

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.*

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

Date: May 13, 2022
To: "Julie Blanc" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-717

RE: Manuscript Number ONG-22-717

Risk factors for intrauterine tamponade failure in postpartum hemorrhage: a nationwide cohort study

Dear Dr. Blanc:

Thank you for sending us your work for consideration for publication in Obstetrics & Gynecology. Your manuscript has been reviewed by the Editorial Board and by special expert referees. The Editors would like to invite you to submit a revised version for further consideration.

If you wish to revise your manuscript, please read the following comments submitted by the reviewers and Editors. Each point raised requires a response, by either revising your manuscript or making a clear argument as to why no revision is needed in the cover letter.

To facilitate our review, we prefer that the cover letter you submit with your revised manuscript include each reviewer and Editor comment below, followed by your response. That is, a point-by-point response is required to each of the EDITOR COMMENTS (if applicable), REVIEWER COMMENTS, STATISTICAL EDITOR COMMENTS (if applicable), and EDITORIAL OFFICE COMMENTS below. Your manuscript will be returned to you if a point-by-point response to each of these sections is not included.

The revised manuscript should indicate the position of all changes made. Please use the "track changes" feature in your document (do not use strikethrough or underline formatting).

Your submission will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Jun 03, 2022, we will assume you wish to withdraw the manuscript from further consideration.

EDITOR COMMENTS:

1. Given that your study was a retrospective analysis, please avoid use of causal language to describe the association between intrauterine tamponade and the outcomes of interest.

REVIEWER COMMENTS:

Reviewer #1: well presented study with significant findings

Reviewer #2: nationwide population-based cohort study based on data from the French Programme de Médicalisation des Systèmes d'Information. This study compared the failure and effectiveness of intrauterine tamponade among the all women who received the procedure in France from January 1, 2019, to December 31, 2019. Failure was defined as the use of a second-line method (uterine artery embolization, conservative or radical surgery, or death) within seven days of Intrauterine tamponade. Countrywide professional consensus established that intrauterine balloon tamponade should be performed if sulprostone fails and before recourse to either surgery or interventional radiology.

1. Introduction: Statement about PPH being the main cause of death in developed countries is controversial- and simplistic. Please discuss the major causes with a more in-depth framework

2. What was the overall incidence of PPH in France, Is QBL or EBL used ? Do all 484 maternity hospitals have a protocolized way of measuring- please give the detail of how this is done

3. Given that all cesareans are not equal and that there is a higher risk of PPH in women who have labored, do you have data on the subtype of cesarean- would be clinically powerful

4. Could the finding of Increased PPH with preeclampsia be related to Magnesium? prolonged induction?
5. Are there other medications in France used for PPH? other than Sulprostone, example Methergine (methylergonovine) or Misoprostol or traxenamic acid?- these are used in the States

STATISTICAL EDITOR COMMENTS:

Table 1: Need units for maternal age. Need to define obesity in footnote to Table.

Tables 1 and 2: While the counts for cesarean section or preeclampsia are sufficient, the counts for uterine rupture (N = 7) are insufficient to adjust for multiple adjustors. The univariate calculation is OK, but the aOR calculation cannot be generalized from these data.

Table 2: Need to state in footnote to Table the variables retained in the final model. Need to state that the CIs were 95% CIs,

Table 3: Length of ICU stay and length of hospitalization do not appear to be normally distributed. Should format as median (range or IQR) and test non-parametrically.

Fig 1: Were there any maternal deaths in the IUT success group?

lines 25-29, 153-155: Need to clarify whether center remained significantly associated with IUT failure, in addition to the individual patient level factors. If so, then the Abstract conclusion and precis should reflect that.

EDITORIAL OFFICE COMMENTS:

1. If your article is accepted, the journal will publish a copy of this revision letter and your point-by-point responses as supplemental digital content to the published article online. You may opt out by writing separately to the Editorial Office at em@greenjournal.org, and only the revision letter will be posted.

2. When you submit your revised manuscript, please make the following edits to ensure your submission contains the required information that was previously omitted for the initial double-blind peer review:

- * Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and at the end of the abstract. For industry-sponsored studies, describe on the title page how the funder was or was not involved in the study.
- * Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).
- * Name the IRB or Ethics Committee institution in the Methods section (if applicable).
- * Add any information about the specific location of the study (ie, city, state, or country), if necessary for context.

3. Obstetrics & Gynecology's Copyright Transfer Agreement (CTA) must be completed by all authors. When you uploaded your manuscript, each coauthor received an email with the subject, "Please verify your authorship for a submission to Obstetrics & Gynecology." Please ask your coauthor(s) to complete this form, and confirm the disclosures listed in their CTA are included on the manuscript's title page. If they did not receive the email, they should check their spam/junk folder. Requests to resend the CTA may be sent to em@greenjournal.org.

4. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "Patients with obesity" instead of "obese patients," "Women with disabilities" instead of "disabled women," "women with HIV" instead of "HIV-positive women," "women who are blind" instead of "blind women."

5. Please add whether you received IRB or Ethics Committee approval or exemption to your Methods. Include the name of the IRB or Ethics Committee. If you received an exemption, explain why in this section.

6. 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.

7. Make sure your manuscript meets the following word limit. The word limit includes the manuscript body text only (for example, the Introduction through the Discussion in Original Research manuscripts), and excludes the title page, *précis*, abstract, tables, boxes, and figure legends, reference list, and supplemental digital content. Figures are not included in the word count.

Original Research: 3,000 words

8. For your title, please note the following style points and make edits as needed:

- * 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 should not be used.
- * Titles should include "A Randomized Controlled Trial," "A Meta-Analysis," "A Systematic Review," or "A Cost-Effectiveness Analysis" as appropriate, in the subtitle. If your manuscript is not one of these four types, do not specify the type of manuscript in the title.

9. Specific rules govern the use of acknowledgments in the journal. Please review the following guidelines and edit your title page as needed:

- * 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 or indicate whether the meeting was held virtually).
- * If your manuscript was uploaded to a preprint server prior to submitting your manuscript to Obstetrics & Gynecology, add the following statement to your title page: "Before submission to Obstetrics & Gynecology, this article was posted to a preprint server at: [URL]."
- * Do not use only authors' initials in the acknowledgement or Financial Disclosure; spell out their names the way they appear in the byline.

10. Provide a short title of no more than 45 characters, including spaces, for use as a running foot. Do not start the running title with an abbreviation.

11. Be sure that each statement and any data in the abstract are also stated in the body of your manuscript, tables, or figures. Statements and data that appear in the abstract must also appear in the body text for consistency. Make 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 manuscript.

In addition, the abstract length should follow journal guidelines. Please provide a word count.

Original Research: 300 words

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, except with ratios. 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. In your abstract, manuscript Results sections, and tables, 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.

Please standardize the presentation of your data throughout the manuscript submission. For P values, do not exceed three decimal places (for example, "P = .001").

Express all percentages to one decimal place (for example, 11.1%). Do not use whole numbers for percentages.

15. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available at http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

16. Please review examples of our current reference style at https://edmgr.ovid.com/ong/accounts/ifa_suppl_refstyle.pdf. 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 formal reference list. Please cite them on the line in parentheses.

If you cite ACOG documents in your manuscript, be sure the references you are citing are still current and available. Check the Clinical Guidance page at <https://www.acog.org/clinical> (click on "Clinical Guidance" at the top). If the reference is still available on the site and isn't listed as "Withdrawn," it's still a current document. In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript.

Please make sure your references are numbered in order of appearance in the text.

17. Figure 1: Are items under failure not mutually exclusive?

18. 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>.

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 as a Microsoft Word document. Your revision's cover letter should include a point-by-point response to each of the received comments in this letter. Do not omit your responses to the EDITOR COMMENTS (if applicable), the REVIEWER COMMENTS, the STATISTICAL EDITOR COMMENTS (if applicable), or the EDITORIAL OFFICE COMMENTS.

If you submit a revision, we will assume that it has been developed in consultation with your coauthors and that each author has given approval to the final form of the revision.

Again, your manuscript will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Jun 03, 2022, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Jason D. Wright, MD
Editor-in-Chief

2020 IMPACT FACTOR: 7.661
2020 IMPACT FACTOR RANKING: 3rd out of 83 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]

May 22nd, 2022

To Editors-in-Chief of Obstetrics and
Gynecology,

Dear Editors,

My co-authors and I would like to thank the editor, the reviewers, and the editorial office for the valuable comments, and suggestions that helped to improve the quality of our manuscript entitled "Risk factors for intrauterine tamponade failure in postpartum hemorrhage: a nationwide cohort study" (ONG-22-717).

We are submitting the revised manuscript for your consideration. Responses to editor and reviewers' comments and details of the changes that are made into the revised version are provided below.

EDITOR COMMENTS:

1. Given that your study was a retrospective analysis, please avoid use of causal language to describe the association between intrauterine tamponade and the outcomes of interest.

Response: We thank you for this comment and changes have been made throughout the manuscript.

REVIEWER COMMENTS:

Reviewer #1: well presented study with significant findings

Response to reviewer #1: we thank the reviewer for this comment.

Reviewer #2: nationwide population-based cohort study based on data from the French Programme de Médicalisation des Systèmes d'Information. This study compared the failure and effectiveness of intrauterine tamponade among all women who received the procedure in France from January 1, 2019, to December 31, 2019. Failure was defined as the use of a second-line method (uterine artery embolization, conservative or radical surgery, or death) within seven days of Intrauterine tamponade. Countrywide professional consensus established that intrauterine balloon tamponade should be performed if sulprostone fails and before recourse to either surgery or interventional radiology.

1. Introduction: Statement about PPH being the main cause of death in developed countries is controversial- and simplistic. Please discuss the major causes with a more in-depth framework

Response: We thank the reviewer for this comment and have changed the first sentences lines 46-47: " Severe postpartum hemorrhage (PPH) is one the leading causes of maternal mortality with cardiovascular complications and suicides but the most preventable cause."

2. What was the overall incidence of PPH in France, Is QBL or EBL used ? Do all 484 maternity hospitals have a protocolized way of measuring- please give the detail of how this is done

Response: We thank the reviewer and add lines 47-48: "Severe PPH complicates approximately 2% of all deliveries in France and developed countries".

We also add in Methods lines 109-111: "In these 2014 national guidelines, quantitative blood loss was recommended. Most French maternity hospitals followed these guidelines and use collection bags or containers."

3. Given that all cesareans are not equal and that there is a higher risk of PPH in women who have labored, do you have data on the subtype of cesarean- would be clinically powerful

Response: We thank the reviewer for this recommendation. We have performed the recommended analyses and replaced the binary variable 'cesarean section' by a variable with 3 categories (vaginal delivery, cesarean during the labor and cesarean without labor) in the analyses. This do not change the results (more risk of failure of IUT for cesarean section whatever it occurs during the labor or not). Moreover, in the multivariate model we tested, cesarean section during the labor vs without labor and the OR [IC95%]=1.3 [0.8-2.2], $p=0.36$.

4. Could the finding of Increased PPH with preeclampsia be related to Magnesium? prolonged induction?

Response: We thank the reviewer for this comment. Unfortunately, we do not have these data in the French Programme de Médicalisation des Systèmes d'Information to explore such associations.

5. Are there other medications in France used for PPH? other than Sulprostone, example Methergine (methylergonovine) or Misoprostol or traxenamic acid?- these are used in the States

Response: We thank the reviewer for this comment. Tranexamic acid was recommended in 2014 national guidelines to be use in cases of failure of sulprostone. We add this information lines 111-113. No other medications are used for PPH in France.

STATISTICAL EDITOR COMMENTS:

Table 1: Need units for maternal age. Need to define obesity in footnote to Table.

Response: We have added these precisions in the manuscript as well as in footnotes to tables.

Tables 1 and 2: While the counts for cesarean section or preeclampsia are sufficient, the counts for uterine rupture (N = 7) are insufficient to adjust for multiple adjustors. The univariate calculation is OK, but the aOR calculation cannot be generalized from these data.

Response: *Despite of low counts for uterine ruptures, the multivariate model succeeds in converging. I do not think we cannot generalize results from these data. I think the problem is not so much a problem of generalizing the results but rather a problem of precision as can be seen with the extent of the confidence interval which is quite larger.*

Table 2: Need to state in footnote to Table the variables retained in the final model. Need to state that the CIs were 95% CIs,

Response: *We thank the reviewer and have done the suggested recommendations.*

Table 3: Length of ICU stay and length of hospitalization do not appear to be normally distributed. Should format as median (range or IQR) and test non-parametrically.

Response: *We thank the reviewer and have reported in table 3 median as well as interquartile range. Concerning statistical tests, as we have more than 30 subjects per category (succeed/fail), the Student t-test is robust to the is robust to a deviation from normality. We have used the Welch correction due to non equality of variances.*

Fig 1: Were there any maternal deaths in the IUT success group?

Response: *Death is one of the criteria for failure, consequently there was no death in the IUT success group by definition.*

lines 25-29, 153-155: Need to clarify whether center remained significantly associated with IUT failure, in addition to the individual patient level factors. If so, then the Abstract conclusion and precis should reflect that.

Response: *As stated in the results section, the interclass coefficient (ICC) was estimated at 0.17 ($p < 0.0001$), indicating that 17% of the variability in IUT failure was related to the center effect which is a non-negligible effect. The ICC coefficient may reveal differences in medical practices amongst hospitals that could explain this variability of failure from one hospital to another. However, among the studied variables (type of maternity, level, number of*

deliveries per years), we were not able to reveal that one of these characteristics were associated with IUT failure.

EDITORIAL OFFICE COMMENTS:

1. If your article is accepted, the journal will publish a copy of this revision letter and your point-by-point responses as supplemental digital content to the published article online. You may opt out by writing separately to the Editorial Office at em@greenjournal.org, and only the revision letter will be posted.

Response: *we agree with the publication of this revision letter.*

2. When you submit your revised manuscript, please make the following edits to ensure your submission contains the required information that was previously omitted for the initial double-blind peer review:

* Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and at the end of the abstract. For industry-sponsored studies, describe on the title page how the funder was or was not involved in the study.

* Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).

* Name the IRB or Ethics Committee institution in the Methods section (if applicable).

* Add any information about the specific location of the study (ie, city, state, or country), if necessary for context.

Response:

* *We add the funding information at the end of the abstract.*

* *Not applicable*

* *This information is provided lines 92-94.*

* *This information is provided lines 83-87.*

3. Obstetrics & Gynecology's Copyright Transfer Agreement (CTA) must be completed by all authors. When you uploaded your manuscript, each coauthor received an email with the subject, "Please verify your authorship for a submission to Obstetrics & Gynecology." Please ask your coauthor(s) to complete this form, and confirm the

disclosures listed in their CTA are included on the manuscript's title page. If they did not receive the email, they should check their spam/junk folder. Requests to resend the CTA may be sent to em@greenjournal.org.

Response: We've asked all coauthors to complete the form.

4. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "Patients with obesity" instead of "obese patients," "Women with disabilities" instead of "disabled women," "women with HIV" instead of "HIV-positive women," "women who are blind" instead of "blind women."

Response: we have respected person-first language.

5. Please add whether you received IRB or Ethics Committee approval or exemption to your Methods. Include the name of the IRB or Ethics Committee. If you received an exemption, explain why in this section.

Response: This information is provided lines 92-94.

6. 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.com/v3/__https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions__;!!JQ5agg!ZPo_QnKr3q5igh-LLzW_YM4glEE5XYoAxaD5iO1LeMw0GF_W9TV8zsdaOkXTtu_x-qtMXSBC5pi5VV3TjZ7o\\$](https://urldefense.com/v3/__https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions__;!!JQ5agg!ZPo_QnKr3q5igh-LLzW_YM4glEE5XYoAxaD5iO1LeMw0GF_W9TV8zsdaOkXTtu_x-qtMXSBC5pi5VV3TjZ7o$) and the gynecology data definitions at https://urldefense.com/v3/__https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions__;!!JQ5agg!ZPo_QnKr3q5igh-LLzW_YM4glEE5XYoAxaD5iO1LeMw0GF_W9TV8zsdaOkXTtu_x-

qtMXSBC5pi5VZTrN0W3\$. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

Response: *We have followed reVITALize definitions.*

7. Make sure your manuscript meets the following word limit. The word limit includes the manuscript body text only (for example, the Introduction through the Discussion in Original Research manuscripts), and excludes the title page, précis, abstract, tables, boxes, and figure legends, reference list, and supplemental digital content. Figures are not included in the word count.

Original Research: 3,000 words

Response: *Our manuscript has 2,479 words from the Introduction through the discussion.*

8. For your title, please note the following style points and make edits as needed:
 - * 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 should not be used.
 - * Titles should include "A Randomized Controlled Trial," "A Meta-Analysis," "A Systematic Review," or "A Cost-Effectiveness Analysis" as appropriate, in the subtitle. If your manuscript is not one of these four types, do not specify the type of manuscript in the title.

Response: *We have removed "a nationwide cohort study".*

9. Specific rules govern the use of acknowledgments in the journal. Please review the following guidelines and edit your title page as needed:
 - * 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 or indicate whether the meeting was held virtually).

* If your manuscript was uploaded to a preprint server prior to submitting your manuscript to Obstetrics & Gynecology, add the following statement to your title page: "Before submission to Obstetrics & Gynecology, this article was posted to a preprint server at: [URL]."

* Do not use only authors' initials in the acknowledgement or Financial Disclosure; spell out their names the way they appear in the byline.

Response: *We have followed these recommendations.*

10. Provide a short title of no more than 45 characters, including spaces, for use as a running foot. Do not start the running title with an abbreviation.

Response: *We have followed this recommendation.*

11. Be sure that each statement and any data in the abstract are also stated in the body of your manuscript, tables, or figures. Statements and data that appear in the abstract must also appear in the body text for consistency. Make 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 manuscript.

Response: *Each statement and data in the abstract are also stated in the body of our manuscript.*

In addition, the abstract length should follow journal guidelines. Please provide a word count.

Original Research: 300 words

Response: *The word count of the abstract is 255 words. The word count is provided in the title page.*

12. Only standard abbreviations and acronyms are allowed. A selected list is available online at

https://urldefense.com/v3/__http://edmgr.ovid.com/ong/accounts/abbreviations.pdf__;!!JQ5agg!ZPo_QnKr3q5igh-

[LLzW_YM4glEE5XYoAxaD5iO1LeMw0GF_W9TV8zsdaOkXTtu_x-](https://urldefense.com/v3/__http://edmgr.ovid.com/ong/accounts/abbreviations.pdf__;!!JQ5agg!ZPo_QnKr3q5igh-LLzW_YM4glEE5XYoAxaD5iO1LeMw0GF_W9TV8zsdaOkXTtu_x-)

[qtMXSBC5pi5VaQjsbiN\\$](https://urldefense.com/v3/__http://edmgr.ovid.com/ong/accounts/abbreviations.pdf__;!!JQ5agg!ZPo_QnKr3q5igh-qtMXSBC5pi5VaQjsbiN$.) . 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: *We have used PPH for PostPartum Hemorrhage, IUT for Intra-Uterine Tamponade, and WHO for World Health Organisation. We hope the editorial office will allow these abbreviations.*

13. The journal does not use the virgule symbol (/) in sentences with words, except with ratios. 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 not used / in our text.*

14. In your abstract, manuscript Results sections, and tables, 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.

Please standardize the presentation of your data throughout the manuscript submission. For P values, do not exceed three decimal places (for example, "P = .001").

Express all percentages to one decimal place (for example, 11.1%). Do not use whole numbers for percentages.

Response : *We have followed these recommendations.*

15. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available at [https://urldefense.com/v3/__http://edmgr.ovid.com/ong/accounts/table_checklist.pdf__;!!JQ5agg!ZPo_QnKr3q5igh-LLzW_YM4glEE5XYoAxaD5iO1LeMw0GF_W9TV8zsdaOkXTtu_x-qtMXSBC5pi5VVNj558y\\$](https://urldefense.com/v3/__http://edmgr.ovid.com/ong/accounts/table_checklist.pdf__;!!JQ5agg!ZPo_QnKr3q5igh-LLzW_YM4glEE5XYoAxaD5iO1LeMw0GF_W9TV8zsdaOkXTtu_x-qtMXSBC5pi5VVNj558y$).

Response: *We have used Table checklist.*

16. Please review examples of our current reference style at [https://urldefense.com/v3/__https://edmgr.ovid.com/ong/accounts/ifa_suppl_refstyle.pdf__;!!JQ5agg!ZPo_QnKr3q5igh-LLzW_YM4glEE5XYoAxaD5iO1LeMw0GF_W9TV8zsdaOkXTtu_x-qtMXSBC5pi5Ve4Yzy-\\$](https://urldefense.com/v3/__https://edmgr.ovid.com/ong/accounts/ifa_suppl_refstyle.pdf__;!!JQ5agg!ZPo_QnKr3q5igh-LLzW_YM4glEE5XYoAxaD5iO1LeMw0GF_W9TV8zsdaOkXTtu_x-qtMXSBC5pi5Ve4Yzy-$). Include the digital object identifier (DOI) with any journal article references and an accessed date with website references.

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Please make sure your references are numbered in order of appearance in the text.

Response: We have followed these recommendations.

17. Figure 1: Are items under failure not mutually exclusive?

Response: The items under failure are not mutually exclusive. We add a sentence in the footnote.

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Response: We have well noted this point.

With thanks in advance for your consideration,

Sincerely,

Dr Julie BLANC