

OBSTETRICS & GYNECOLOGY



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

Date: Jan 13, 2020
To: "Xiao Xu" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-2311

RE: Manuscript Number ONG-19-2311

Trial of Labor after Two Prior Cesareans: Patient and Hospital Characteristics and Birth Outcomes

Dear Dr. Xu:

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

REVIEWER COMMENTS:

Reviewer #1: Trial of Labor after Two Prior Cesareans: Patient and Hospital Characteristics and Birth Outcomes

The authors conducted a retrospective cohort study of mothers with non-anomalous singleton live births in California 2010-2012 who had two previous cesarean deliveries. They compared maternal outcomes, hospital characteristics and composite neonatal outcomes associated with TOLAC vs repeat cesarean. The subject does have clinical importance in Obstetric practice and overall it is a study of good quality, well written, thorough, yet succinct. The authors are correct in noting that there is a lack of updated data in this particular subject and this study would provide a significant contribution. Below are my specific comments

Precis: Appropriate in length, succinct yet thorough

Abstract: Abstract is concise and easy to read

Introduction

* The introduction appropriately frames the context of the research

Material and Methods

* No specific comments. Well written and complete

Discussion

* The discussion highlights the strengths and weaknesses of the study well.

Tables and Figures

* Figure 1 -although an excellent visual summary of %TOLAC vs CS and success—is redundant and not necessary

References

* References appear contemporary and appropriate for study

Reviewer #2: Thank you for your paper. Specific comments:

In precis and abstract can you briefly explain what neonatal morbidity (or that it is a composite)?

Introduction:

Succinct but a good explanation of the reasoning behind the study. Can you end this section (or start the methods) with a clear description of the type of study this is (C-C, case series or cohort)?

Methods:

Line 235-7 is this regardless of success? Also this contradicts somewhat the finding of increased neonatal morbidity if they leave earlier. Did you split this by success vs failed TOLAC?

Did you assess how the exclusion of the data that CA deemed potentially identifiable might have skewed the maternal morbidity estimate?

Discussion:

Lines 268-9 can you talk a bit about what these outcomes were, and were there any long term effects (or is that data not available)?

Might be worthwhile to note by comparison the estimated rates of neonatal morbidity seen in higher order C/S deliveries, accreta and or percreta.

STATISTICAL EDITOR'S COMMENTS:

1. Table 2: Need to include in footnote a list of variables included in the final adjustment model.
2. Table 3. Supplemental Table 2: Need to more clearly show the various subsets analyzed in these comparisons. That is, the numbers in the propensity score sample were 3613 vs 1217, which were well matched, except for two characteristics (number of prior deliveries and proportion of live births with midwife attendance. Then results are cited (lines 227-232) after further adjustment. Should simply show the results of matching on all characteristics, the N for each matched sample set, then the results of (1)entire sample using crude analysis (2) entire sample using adjustment analysis and (3) propensity score on the subsets that were well matched on all characteristics.
3. Since the NICU admission, unexpected neonatal complications and NICU LOS were on subsets (labelled in Table 3 as "a" and "b" groups) for both the "entire" and propensity matched groups, need to separate those, show that the matching remained adequate for the propensity matched groups, and then format results as (1)entire sample using crude analysis (2) entire sample using adjustment analysis and (3) propensity score on the subsets that were well matched on all characteristics. Some of this could in supplemental, but the main comparisons should be the main text. That would demonstrate the corroboration between the adjusted and the matched analyses. This is of course, crucial, given the many differences in groups between the repeat CD vs TOLAC cohorts demonstrated in Table 1.

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.
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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: 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.

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: Original Research articles, 300 words. Please provide a word count.

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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. 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.

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- * 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 Feb 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

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