be assessed for routinely. We did not make this change as we agreed with Reviewer #1 that this was an overreaching conclusion.

Introduction: Reviewer #2 suggested a word edit to use “Case reports” instead of reports.

We agreed and made the change.

Discussion: Reviewer #2 suggested multiple clinical recommendations related to a potential prenatal diagnosis of a furcate cord insertion.

We did not add these revisions as they contradicted the comments of Reviewer #1 and the Associate Editor, aimed at our avoidance of overreaching clinical conclusions based on very limited data.

Thank you very much once again for considering our manuscript.