

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains comments from the reviewers and editors generated during peer review of the initial manuscript submission and sent to the author via email.

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

Date: Jun 30, 2020
To: "Ukachi Nhennaya Emeruwa" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-1803

RE: Manuscript Number ONG-20-1803

The influence of race and ethnicity on COVID-19 infection rates and clinical outcomes in pregnancy

Dear Dr. Emeruwa:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. The Editors are 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 July 6, 2020, but please let me know if you need additional time.

Please note that the Editors would like you to format the submission as a Research Letter. The formatting guidelines for this article type are as follows:

The Research Letter is a concise, focused report of original research (including pre-clinical research, sub-analyses or updates of previously published research, small studies, or pilot studies). Length should not exceed 600 words (approximately 2 1/2 manuscript pages; see Table 1). Figures or tables are limited to two, total.

Research Letters should be organized using the following headings: Introduction, Methods, Results and Discussion. An abstract should not be included.

The standard revision letter text follows.

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 is a well written and relatively comprehensive report on 100 SARS CoV 2 positive obstetric patients cared for in 2 Columbia University affiliated hospitals in New York city. The data presented are fairly complete and the analysis and discussion appropriate. A few additional details would make it an even more useful report:

1. You report the borough of residence for infected patients, but comment only on how residence affects the SES scores. Please add information about how the Bronx compares to the other boroughs in terms of COVID infection rates and ethnic/racial make up. Also, was there an identified hot spot or infection source that spurred the infection rate in this borough, independently of the built environment or ethnic makeup? Please clarify.

2. You found a higher rate of cesarean delivery among Hispanics compared to the other 3 ethnic groups. This would be easier to interpret if you would include the indications for cesarean- for example, if these were these mostly repeat cesareans, they would be unrelated to the virus or some related complication.

Reviewer #2: This well written manuscript reports via a retrospective cohort study the racial and ethnic differences in women presenting at two urban hospitals with respect to the prevalence and outcomes for COVID-19 in pregnancy.

1. Did all women in your cohort deliver in order to be included in your study? Line 161 refers to the total group screened as "delivered". What about those who were admitted but undelivered? Were they accounted for in some way or excluded?

2. In table 2, the majority of patients were noted to be asymptomatic which might also contribute to disease spread; this isn't mentioned in your report. Further, almost no one had critical disease in this cohort. Those may be important

observations to include.

STATISTICAL EDITOR COMMENTS:

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

Table 1: In total there were 100 SARS-CoV-2 (+) patients, with fewer esp. in the columns with N = 13, 10 and 4 individuals. The estimation of SD or IQR with such small samples is imprecise, so should simply give the range of values. Need units for age, BMI.

lines 170-171: The generalization of any comparisons with other racial groups is limited, due to small counts in those groups and therefore low stats power.

Table 2, lines 188-191: Most counts in this Table are low and there is insufficient stats power to generalize the NS findings.

Table 2, 3: Since non-parametric testing was used for comparison of continuous variables and because most groups had small counts, should not summarize with IQR or SD, but rather with ranges. Should report median(range), not with means, since a non-parametric test was used, ie, no assumption of normality of data distributions.

Table 3: Again, due to low counts, and low power, one cannot generalize the NS comparisons. Specifically, one can report the rates of maternal and neonatal complications (with CIs), but no general conclusion can be established from these data that there is no difference between the populations represented.

EDITOR'S COMMENTS

We no longer require that authors adhere to the Green Journal format with the first submission of their papers. However, any revisions must do so. I strongly encourage you to read the instructions for authors (the general bits as well as those specific to the feature-type you are submitting). The instructions provide guidance regarding formatting, word and reference limits, authorship issues and other relevant topics. Adherence to these requirements with your revision will avoid delays during the revision process by avoiding re-revisions on your part in order to comply with formatting. For instance, we don't use subheadings under "methods" or other major headings.

Numbers below refer to line numbers.

45. I'm unclear by what you mean about the statement starting with "a disproportionate rate of proven infection". On line 39, in the methods, you indicated that the cohort is made up of SARS-CoV-2 positive pregnant women, so by definition, all of them had "proven infection" and 73% of your patients were Hispanic, so how could the rates be 18 vs 9%? [Reading further, I can see where these numbers come from. However, the abstract needs to stand alone –your 18% rate comes from the total N of women delivering who were SARS COV-2 positive among all Hispanic women (73/403). However, you don't give us the 403 number in the abstract. The reader is left puzzled by what you are talking about. Please edit. How many of your patients were tested prior to onset of universal testing? This is important as there may have been differential rates of testing based on clinical assessment of risk, which could have included race and ethnicity. It looks like 2/3 of the women were likely screened due to universal testings as you were unlikely to ID asymptomatic patients before universal screening. This could have skewed your data as nted.

60. How does your data support mitigation of disparities based on preserving access? Did you address access in your methods?

Your paper should be revised as a research letter. Please see instructions for authors about this feature. You could start with an edited paragraph 76 without loss of meaning or understanding by the reader.

88. Given that one of your findings is a NYC address for the patient is a risk factor, can you tell us if both hospitals are in NYC? Is the SES character of the 2 hospitals similar?

Are there differences in the characteristics of the patient populations at the 2 different hospitals?

116-119: You could summarize by indicating that you use NIH categories for race and ethnicity and include a reference.

121. Condense this as "The primary exposure evaluated was self-reported maternal race and ethnicity defined in four

groups: non-Hispanic Black,".

128. As a non-New Yorker, I'm left wondering if the 5 boroughs are so distinctly homogenous that the borough of residence is adequate to define as a health determinant. They seem to include a diversity of SES groups in each of them with varying exposures to different health determinants. Are all of your included patients residents of New York City?

147. Did you collect indications for preterm birth (Spontaneous v iatrogenic? If not, why not?).

170. We do not allow authors to describe variables or outcomes in terms that imply a difference (such as the terms "trend" or "tendency" or "marginally different") unless there is a statistical difference. Please edit here and throughout to indicate that there is no difference.

203. what do you mean a 6% hospitalization rate? You have delivery outcomes on all of these women, don't you? Therefore, the hospitalization rate would be 100%.

210. Please edit out the "to our knowledge" or similar wording. As the readers cannot gauge the depth and breadth of your knowledge, this phrase does not add significant meaning. You can either reference your literature search details (database searched and search terms used) that informed your knowledge, or you could say something noting that your cited references provide limited information about this point.

This is known as a primacy claim: yours is the first, biggest, best study of its kind. In order to make such a claim, please provide the data bases you have searched (PubMed, Google Scholar, EMBASE for example) and the search terms used. IF not done, please edit it out of the paper.

Please edit your results and discussion to reflect the comments of the statistical editor, given that the lack of power for many of your findings.

231. Again, I'm not a New Yorker but the 5 boroughs seem to have a lot of variation within them so that blanket statements about the built environment, access to care seems a stretch on the borough basis. Also, all of your patients had access to care so I don't know how your paper can address lack of access of to care.

233. Your study didn't "observe".

234. Would need indications for cesareans to draw this conclusion as noted by one reviewer.

248. The procalcitonin issue is poorly explained. Do you have any other findings to inform the rate of bacterial infections in the populations? How sensitive is this lab test for bacterial pneumonia in the pregnant population?

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. 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.

Alexander Melamed and Cynthia Gyamfi-Bannerman will need to complete our electronic Copyright Transfer Agreement, which was sent to them by email through Editorial Manager.

3. Please add the Financial Disclosure to your title page: "Russell S. Miller disclosed that money was paid to him as an author of an UpToDate chapter on TRAP sequence. He also received funds as a medicolegal consultant. Mary E. D'Alton received funds from Merck for Mothers."

- a. The disclosures for Drs. Gyamfi-Bannerman and Melamed will need to be added to this statement.
- b. Provide more detail about who paid Dr. Miller for medicolegal consulting. Is more detail available on why Dr. D'Alton

received funding from Merck for Mothers?

4. Add a footnote to Tables 1 and 3 to explain the reason for the boldface data.

5. 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.

Please cite lines 131-138, "The AHRQ...per room."

6. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), observational studies using ICD-10 data (ie, RECORD), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), quality improvement in health care studies (ie, SQUIRE 2.0), and studies reporting results of Internet e-surveys (CHERRIES). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at <http://ong.editorialmanager.com>. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, RECORD, CHEERS, SQUIRE 2.0, or CHERRIES guidelines, as appropriate.

7. 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 data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions> and the gynecology data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

8. 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.

9. Titles in Obstetrics & Gynecology are limited to 100 characters (including spaces). Do not structure the title as a declarative statement or a question. Introductory phrases such as "A study of..." or "Comprehensive investigations into..." or "A discussion of..." should be avoided in titles. Abbreviations, jargon, trade names, formulas, and obsolete terminology also should not be used in the title. Titles should include "A Randomized Controlled Trial," "A Meta-Analysis," or "A Systematic Review," as appropriate, in a subtitle. Otherwise, do not specify the type of manuscript in the title.

10. 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).

11. Provide a short title of no more than 45 characters, including spaces, for use as a running foot. Please do not use the virgule (/).

12. 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.

13. 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.

14. ACOG is moving toward discontinuing the use of "provider." Please replace "provider" throughout your paper with

either a specific term that defines the group to which are referring (for example, "physicians," "nurses," etc.), or use "health care professional" if a specific term is not applicable.

15. In your submission, 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%).

16. Line 210: Your manuscript contains a priority claim. We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

17. 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.

18. 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 at the Clinical Guidance page at <https://www.acog.org/clinical> (click on "Clinical Guidance" at the top).

19. 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.

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.

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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