

# 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:** Dec 14, 2020  
**To:** "Denise J. Jamieson" [REDACTED]  
**From:** "The Green Journal" em@greenjournal.org  
**Subject:** Your Submission ONG-20-3279

RE: Manuscript Number ONG-20-3279

COVID-19 vaccines and pregnancy: What obstetric healthcare providers need to know

Dear Dr. Jamieson:

Your manuscript has been reviewed by the Editors. 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 December 15, 2020, but please let us know if you need additional time.

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: The authors have submitted a CC on COVID-19 vaccination during pregnancy. The trucks are arriving today with this vaccine so it seems very timely topic indeed. The Abstract comprehensively articulates the issues.

1 - typo line 142: Ebola 'infection'

2 - Well-written text with some reiteration in the summary paragraph

Reviewer #2: The authors submit a timely and outstanding commentary about COVID vaccines in pregnant and postpartum patients. I have the following comments regarding the manuscript:

1. COVID-19 and SARS-CoV-2 both need to be written out with their first use.
2. May be helpful to add some subheadings like "Vaccine Approval Process", "Safety and Efficacy of Vaccination in Pregnancy", "mRNA Vaccines in Pregnancy", "Counseling Pregnant People about COVID-19 Vaccination", etc.
3. I agree with using the pregnant person/people terminology, but then do not flip back and forth to "women".
4. Line 46. Society for Maternal-Fetal Medicine needs to also be included in the list of those that have issued guidance related to vaccination. No reason for this commentary to not recognize SMFM also.
5. Consider making lines 82-93 a box. I think this is valuable info that could be easily reviewed in bullet form, which would be valuable to our readers.
6. Line 137-143 about Ebola seems out of place in the flow. Could delete. Or move more into the background about why pregnant people need to be included in trials.
7. Line 195-6. Can any citations or even another sentence be added about lack of concern for placental transfer? There is a lot of buzz about this on social media.
8. Fever is addressed which is good. But inflammatory response in general has been associated with a number of

adverse pregnancy outcomes and there are MFMs who have expressed concern about this. Possible to address this?

9. Line 243. I believe this should say phase 2 trials. They will start with phase 2 trials, and then move to phase 3. Although it will be interesting to see if we can even consider a placebo-controlled phase 3 trial ethically possible if safety and efficacy is demonstrated in the pregnant population.
10. Line 249. Phase 2 and 3 trials. Have not even done phase 2 in pregnant people yet.
11. Line 252-3. Again, would recommend including SMFM along with ACOG and CDC.
12. Box title. Instead of "Issues to Discuss...". How about "Considerations for Counseling..."
13. Box. Would consider saying "Lack of data on pregnancies during mRNA vaccine clinical trials" rather than "Limited data on pregnancies during vaccine clinical trials". The issue at present is with the mRNA vaccines (and would call that out specifically since another bullet talks about extensive data with other vaccine types). Only 12 inadvertent super early pregnancies exposed in Pfizer trial. We are going to need to be honest in counseling about lack of data.
14. Box. You discuss treatment with antipyretics. But in the text you say this may diminish efficacy. Some docs are wanting to just give round the clock Tylenol after administration in pregnant patients. Should that be done?
15. Box. Line 266. When you say timing, do you need to call out in the box that one may consider avoiding in the first trimester? I don't know the right answer to this. Just want to be thoughtful about what goes in a Box that may be all someone reads.

#### EDITOR'S COMMENTS:

Thank you for considering O&G for your manuscript. We have completed an expedited peer review. My specific comments/edits for your manuscript will be sent to you by email from Randi Zung (RZung@greenjournal.org) shortly as a MS Word file. Please email Randi if you do not have the document by 2 PM.

#### EDITORIAL OFFICE COMMENTS:

1. The following co-authors will need to complete our electronic Copyright Transfer Agreement, which was sent to them by email through Editorial Manager. Please note their email addresses and make sure they are correct. Once the form is complete, please add their disclosures to the "Financial Disclosure" section.

Sonja A. Rasmussen (Sonja.Rasmussen@peds.ufl.edu)  
Colleen F. Kelley (colleen.kelley@emory.edu)

2. 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.
3. Please add the DOI to any journal references.
4. On line 213, you mention a Practice Advisory from ACOG. Would you add a reference for it?
5. There are several URLs in the body text that appear to be references. Would you cite these in your References list instead? Here is an example of our style for website references (no period after the URL):

American College of Obstetricians and Gynecologists. COVID-19. Accessed May 6, 2020. <https://www.acog.org/topics/covid-19>

6. 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.

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: 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.

9. 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).

10. Provide a short title of no more than 45 characters, including spaces, for use as a running foot.

11. 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."

12. 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 limit for OCurrent Commentary articles is 250 words. Please provide a word count.

13. 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.

14. 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.

15. 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](http://edmgr.ovid.com/ong/accounts/table_checklist.pdf).

16. Please review examples of our current reference style at <http://ong.editorialmanager.com> (click on the Home button in the Menu bar and then "Reference Formatting Instructions" document under "Files and Resources"). Include the digital object identifier (DOI) with any journal article references and an accessed date with website references. Unpublished data, in-press items, personal communications, letters to the editor, theses, package inserts, submissions, meeting presentations, and abstracts may be included in the text but not in the reference list.

In addition, 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](mailto: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).

17. 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 <https://wkauthorservices.editage.com/open-access/hybrid.html>.

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. Do not omit your responses to the Editorial Office or Editors' comments.

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,

Dwight J. Rouse, MD, MSPH

2019 IMPACT FACTOR: 5.524

2019 IMPACT FACTOR RANKING: 6th out of 82 ob/gyn journals

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REVIEWER COMMENTS:

Reviewer #1: The authors have submitted a CC on COVID-19 vaccination during pregnancy. The trucks are arriving today with this vaccine so it seems very timely topic indeed. The Abstract comprehensively articulates the issues.

1 - typo line 142: Ebola 'infection'

RESPONSE: Thank you. This is in a section that was deleted

2 - Well-written text with some reiteration in the summary paragraph

RESPONSE: We have removed the redundancy in the summary paragraph.

Reviewer #2: The authors submit a timely and outstanding commentary about COVID vaccines in pregnant and postpartum patients. I have the following comments regarding the manuscript:

1.COVID-19 and SARS-CoV-2 both need to be written out with their first use.

RESPONSE: Done – thank you.

2.May be helpful to add some subheadings like "Vaccine Approval Process", "Safety and Efficacy of Vaccination in Pregnancy", "mRNA Vaccines in Pregnancy", "Counseling Pregnant People about COVID-19 Vaccination", etc.

RESPONSE: Thank you – we have added subheadings as requested.

3.I agree with using the pregnant person/people terminology, but then do not flip back and forth to "women".

RESPONSE: Thank you for catching this – all are changed except where "pregnant women" is in the name of a committee, in a quote, or where we are referring to non-pregnant women.

4.Line 46. Society for Maternal-Fetal Medicine needs to also be included in the list of those that have issued guidance related to vaccination. No reason for this commentary to not recognize SMFM also.

RESPONSE: We have added SMFM – we apologize for the oversight.

5.Consider making lines 82-93 a box. I think this is valuable info that could be easily reviewed in bullet form, which would be valuable to our readers.

RESPONSE: We put together a Box (see below) and considered adding it. However, after further consideration, we felt it did not add significantly to the paper. However, if you would like us to add this Box, we are happy to do so.

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### Box

#### Groups Responsible for Review of Data on COVID-19 Vaccines

Data and Safety Monitoring Board for clinical trial

FDA's Center for Biologics Evaluation and Research (career scientists)

FDA's Vaccine and Related Biological Products Advisory Committee

CDC's Advisory Committee on Immunization Practices

Approval of Advisory Committee on Immunization Practices recommendations by CDC Director

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Abbreviations: FDA – Food and Drug Administration; CDC – Centers for Disease Control and Prevention

6.Line 137-143 about Ebola seems out of place in the flow. Could delete. Or move more into the background about why pregnant people need to be included in trials.

RESPONSE: This section has been deleted.

7.Line 195-6. Can any citations or even another sentence be added about lack of concern for placental transfer? There is a lot of buzz about this on social media.

RESPONSE: We have addressed the issue of placental transfer. This section now reads: "Based on what is known about how mRNA vaccines act locally (at the site of injection) and are rapidly degraded and removed by lymphatic system, the likelihood of the vaccine reaching and crossing the placenta is believed to be low."

8. Fever is addressed which is good. But inflammatory response in general has been associated with a number of adverse pregnancy outcomes and there are MFMs who have expressed concern about this. Possible to address this?

RESPONSE: Although inflammation is part of the immune response and the cause of reactogenicity, we prefer to use the terms reactogenicity (vs. inflammation) because it is more specific and has specific signs and symptoms.

9. Line 243. I believe this should say phase 2 trials. They will start with phase 2 trials, and then move to phase 3. Although it will be interesting to see if we can even consider a placebo-controlled phase 3 trial ethically possible if safety and efficacy is demonstrated in the pregnant population.

RESPONSE: We have changed all references to future clinical trials to be more general -- "clinical trials".

10. Line 249. Phase 2 and 3 trials. Have not even done phase 2 in pregnant people yet.

RESPONSE: We have changed all references to future clinical trials to be more general -- "clinical trials".

11. Line 252-3. Again, would recommend including SMFM along with ACOG and CDC.

RESPONSE: SMFM has been added.

12. Box title. Instead of "Issues to Discuss...". How about "Considerations for Counseling..."

RESPONSE: Thank you – Box title has been changed to "Considerations for Counseling Pregnant Persons Regarding COVID-19 Vaccination"

13. Box. Would consider saying "Lack of data on pregnancies during mRNA vaccine clinical trials" rather than "Limited data on pregnancies during vaccine clinical trials". The issue at present is with the mRNA vaccines (and would call that out specifically since another bullet talks about extensive data with other vaccine types). Only 12 inadvertent super early pregnancies exposed in Pfizer trial. We are going to need to be honest in counseling about lack of data.

RESPONSE: Change made as requested.

14. Box. You discuss treatment with antipyretics. But in the text you say this may diminish efficacy. Some docs are wanting to just give round the clock Tylenol after administration in pregnant patients. Should that be done?

RESPONSE: We do not feel "round-the-clock" Tylenol in the absence of fever is appropriate. We have added the following sentence: "Judicious use of antipyretic medications is recommended, given the possible concerns that have been raised about acetaminophen use during pregnancy<sup>4</sup> as well as concerns regarding whether antipyretic medications could decrease vaccine efficacy.<sup>5</sup> Recommendations from ACIP are to use these medications for treatment of fever, rather than for prophylaxis."

15. Box. Line 266. When you say timing, do you need to call out in the box that one may

consider avoiding in the first trimester? I don't know the right answer to this. Just want to be thoughtful about what goes in a Box that may be all someone reads.

**RESPONSE:** Given the low absolute risk of fever during the first trimester, we do not feel that a recommendation to avoid the COVID-19 vaccine in the first trimester is appropriate or consistent with CDC, ACOG or SMFM recommendations. We prefer a more nuanced discussion, as noted in the text.

#### EDITOR'S COMMENTS:

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**RESPONSE:** Received – thank you!

#### EDITORIAL OFFICE COMMENTS:

1. The following co-authors will need to complete our electronic Copyright Transfer Agreement, which was sent to them by email through Editorial Manager. Please note their email addresses and make sure they are correct. Once the form is complete, please add their disclosures to the "Financial Disclosure" section.

Sonja A. Rasmussen (Sonja.Rasmussen@pediatrics.ufl.edu) Colleen F. Kelley ([colleen.kelley@emory.edu](mailto:colleen.kelley@emory.edu))

**RESPONSE:** These forms have been completed.

2.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.

**RESPONSE:** We have changed our terminology to "obstetrician" since "obstetric health care professional" seems cumbersome to us.

3.Please add the DOI to any journal references.

**RESPONSE:** DOIs have been added to the journal references.

4.On line 213, you mention a Practice Advisory from ACOG. Would you add a reference for it?

RESPONSE: Done – thank you.

5. There are several URLs in the body text that appear to be references. Would you cite these in your References list instead? Here is an example of our style for website references (no period after the URL):

American College of Obstetricians and Gynecologists. COVID-19. Accessed May 6, 2020. [https://urldefense.proofpoint.com/v2/url?u=https-3A\\_www.acog.org\\_topics\\_covid-2D19&d=DwIGaQ&c=sJ6xIWYx-zLMB3EPkvcnVg&r=zKbZIIhYtK8KotXeGkyrQIQgFFuv9vY8nowtVd0Zvn0&m=x7118cBj000\\_j7LNkf oDBQNEoX5IR9fMeCtAnpseupE&s=Wxs3CAXVjKYv5DEVTgpl6yzYRBhhNKVIAiF8aX01pv0&e=](https://urldefense.proofpoint.com/v2/url?u=https-3A_www.acog.org_topics_covid-2D19&d=DwIGaQ&c=sJ6xIWYx-zLMB3EPkvcnVg&r=zKbZIIhYtK8KotXeGkyrQIQgFFuv9vY8nowtVd0Zvn0&m=x7118cBj000_j7LNkf oDBQNEoX5IR9fMeCtAnpseupE&s=Wxs3CAXVjKYv5DEVTgpl6yzYRBhhNKVIAiF8aX01pv0&e=)

RESPONSE: We have added these URLs to the reference list.

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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.

RESPONSE: OPT-IN

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://urldefense.proofpoint.com/v2/url?u=https-3A\\_www.acog.org\\_practice-2Dmanagement\\_health-2Dit-2Dand-2Dclinical-2Dinformatics\\_revitalize-2Dobstetrics-2Ddata-2Ddefinitions&d=DwIGaQ&c=sJ6xIWYx-zLMB3EPkvcnVg&r=zKbZIIhYtK8KotXeGkyrQIQgFFuv9vY8nowtVd0Zvn0&m=x7118cBj000\\_j7LNkf oDBQNEoX5IR9fMeCtAnpseupE&s=Xi-34H4Smk2E5IHwY6s7TUF82Aro43yjNWciDzN-nUQ&e=](https://urldefense.proofpoint.com/v2/url?u=https-3A_www.acog.org_practice-2Dmanagement_health-2Dit-2Dand-2Dclinical-2Dinformatics_revitalize-2Dobstetrics-2Ddata-2Ddefinitions&d=DwIGaQ&c=sJ6xIWYx-zLMB3EPkvcnVg&r=zKbZIIhYtK8KotXeGkyrQIQgFFuv9vY8nowtVd0Zvn0&m=x7118cBj000_j7LNkf oDBQNEoX5IR9fMeCtAnpseupE&s=Xi-34H4Smk2E5IHwY6s7TUF82Aro43yjNWciDzN-nUQ&e=) and the gynecology data definitions at [https://urldefense.proofpoint.com/v2/url?u=https-3A\\_www.acog.org\\_practice-2Dmanagement\\_health-2Dit-2Dand-2Dclinical-2Dinformatics\\_revitalize-2Dgynecology-2Ddata-2Ddefinitions&d=DwIGaQ&c=sJ6xIWYx-zLMB3EPkvcnVg&r=zKbZIIhYtK8KotXeGkyrQIQgFFuv9vY8nowtVd0Zvn0&m=x7118cBj000\\_j7LNkf oDBQNEoX5IR9fMeCtAnpseupE&s=7NoAviT01OkRJHnWlei6oF36FBWMD-P-i6l-RYOJss&e=](https://urldefense.proofpoint.com/v2/url?u=https-3A_www.acog.org_practice-2Dmanagement_health-2Dit-2Dand-2Dclinical-2Dinformatics_revitalize-2Dgynecology-2Ddata-2Ddefinitions&d=DwIGaQ&c=sJ6xIWYx-zLMB3EPkvcnVg&r=zKbZIIhYtK8KotXeGkyrQIQgFFuv9vY8nowtVd0Zvn0&m=x7118cBj000_j7LNkf oDBQNEoX5IR9fMeCtAnpseupE&s=7NoAviT01OkRJHnWlei6oF36FBWMD-P-i6l-RYOJss&e=). If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

**RESPONSE: Our paper uses terminology that is consistent with standard definitions.**

8. 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.

**RESPONSE: We have complied with these requirements.**

9. 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).

**RESPONSE: Not applicable**

10. Provide a short title of no more than 45 characters, including spaces, for use as a running foot.

**RESPONSE: Short title added.**

11. 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."

**RESPONSE: Precis has been added.**

12. 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 limit for OCurrent Commentary articles is 250 words. Please provide a word count.

**RESPONSE:** Our abstract is < 250 words and is consistent with the rest of the manuscript.

13. Only standard abbreviations and acronyms are allowed. A selected list is available online at [https://urldefense.proofpoint.com/v2/url?u=http-3A\\_edmgr.ovid.com\\_ong\\_accounts\\_abbreviations.pdf&d=DwlGaQ&c=sJ6xIWYx-zLMB3EPkvcnVg&r=zKbZIIhYtK8KotXeGkyrQIQgFFuv9vY8nowtVd0Zvn0&m=x7118cBj000\\_j7LNkf\\_oDBQNEoX5IR9fMeCtAnpseupE&s=P7s1VY6H2xrDH9\\_jRzK8i4aATQrblu8-i-IZMe3GFK8&e=](https://urldefense.proofpoint.com/v2/url?u=http-3A_edmgr.ovid.com_ong_accounts_abbreviations.pdf&d=DwlGaQ&c=sJ6xIWYx-zLMB3EPkvcnVg&r=zKbZIIhYtK8KotXeGkyrQIQgFFuv9vY8nowtVd0Zvn0&m=x7118cBj000_j7LNkf_oDBQNEoX5IR9fMeCtAnpseupE&s=P7s1VY6H2xrDH9_jRzK8i4aATQrblu8-i-IZMe3GFK8&e=) . 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.

**RESPONSE:** Abbreviations and acronyms are spelled out the first time they are used.

14. 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.

**RESPONSE:** We have removed all virgule symbols from the paper, except for where we are referring to names of particular vaccines.

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**RESPONSE:** Our table conforms to the journal style.

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**RESPONSE: Reference style has been updated.**

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**RESPONSE: Not applicable**