

# 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](mailto:obgyn@greenjournal.org).

**Date:** Apr 30, 2020  
**To:** "Emily S Miller" [REDACTED]  
**From:** "The Green Journal" em@greenjournal.org  
**Subject:** Your Submission ONG-20-1075

RE: Manuscript Number ONG-20-1075

SARS-CoV2 Testing in Pregnancy: Implications for Community Prevalence

Dear Dr. Miller:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Dr. Chescheir is interested in potentially publishing your revised manuscript in a timely manner. In order to have this considered quickly, we need to have your revision documents submitted to us as soon as you are able. I am tentatively setting your due date to May 4, 2020, but please let me know if you need additional time.

The standard revision letter text follows.

#### REVIEWER COMMENTS:

Reviewer #1: The authors have submitted a Research Letter on a timely topic yet the title does not adequately reflect the content.

#### Intro

1 - It would be helpful to start this section by acknowledging that roughly 85% of the COVID-positive general population is asymptomatic. Because L&D is a unique environment requiring prolonged exposure, etc. During the study interval, where was Chicago at in terms of known prevalence within the city/state? How comparable, or not, to NYC?

2 - How these results translate to other areas (at varying and ever-changing) with populations not at the epicenter is a work in progress

#### Methods

3 - Bit of repetition here with April 8

4 - It would be helpful to know was there hospital policy to wear masks upon arriving at hospital, is there dept policy about support persons, were they screened also? Where did the screening/testing occur? How long did it take to get the test result back? Were patients/supports treated as PUI until results returned?

#### Results

5 - Briefly presented - in fact too briefly. The Methods state that they were both screened and tested. How many 'endorsed' any of the symptoms on the comprehensive list and how many of those were positive/negative. Next, the rest were asymptomatic - how many positive/negative?

#### Discussion

6 - Would be helpful to point out that testing is typically reserved for symptomatic individuals...because we don't have enough tests

7 - Paragraph #2 could be more clearly stated - as written, it is kind of a backward argument arriving at the reasonable conclusion that community infection prevalence is much higher than reported. Would seem better to make the case that universal screening rate of 3.6% probably reflects the true prevalence in county of Chicago and that reported rates are biased, or not accurate.

Reviewer #2: Well done. Thank you for the brevity.

Line 16: remain should be plural

The final clause on lines 20 and 21 seem to suggest some kind of representativeness of your patients. They are not

representative of Illinois so I suggest dropping.

Line 27: I know as you have used it "endorse" has entered the idiom but it shouldn't have, as my dictionary defines it as "to approve openly" or to "recommend" which is not what patients are doing in regard to their symptoms. They are simply "reporting" them.

Lines 31-33: Should provide 95% confidence intervals for your reported frequencies.

Line 33: Suggest dropping "completely" as it is overly dramatic and really, who can ever say?

#### STATISTICAL EDITOR COMMENTS:

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lines 31-32: Should include CIs for the proportion of (+) women, which is 3.6%; 95% CI = 2.3-5.4%

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lines 50-53: Should also include the possibility that women in L&D units may not be a representative sample of the entire community for the purpose of estimating community prevalence.

#### MANUSCRIPT EDITOR:

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2. Provide a running title and precis.
3. Are all the authors from Northwestern? Affiliations for each author needed.
4. Academic degrees needed in the byline.

#### EDITOR 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. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA). 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. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "The lead author\* affirms 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."  
\*The manuscript's guarantor.

If you are the lead author, please include this statement in your cover letter. If the lead author is a different person, please ask him/her to submit the signed transparency declaration to you. This document may be uploaded with your submission in Editorial Manager.

4. All studies should follow the principles set forth in the Helsinki Declaration of 1975, as revised in 2013, and manuscripts should be approved by the necessary authority before submission. Applicable original research studies should be reviewed by an institutional review board (IRB) or ethics committee. This review should be documented in your cover letter as well in the Methods section of the body text, with an explanation if the study was considered exempt. If your research is based on a publicly available data set approved by your IRB for exemption, please provide documentation of this in your cover letter by submitting the URL of the IRB website outlining the exempt data sets or a letter from a representative of the IRB. In addition, insert a sentence in the Methods section stating that the study was approved or exempt from approval. In all cases, the complete name of the IRB should be provided in the manuscript.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Research Letters articles should not exceed 2.5 pages (600 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. Provide a short title of no more than 45 characters, including spaces, for use as a running foot.

8. 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."

9. 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.

10. 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.

11. 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/ifaauth.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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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 30 days from the date of this letter. If we have not heard from you by May 04, 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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## Cover Letter

Dear Dr. Chesheir,

Thank you for the opportunity to revise this research letter. We appreciate the comments and look forward to working together to achieve timely publication of these findings.

We are happy to opt-in to include our responses to reviewers as supplemental content. Emily Miller, the lead author, affirms 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.

The findings reported are from an IRB approved study, and IRB approval was obtained prior to study onset (IRB# STU00212398). There was no financial support for this work and no authors have disclosures to report. These findings have not been published or presented elsewhere.

A point by point response to comments from reviewers is presented below.

Thank you for the opportunity to disseminate our findings,

A handwritten signature in black ink, appearing to read 'Emily S. Miller'.

Emily S Miller MD MPH

## REVIEWER COMMENTS:

Reviewer #1: The authors have submitted a Research Letter on a timely topic yet the title does not adequately reflect the content.

The title has been changed to better reflect the content.

1 - It would be helpful to start this section by acknowledging that roughly 85% of the COVID-positive general population is asymptomatic. Because L&D is a unique environment requiring prolonged exposure, etc. During the study interval, where was Chicago at in terms of known prevalence within the city/state? How comparable, or not, to NYC?

The introduction has been expanded to include the emerging antibody data as well as the epidemiologic data from the respective Departments of Health.

2 - How these results translate to other areas (at varying and ever-changing) with populations not at the epicenter is a work in progress

This language has been clarified in the introduction.

### Methods

3 - Bit of repetition here with April 8

We feel it is important to describe the dates of the study as well as the timing of when universal testing occurred. No changes were made.

4 - It would be helpful to know was there hospital policy to wear masks upon arriving at hospital, is there dept policy about support persons, were they screened also? Where did the screening/testing occur? How long did it take to get the test result back? Were patients/supports treated as PUI until results returned?

We have clarified hospital policies around masking, support persons, testing platforms, and clinical management of pending tests.

### Results

5 - Briefly presented - in fact too briefly. The Methods state that they were both screened and tested. How many 'endorsed' any of the symptoms on the comprehensive list and how many of those were positive/negative. Next, the rest were asymptomatic - how many positive/negative?

We have added these data and generated a figure for clarity.

### Discussion

6 - Would be helpful to point out that testing is typically reserved for symptomatic individuals...because we don't have enough tests

The reason for the limited testing has been clarified.

7 - Paragraph #2 could be more clearly stated - as written, it is kind of a backward argument arriving at the reasonable conclusion that community infection prevalence is much higher than reported. Would seem better to make the case that universal screening rate of 3.6% probably reflects the true prevalence in county of Chicago and that reported rates are biased, or not accurate.

The conclusion paragraph has been reworded for clarity.

Reviewer #2: Well done. Thank you for the brevity.

Line 16: remain should be plural

This has been changed.

The final clause on lines 20 and 21 seem to suggest some kind of representativeness of your patients. They are not representative of Illinois so I suggest dropping.

This clause was meant to underscore the volume, but has been omitted so as not to have readers infer representativeness. Thank you for the suggestion.

Line 27: I know as you have used it "endorse" has entered the idiom but it shouldn't have, as my dictionary defines it as "to approve openly" or to "recommend" which is not what patients are doing in regard to their symptoms. They are simply "reporting" them.

This language has been changed.

Lines 31-33: Should provide 95% confidence intervals for your reported frequencies.

Confidence intervals have been added to our reported ratios.

Line 33: Suggest dropping "completely" as it is overly dramatic and really, who can ever say?  
Thank you for the suggestion. This language has been changed.

#### STATISTICAL EDITOR COMMENTS:

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

lines 31-32: Should include CIs for the proportion of (+) women, which is 3.6%; 95% CI = 2.3-5.4%

This CI has been added.

lines 32-33: The proportion 10/23 should be rounded to nearest integer %, ie, 43%, based on the size of the denominator, rather than being reported to nearest 0.1% precision.

The rounding has been changed.

lines 50-53: Should also include the possibility that women in L&D units may not be a representative sample of the entire community for the purpose of estimating community prevalence.

This point has been emphasized in the discussion.

#### MANUSCRIPT EDITOR:

1. There's no title page. Please list funding information and the corresponding author information.

A title page with all of the required components has been added.

2. Provide a running title and precis.

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3. Are all the authors from Northwestern? Affiliations for each author needed.

Affiliations have been added.

4. Academic degrees needed in the byline.

Academic degrees have been added.