

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: Feb 22, 2021
To: "Lisa Anne Gill" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-21-399

RE: Manuscript Number ONG-21-399

SARS-CoV-2 antibodies in neonatal cord blood after vaccination in pregnancy

Dear Dr. Gill:

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 in the next 48 hours.

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).

If we have not heard from you by Feb 24, 2021, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

The authors report the finding of transplacental passage of antibodies in a woman after vaccination for SARS-CoV-2.

1. Jargon such as "upended" and "heralded" (first paragraph) should be removed.
2. Since this appears to be the first such report of the passive transfer of antibodies after vaccination, you might consider emphasizing that "to our knowledge, this is the first report of..".
3. Although cord blood had a high titer, it would be interesting to know how long the titer persisted since this has not been studied: were any other titers performed longitudinally?
4. I think your conclusion could be much stronger. Consider removing so much emphasis on Tdap, and perhaps discuss the Edlow paper (reference 5 in this manuscript) which evaluates the low transplacental passage of antibodies after infection with SARS-CoV-2 and contrasting it with your report of a vaccinated patient in the third trimester.

Reviewer #2:

This is a straight-forward, relevant case report. I have two questions:

- Do the authors know if anyone else has reported this? if not, they should describe a brief search in pubmed (or similar)
- Why were antibodies checked in the neonate? was this a one time thing, or is it being done routinely in all newborns, or in all newborns whose mom's had covid or the vaccine?

EDITOR COMMENTS:

Thank you for submitting this case report to Obstetrics and Gynecology. In addition to responding to the reviewers above in your revision, please also address the following:

1. Any funding information needs to be added to the title page.
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3. SMFM is Society for Maternal-Fetal Medicine. Please change.
4. Line 50. "while breastfeeding" instead of "when breastfeeding"
5. Consider removing sentence in lines 50-52 about HCWs being sexually active. I suspect it would be hard to find a reference for this and it does not add to your argument.
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7. Line 73. Spell out HELLP.
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13. Would recognize the limitation that despite the longitudinal testing, the patient may have acquired SARS-CoV-2 at some point. Also OK to say this is unlikely given the frequency of testing and high sensitivity of PCR.
14. In Table 1, would the authors make these column headings subheads instead of column heads? This is to avoid using different headings mid-table: "Timing of test," "Neonatal testing," and "Sample."

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.

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 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.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Case Reports should not exceed 8 typed, double-spaced pages (2,000 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. 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 limit for Case Reports is 125 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. 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.

10. 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). 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).

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 <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.

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.

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 24, 2021, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Torri D. Metz, MD
Associate Editor, Obstetrics

2019 IMPACT FACTOR: 5.524
2019 IMPACT FACTOR RANKING: 6th out of 82 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.

[REDACTED]

Dr. Torri Metz
Associate Editor, Obstetrics
Obstetrics and Gynecology

February 23, 2021

Dear Dr. Metz,

Thank you very much for the opportunity to present revisions to our case report entitled “SARS-CoV-2 antibodies in neonatal cord blood after vaccination in pregnancy.” Please find below a point-by-point response to the reviewer and editor comments. We have reviewed the Instructions for Authors on the Journal Website. Revisions have been made in the document and uploaded into the Editorial Manager website. Revisions are indicated by comments.

Again, thank you for the opportunity.

For the authors,



Lisa Gill, MD
Assistant Professor
Department of Obstetrics, Gynecology and Women’s Health
Division of Maternal-Fetal Medicine
University of Minnesota

Reviewer Comments and Responses

Reviewer #1:

The authors report the finding of transplacental passage of antibodies in a woman after vaccination for SARS-CoV-2.

1. Jargon such as "upended" and "heralded" (first paragraph) should be removed.

Agree, the introduction has been revised.

2. Since this appears to be the first such report of the passive transfer of antibodies after vaccination, you might consider emphasizing that "to our knowledge, this is the first report of..".

This has been edited.

3. Although cord blood had a high titer, it would be interesting to know how long the titer persisted since this has not been studied: were any other titers performed longitudinally?

Agree this will be very important information. But unfortunately we don't have this data for this case.

4. I think your conclusion could be much stronger. Consider removing so much emphasis on Tdap, and perhaps discuss the Edlow paper (reference 5 in this manuscript) which evaluates the low transplacental passage of antibodies after infection with SARS-CoV-2 and contrasting it with your report of a vaccinated patient in the third trimester.

I agree, thank you. This has been updated and indicated by a comment.

Reviewer #2:

This is a straight-forward, relevant case report. I have two questions:

-Do the authors know if anyone else has reported this? if not, they should describe a brief search in pubmed (or similar)

To our knowledge this has not been reported, and this has been added to the manuscript.

-Why were antibodies checked in the neonate? was this a one time thing, or is it being done routinely in all newborns, or in all newborns whose mom's had covid or the vaccine?

While a prospective study is in process to better evaluate this information, this neonate's cord blood was obtained at the patient's request due to her own intellectual curiosity.

EDITOR COMMENTS:

Thank you for submitting this case report to Obstetrics and Gynecology. In addition to responding to the reviewers above in your revision, please also address the following:

1. Any funding information needs to be added to the title page.

This has been added to the title page

2. The introduction is too long. Essentially all of the first paragraph can be eliminated or pared down to a sentence. The readers all know about COVID-19 and the ramifications for society at large. Please focus on the ideas of pregnancy and vaccination in pregnancy.

This has been changed.

3. SMFM is Society for Maternal-Fetal Medicine. Please change.

This has been changed.

4. Line 50. "while breastfeeding" instead of "when breastfeeding"

This has been changed.

5. Consider removing sentence in lines 50-52 about HCWs being sexually active. I suspect it would be hard to find a reference for this and it does not add to your argument.

This has been changed.

6. Would shorten section about antibodies crossing the placenta with other vaccines to a sentence or two and not just focus on TDaP. This has also been demonstrated with

investigational RSV vaccines, GBS vaccines and influenza vaccines. In fact, the ongoing RSV vaccine studies (one published in NEJM from Novavax) are specifically to provide neonatal protection.

This has been changed. See paragraph 3 under Discussion.

7. Line 73. Spell out HELLP.

Changed.

8. Line 81. Spell out AGA.

Changed.

9. Line 82. Change to “cord blood and maternal blood were obtained...”

Changed.

10. Line 103. Change “child” to “neonate”.

Changed

11. Line 108-9. Last sentence of paragraph 3 can be deleted. It is repetitive.

Removed.

12. As noted by the reviewers, please perform a search for other published case reports of transplacental antibody transfer with SARS-CoV-2 vaccines, include date of search, search engines and terms. If this is the first report then please make sure to include that.

See changes to Case and Discussion

13. Would recognize the limitation that despite the longitudinal testing, the patient may have acquired SARS-CoV-2 at some point. Also OK to say this is unlikely given the frequency of testing and high sensitivity of PCR.

This has been changed in the discussion.

14. In Table 1, would the authors make these column headings subheads instead of column heads? This is to avoid using different headings mid-table: "Timing of test," "Neonatal testing," and "Sample."

The table has been modified

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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.

OPT-IN

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Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

Done

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 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.

Not problematic

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Case Reports should not exceed 8 typed, double-spaced pages (2,000 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.

Word count 1341, 8 pages

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- * 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.
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Word count 124

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Edited to exclude inappropriate acronyms

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.

Virgule symbol only used in gestational age data, not used in sentences with words

9. 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.

Table edited to conform to journal style

10. 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.

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References reviewed

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 <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.

We will respond to this promptly.