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 13, 2019
To: "Lisa Haddad" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-2113

RE: Manuscript Number ONG-19-2113

Chlamydia and Gonorrhea in Pregnancy: Patterns and Predictors of Screening, Infection, and Treatment

Dear Dr. Haddad:

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 03, 2020, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This article is very well organized and exceptionally well written. Your laboratory and statistical methodology are appropriate. Your results are presented clearly and succinctly. Your conclusions have immediate practical relevance to clinicians dealing with similar patient populations. I was particularly impressed with the adjustment you made in reporting laboratory results in patients who were evaluated in L&D Triage rather than the outpatient clinic.

My only reservation about this excellent manuscript is that your findings are more confirmatory than original.

Reviewer #2: This retrospective cohort study evaluates factors associated with non- compliance for testing, treatment and risk factors associated with positive tests for chlamydia and gonorrhea during pregnancy. The study is aimed to identify risk factors to target STI prevention in a teaching hospital that serves indigent and uninsured patient population. The study is well designed and manuscript is well written. The inclusion and exclusion criteria and the outcome measures are well defined.The study does not add any additional information to the existing literature.

Reviewer #3: This is a retrospective cohort study of women delivering at a safety net hospital designed to describe factors associated with not being tested for chlamydia and gonorrhea during pregnancy and for testing positive. The study also sought to describe patterns of treatment and tests for reinfection. 3.265 deliveries were included in the study, 11.6% of which tested positive and 15% had repeat infections. Adequacy of prenatal care and insurance status were risk factors for not being tested. Age, ethnicity, alcohol use, and STI history predicted testing positive. Time to treatment ranged for 0 to 221 days, with slightly over half having a treatment delay of at least a week. Lack of clinician recognition and inability to reach the patient were the most common reasons. The authors conclude that tradition risk factors predicted positive testing in their population and that delays in treatment and testing for reinfection were areas for improvement. Ways n which this manuscript could be improved include:

1. Line 72: I think you should provide data to support "especially prevalent in the South." (specifics)

2. Line 110: Is there a preferred method in this practice? What was the breakdown in this study?

3. Line 162: Is "decreased odds of not being tested" improper grammar (double negative)? They were more often tested correct? It just seems to be an awkward way to phrase this.

4. Line 190: Why did you state this? (221 days) Was she admitted for this long? I think either you should provide more

details about why this is important to your study or exclude this commentary.

5. Line 261-265: You mention point of care testing in the abstract and then don't mention it in the commentary. I would add what is known, available, ? on the horizon to your commentary.

STATISTICAL EDITOR'S COMMENTS:

1. lines 143-144: Need to clarify whether the inference threshold was < .05 or ≤ .05.

2. Tables 1,2: The % of women with "unknown/missing" for history of intimate partner violence, although low overall, is much higher frequency among those women not tested. This makes this difficult to generalize, and may be due to selective bias in reporting history of violence in that cohort. The overall % of women not tested is low and when subsets are allocated, the counts in some instances are low (< 5 or 10). This creates two issues: (1) low power for some of the NS comparisons and (2) possible over fitting in other instances. Would urge caution in generalizing any conclusions other than association with insurance status, prenatal care or hx of prior STD.

3. Tables 1,3: The counts are now more substantial than in Table 2 re: potential problems with over fitting or with inadequate power for comparisons. However, for "other" preferred language, there were only 3 cases of gonorrhea and/or chlamydia, so too few for multivariable adjustment. Similarly for alcohol use, "unknown/missing" for hx of intimate partner violence, the counts are too few to precisely estimate adjusted ORs.

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. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), quality improvement in health care studies (ie, SQUIRE 2.0), and studies reporting results of Internet e-surveys (CHERRIES). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at http://ong.editorialmanager.com. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, CHEERS, SQUIRE 2.0, or CHERRIES guidelines, as appropriate.

4. 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.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 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.

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: Original Research articles, 300 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. 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%").

11. 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.

12. 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.

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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.

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If you choose to revise your manuscript, please submit your revision through Editorial Manager at

http://ong.editorialmanager.com. Your manuscript should be uploaded 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 03, 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

Dear Reviewers,

Thank you very much for taking the time to review our manuscript and for your thoughtful suggestions. Please see below for a point-by-point reply to each of the comments organized by reviewer. All changes were made using track changes and the line numbers are included for your reference. We also made a few additional small changes for overall clarity and to adhere to word limits. The manuscript has benefited greatly from your careful review and we hope that you find the changes to be satisfactory.

Reviewer 1 and Reviewer 2

1. My only reservation about this excellent manuscript is that your findings are more confirmatory than original.
2. The study does not add any additional information to the existing literature.
    - While many of our findings regarding risk factors for testing positive and for not being tested were consistent with previous data on STIs, our paper sought to add to the STI literature by describing patterns of positivity, treatment, and tests of reinfection. These patterns have not been previously described in a pregnant population and highlighted several areas for clinical improvement. We have attempted to highlight clinical implications from each of our findings and have added a sentence to the discussion regarding what is unique to our study (lines 293-295).

Reviewer 3

1. Line 72: I think you should provide data to support "especially prevalent in the South." (specifics)
    - Information regarding regional vs. nationwide prevalence of chlamydia has been added (lines 74-75).
2. Line 110: Is there a preferred method in this practice? What was the breakdown in this study?
    - There is not a preferred method in this practice as both have been shown to be highly sensitive and specific. Unfortunately, information on the breakdown for this study is not available and cannot be added to the manuscript.
3. Line 162: Is "decreased odds of not being tested" improper grammar (double negative)? They were more often tested correct? It just seems to be an awkward way to phrase this.
    - The line has been changed to remove the double negative (line 179).
4. Line 190: Why did you state this? (221 days) Was she admitted for this long? I think either you should provide more details about why this is important to your study or exclude this commentary.
    - This comment has been removed. The patient was not admitted for that long but was treated upon admission for delivery (line 208).
5. Line 261-265: You mention point of care testing in the abstract and then don't mention it in the commentary. I would add what is known, available, ? on the horizon to your commentary.
    - Information on point of care testing for chlamydia and gonorrhea has been added to the discussion (lines 266-271).

Statistical Editor

1. Lines 143-144: Need to clarify whether the inference threshold was < .05 or ≤ .05.
    - Clarified that the threshold was < 0.05 (lines 156-157).
2. Tables 1,2: The % of women with "unknown/missing" for history of intimate partner violence, although low overall, is much higher frequency among those women not tested. This makes this difficult to generalize, and may be due to selective bias in reporting history of violence in that cohort. The overall % of women not tested is low and when subsets are allocated, the counts in some instances are low (< 5 or 10). This creates two issues: (1) low power for some of the NS comparisons and (2) possible over fitting in other instances. Would urge caution in generalizing any conclusions other than association with insurance status, prenatal care or hx of prior STD.
    - We removed a line about association with intimate partner violence in the results section (line 183) and added a paragraph regarding these issues to the discussion (lines 288-291).
3. Tables 1,3: The counts are now more substantial than in Table 2 re: potential problems with over fitting or with inadequate power for comparisons. However, for "other" preferred language, there were only 3 cases of gonorrhea and/or chlamydia, so too few for multivariable adjustment. Similarly for alcohol use, "unknown/missing" for hx of intimate partner violence, the counts are too few to precisely estimate adjusted ORs.
    - As described in lines 288 to 291, we re-ran the adjusted models without the variables with low counts (preferred language, alcohol use, intimate partner violence) and found that all adjusted odds ratios changed by less than 10%.

In summary, we greatly appreciate your comments and have tried to address each of them adequately throughout the manuscript. If our article is accepted, we choose to opt-in to have our point-by-point response letter published. We have followed the STROBE guidelines for reporting of observational studies as appropriate and included the completed checklist. We have read the Instructions for Authors.

Thank you again for taking the time to review and improve our manuscript.

Kind Regards,

Emily Goggins