

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: Mar 12, 2020
To: "Denise J. Jamieson" [REDACTED]
cc: "Sonja A. Rasmussen" sonja.rasmussen@peds.ufl.edu
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-535

RE: Manuscript Number ONG-20-535

Coronavirus Disease 2019 (COVID-19) and Pregnancy: Responding to a Rapidly Evolving Situation

Dear Dr. Jamieson:

Thank you for your submission on COVID-19. We know that Dr. Chescheir has reached out to you in a separate message with the reviewer comments. She is interested in fast-tracking the submission due to the topic. Please let us know at the Editorial Office when you would be able to submit a revised version. I am tentatively setting the due date to March 19, 2020.

Our standard revision letter information, and the reviewer comments, follow. Please let me know if you have any questions.

Thank you,
Randi Zung (rzung@greenjournal.org)

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)

REVIEWER COMMENTS:

Reviewer #1: This manuscript is exceptionally well organized and well written.

My only suggestions for improvement are:

1. Include a brief description of the usual clinical manifestations and x-ray findings.
2. Describe the key diagnostic tests that are of value.
3. Describe briefly the appropriate supportive treatment.
4. Comment briefly on vaccine preparation and possible value of drugs such as remdesivir.

Reviewer #2: The author presents a current commentary on the rapidly emerging and changing pandemic from Covid 19. I appreciate the focus on case fatality rates to put the pandemic into context and contrast to SERS and MERS from previous outbreaks. The focus on pregnancy and pregnant health care workers will be of interest to the reader and may be unique in comparison to CDC updates.

Abstract:

Line 33-37 This could be shortened and reworded in the form of a question. What is the case fatality rate not only in the United States but by age, sex, pregnancy status along with risk for vertical and horizontal transmission?

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discussion of the taxonomy of the virus and evolution would improve the introduction. I found this review of the different types of corona RNA viruses and animal vectors a great refresher on virology and vectors in general. Nature Reviews Microbiology volume 17, pages181-192(2019) As an RNA virus there are high rates of mutations and question have been brought to the CDC if we are seeing the same strain from China or if it has changed. This could also be discussed.

Line 70-79 I would include the case fatality rate in South Korea, which as of this review stands at around 0.6%. Using a country that has better access to high quality care and number tested may be a good bench mark for what maybe we can hope for in the United States.

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59: At the time of publication, I would note the number (if any of pregnant patients. Worldwide, USA).

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109: Regarding accommodations, there is an opportunity to make a comment about inpatient management. When a COVID-19 positive patient or patient under investigation requires antepartum or intrapartum hospitalization, it would be helpful to provide a comment about hospitals having a process for isolation (negative pressure room for labor and delivery and operating room), triage process for a possible positive patient, use of masks in labor, use of regional anesthesia, and protecting pregnant employees as well.

EDITOR'S COMMENTS:

In the interest of trying to speed this report to our readers, I'm taking the somewhat unusual step of indicating what of the reviewers' comments I'm hoping you will (quickly) address. In addition, I have a few requests: Since submission, WHO has declared there to be a pandemic which is probably worth adding.

ACOG and Green Journal, just as we did with the Zika outbreaks, are providing direct links to CDC and WHO on our websites. Could you mention that please in order to facilitate readers having a quick way of getting to these vital sources of best information?

Could you update the # of known infections and deaths and put a date for the timing of that data?

Now, to the reviewer comments:

Reviewer 1:

Please address these issues:

1. Include a brief description of the usual clinical manifestations and x-ray findings.
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This reviewer has raised some really important topics, but they seem like they are likely covered on the CDC website and subject to change. Could you make reference to the type of topics on the website to highlight why we all need to be looking a lot?

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: Current Commentary articles should not exceed 12 typed, double-spaced pages (3,000 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. Précis: Please edit the précis so that it is a single sentence.

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: Current Commentary articles, 250 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. 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>.

10. 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.

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 Mar 19, 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

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.

EDITOR NOTES

In the interest of trying to speed this report to our readers, I'm taking the somewhat unusual step of indicating what of the reviewers' comments I'm hoping you will (quickly) address. In addition, I have a few requests: Since submission, WHO has declared there to be a pandemic which is probably worth adding.

This has been added (lines 56-57).

ACOG and Green Journal, just as we did with the Zika outbreaks, are providing direct links to CDC and WHO on our websites. Could you mention that please in order to facilitate readers having a quick way of getting to these vital sources of best information?

We added this information (lines 160-61); however, on the ACOG website, we see links to the CDC website are included in the Practice Advisory, but we don't see links to WHO. On the *Obstetrics and Gynecology* website, we see links to CDC, but not to WHO, so for now, we have only noted links to the CDC website.

Could you update the # of known infections and deaths and put a date for the timing of that data?

We have added updated numbers (lines 58-61)

Now, to the reviewer comments:

Reviewer 1:

Please address these issues:

1. Include a brief description of the usual clinical manifestations and x-ray findings.

We have added this information on lines 64-67. Of note, we have added reference to a new case series on pregnant women on line 70.

2. Describe the key diagnostic tests that are of value. We have added a sentence about diagnostic testing (RT-PCR) and how it has moved from CDC to public health labs to commercial laboratories recently, with a citation to the FDA press release (lines 67-69) and have added that CDC is now working on a serologic test.

Reviewer 2:

I would include the case fatality rate in South Korea, which as of this review stands at around 0.6%. Using a country that has better access to high quality care and number tested may be a good bench mark for what maybe we can hope for in the United States.

This has been added to lines 83-84.

Line 87 Discuss current guidelines on oropharyngeal and nasopharyngeal swabbing and getting 2 negative results vs. possibly 3. It seems like this got some press early in the pandemic.

The question of 2 vs. 3 negative results was specifically related to release from quarantine. Given that this is unlikely to be the approach as we move forward in the response (we are now focusing on mitigation rather than containment), we feel like this doesn't fit well here. But we are happy to add if you disagree.

Line 121 How long does the virus stay infective on inanimate objects? [This is relevant for clinic managers, unit managers] This is also a hot and clinically relevant topic as we run out of disinfectants. It seems to vary by temperature as well from days to

weeks. <https://www.medicalnewstoday.com/articles/coronaviruses-how-long-can-they-survive-on-surfaces>

We have added this (lines 94-96). Of note, we have removed the discussion of the length of the incubation period since that information seems to now be well-accepted that it is 14 days or less.

Reviewer 3:

This reviewer has raised some really important topics, but they seem like they are likely covered on the CDC website and subject to change. Could you make reference to the type of topics on the website to highlight why we all need to be looking alot?

Agree that this is good way to address these comments. We have added two sentences (lines 152-156) addressing these issues.

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