OBSTETRICS & GYNECOLOGY

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

Date: Jan 09, 2020
To: "Cynthia Abraham"
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-2256

RE: Manuscript Number ONG-19-2256

Rethinking the Traditional Prenatal Care Model

Dear Dr. Abraham:

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 30, 2020, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: The author has submitted a thought-provoking commentary regarding the "traditional" prenatal care model and a perspective about re-thinking how prenatal care is provided. Several points are listed for consideration.

1) The author summarizes the the findings of the Expert Panel from the 1980's, as a reference for reconsidering approaches to prenatal care. These recommendations are provocative, but a main concern about the Panel's findings in that in 2019, whether these findings are applicable to the patient population currently. We are well aware that pregnancy-related risks have increased over the last 25 - 30 years, including women postponing pregnancy until later age ranges and increasing comorbidities such as diabetes, hypertension, and a significant rise in obesity. While the intent of the Panel was to address prenatal care in the absence of complications, the absence of any complication may in fact be relatively rare in current obstetric practice.

2) Related to other references for alternative care models, there are several others that could be included in the manuscript, including the NICE guidelines, the WHO recommendations which are based on a randomized trial, and a Cochrane review published in 2015 (cited by the WHO).

3) The author summarizes the activities occurring at various visits in the prenatal period. While the author highlights the tests or interventions that are done, the only mention of counseling is in the first visit, and there is no mention of re-assessing risk in any of the subsequent visits. These are both important aspects - recurring risk assessment and counseling/education, that are also important components of prenatal care visits.

4) Near the end of the manuscript, the author refers to a study regarding mobile applications, and reports the number of visits and patient/provider satisfaction. Were there any data regarding outcomes?

Reviewer #2: Thank you for the opportunity to review this interesting manuscript. The topic is important. The manuscript will be stronger with the following revisions:

1) Greater detail regarding the origins of contemporary prenatal care traditions would be helpful. Much of how AP care is currently structured and focused has roots in public health nursing. It would be more thorough and accurate to reference these origins. Please review and then cite at least one, but ideally more, of the many articles that detail the history of prenatal care development. As well, there are many declarative sentences included the manuscript that are not cited.

These sentences need to be cited or they need to be modified so that they are no longer declarative sentences.

2) lines 40 - 44 ('Additionally...')- this sentence is unclear and must be rephrased.

3) line 59 'How it is used...' replace 'it' in the header with 'prenatal care'

4) It is unclear how the author arrived at the list of 7 purposes in lines 60 - 66. This should be cited or the section rephrased to make clear that this is the author's opinion or experience.

5) lines 68 - 77 the variation in verbs is striking, from 'is offered' to 'is administered', as offered implies shared decision making and administered does not. Consideration of this variation and a more uniform approach to how these prenatal care options are described would be appropriate.

6) lines 78 - 81. The utility of routine urine dipstick screening at each AP appointment is a subject that has been studied. This research should be cited in this section and a summary of the findings should be shared.

7) lines 84 - 86. This sentence is an odd ending to this section. As well, a paragraph requires 3 or more sentences.

8) line 95 'to augment' doesn't work in this sentence. The options described in the section replace, rather than augment, traditional prenatal care.

9) Line 103 - 104. It is not accurate that group prenatal care was created in response to the concerns listed in this paragraph. It is strongly recommended that the author carefully read the publications describing the development of the group prenatal care model and do not rely only on the ACOG committee opinion.

Reviewer #3: Rethinking the Traditional Prenatal Care Model

Lined 59-77 summarize the framework for prenatal care. This might be better visualized as bullets points. The basics of care that should be incorporated into any model

Customizing to the needs of the women: Using technology and group care and telemedicine to help meet her schedule, her health literacy, her fears, her need for support, her finances?

line 67 Purpose of the first visit is to also to discuss genetic screening tests that are available to the woman, Whether this is a number 8, given that FTS and NIPT are before 15 weeks this needs to be covered before 15-18 weeks/ This will need to be changed

line 78-79 Questioning the need for urine protein at each visit. I have always assumed that urine dipstick is for infection and preeclampsia and not for new onset renal disease

Line 84-87 "The frequency of visits that the traditional model is a proponent of neither takes into account the professional demands of the healthy working pregnant patient nor the barriers to access to care that many pregnant patients face." This statement is the crux of the problem and should be stated up front. You might consider having two different stories in the clinical vignette that depict each of these major barriers: Work, distance, resources

Yes, We have a rigid health delivery system that is not centered around the woman.

Lastly in your bottom line you call for change and a modernization which is great. I think the emphasis should be on the needs of the woman and a customization for each woman using different models.

You should also call for clinical research to study different models: telemedicine, group care or centering pregnancy, meeting the huge education need through apps and websites.

You /We should also ask each woman what she wants as many (not all) may opt for reassurance as there is much power in reassurance and knowing that everything is OK.

You might consider the following as you make your case for change:

This is an essay that summarizes the current prenatal care model that was designed in the 1980's before technology, before a widespread multicultural population was seen and heard, before the skyrocketing health care dollars, before there were as many women in the workforce and before breastfeeding was promoted. It was a one size fits all regardless of the psychosocial and health literacy needs. Specialty clinics sprung up for multiples and high risk but nothing really changed for low risk.

CONSULTANT EDITOR:

1. The reviewers have several good suggestions to consider. However, the word limit of this piece (approximately 1500 words) may not allow you to expand on all of them. I would also limit the number of references to a maximum of 12.

2. Lines 66 to 83. Is this section necessary? Your audience is well aware of what the recommended screening milestones are at each gestational age. You might consider reducing this part? Just focus on that individual prenatal care is intended to prevent poor perinatal outcomes and provide education to women throughout pregnancy.

3. Lines 105 to 118. You might consider deleting this section. If your argument is the patient does not have the time to travel to her visits, group prenatal care would not improve that. Isn't group prenatal care intended to improve patient education and include opportunities for social support? Is it not more typically utilized in chronic medical conditions? Yet your clinical vignette is a low risk individual. Group prenatal care would not reduce the number of her visits to the provider.

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. 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.

3. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Questioning Clinical Practice articles should not exceed 6 pages (1,500 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.

4. 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).

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

6. 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."

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. 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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11. 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 30, 2020, 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

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