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.*

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: Oct 03, 2019
To: "Nathan S. Fox" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-1626

RE: Manuscript Number ONG-19-1626

Pregnancy Outcomes in Patients With Prior Uterine Rupture or Dehiscence: Update

Dear Dr. Fox:

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 Oct 24, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: Interesting integration to a previous cohort. No additional comments.

Reviewer #2: This is an update to a previously published study looking at women with a history of uterine rupture of dehiscence and there subsequent risk of uterine uterine rupture and significant maternal and neonatal morbidity. This update more than doubles the number of included patients and confirms the previous work that showed very low rates of severe morbidities and uterine dehiscence. The authors conclude that women with previous uterine rupture of dehiscence can have excellent outcomes if pregnancies are managed to have delivery occur before the onset of labor. My only question or area of feedback would be to ask if their is any possibility of a multicentered trial or other collaboration to increase numbers and strengthen your work.

Reviewer #3: Manuscript ONG-19-1626: Pregnancy Outcomes in Patients With Prior Uterine Rupture or Dehiscence: Update Article Type: Research Letter

The author updates outcomes of 134 pregnancies on 87 women with previous uterine rupture (37 women with 59 pregnancies) or dehiscence (50 women with 75 pregnancies).

Were these women scheduled for an elective cesarean birth at term?

STATISTICAL EDITOR COMMENTS:

The Statistical Editor makes the following points that need to be addressed:

Abstract, Results and Table 1: Although there were 75 and 50 instances of pregnancy outcomes following prior uterine

rupture or prior uterine dehiscence, respectively, these pregnancies were among 37 and 50 women, also respectively. That is, clearly some women in each cohort had > 1 pregnancy. Therefore, the pregnancies cannot be considered as independent events as far as the statistical methodology is concerned. Rather, the method needs to adjust for the multiple instances per some women and that reduces the sample sizes from 75 and 50 to numbers approaching 37 and 50. That, in turn, increases the width of the CIs. Need to re-do the stats and either (1) use another method such as repeated measures to adjust for the correlation from one pregnancy to another for each individual, or (2) use the number of women as the denominators for computation of the CIs and state that that represents an upper limit for the CIs.

Methods: Should concisely cite the method used to calculate 95% CIs.

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.

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- Please be sure to fully address the comments from the Statistical Editor.

- Please include the name of the IRB.

- Please specify the study period I believe it should be "from 2005 to 2019".

- Is this inclusive of your prior patients? Needs to be explicitly stated.

- Can you state if planned CS was at 36 weeks? I see that your one rupture had planned delivery at 36 week 4 days. Do you give late preterm steroids?

- Can you describe your usual practice re: timing of repeat CS in these patients? Looks like she was scheduled at 36 +4 Some would recommend 36 +0. Please give a brief description of your practice's practice. By "incidental" do you mean "asymptomatic"

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

3. Line 16: Please add the name of the IRB to this sentence.

4. All submissions that are considered for potential publication are run through CrossCheck for originality. The following lines of text match too closely to previously published works. Variance is needed in the last paragraph, as it is too similar to the original article.

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. 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.

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

8. 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. 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 Oct 24, 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

Dear Editors:

Enclosed please find my revised manuscript entitled "**Pregnancy Outcomes in Patients With Prior Uterine Rupture or Dehiscence: Update**" for your reconsideration for publication in your journal.

I appreciate the comments and suggestions of the Reviewers and Editors and have revised the manuscript accordingly. I have reviewed the Instructions for Authors and I have attached a point-by-point response to the comments I received.

This manuscript represents original research. Approval of our Institutional Review Board was obtained prior to conducting the study. This research is not submitted for publication elsewhere. \. I have no conflicts of interest to report.

Transparency Declaration Statement
I, Nathan Fox, affirm 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 (and, if relevant, registered) have been explained.

Transparency in Peer Review
I choose to OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.

Thank you for allowing me to resubmit my research and for reconsidering it for publication.

Sincerely,

Nathan S. Fox, MD
[redacted]

REVIEWER COMMENTS:

Reviewer #1: Interesting integration to a previous cohort. No additional comments.
--thank you

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update more than doubles the number of included patients and confirms the previous work that showed very low rates of severe morbidities and uterine dehiscence. The authors conclude that women with previous uterine rupture of dehiscence can have excellent outcomes if pregnancies are managed to have delivery occur before the onset of labor. My only question or area of feedback would be to ask if their is any possibility of a multicentered trial or other collaboration to increase numbers and strengthen your work.
--Added a line to the Discussion supporting this.

Reviewer #3: Manuscript ONG-19-1626: Pregnancy Outcomes in Patients With Prior Uterine Rupture or Dehiscence: Update Article Type: Research Letter

The author updates outcomes of 134 pregnancies on 87 women with previous uterine rupture (37 women with 59 pregnancies) or dehiscence (50 women with 75 pregnancies).

Were these women scheduled for an elective cesarean birth at term?
-we originally left out these details for brevity and they are discussed in the original report. But, agree that this detail should be restated and it was added to the methods.

STATISTICAL EDITOR COMMENTS:

The Statistical Editor makes the following points that need to be addressed:

Abstract, Results and Table 1: Although there were 75 and 50 instances of pregnancy outcomes following prior uterine rupture or prior uterine dehiscence, respectively, these pregnancies were among 37 and 50 women, also respectively. That is, clearly some women in each cohort had > 1 pregnancy. Therefore, the pregnancies cannot be considered as independent events as far as the statistical methodology is concerned. Rather, the method needs to adjust for the multiple instances per some women and that reduces the sample sizes from 75 and 50 to numbers approaching 37 and 50. That, in turn, increases the width of the CIs. Need to re-do the stats and either (1) use another method such as repeated measures to adjust for the correlation from one pregnancy to another for each individual, or (2) use the number of women as the denominators for computation of the CIs and state that that represents an upper limit for the CIs.
--this was done as suggested. We chose to use the number of women as the denominators. The text and the table were updated to reflect these new calculations.

Methods: Should concisely cite the method used to calculate 95% CIs.
--this was done as suggested

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in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.
--the pdf was reviewed and the comments/suggestions were all incorporated into the revised manuscript.

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- Please be sure to fully address the comments from the Statistical Editor.
--this was done as suggested (see above)

- Please include the name of the IRB.
--this was added

- Please specify the study period I believe it should be "from 2005 to 2019".
--this is in the third line of the Methods. Did you mean to state it elsewhere?

- Is this inclusive of your prior patients? Needs to be explicitly stated.
--this was added to the end of the Methods

- Can you state if planned CS was at 36 weeks? I see that your one rupture had planned delivery at 36 week 4 days. Do you give late preterm steroids?
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--OPT-IN

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--this was added

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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.
--no problems with the definitions

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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.

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