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.

Date: May 27, 2022
To: "Suzan Carmichael"
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-825

RE: Manuscript Number ONG-22-825

Using Longitudinally Linked Data to Measure Severe Maternal Morbidity Beyond the Birth Hospitalization in California

Dear Dr. Carmichael:

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 17, 2022, we will assume you wish to withdraw the manuscript from further consideration.

EDITOR COMMENTS:

1. Thank you for submitting your work to Obstetrics and Gynecology. If you opt to submit a revision for consideration, please reduce the length of the introduction substantially (eg. down to 2 or 3 sentences) to leave more room to further detail your methods as requested by reviewers and to add strengths and limitations to the discussion section.

2. Similarly the discussion of other studies could also be pared down somewhat to further reduce word count and enable responsiveness to the reviewers' queries.

REVIEWER COMMENTS:

Reviewer #1:

This was an analysis of over one million births occurring in California over a two year period, which used claims to determine increase in number of cases of severe maternal morbidity when analysis period includes antenatal and postpartum (rather than just hospitalization at time of birth).

This confirmatory study that lends credence to arguments made to include these periods to better capture SMM. While population-level analysis is difficult due to limited availability of longitudinal population-level data that links antenatal, hospitalization and postpartum periods, better data collection is exceedingly important in better characterizing outcomes to structure interventions to reduce disparities.

1. The sample large, but there are no discussions of sociodemographic characteristics to understand if the sample is nationally representative.
2. This is a purely descriptive analysis, and change in observed SMM cases in the antenatal and postpartum period are clearly demonstrated. The methodology has been used previously. As mentioned above, there are no sociodemographic

characteristics to understand if this is generalizable beyond California. The authors determine that understanding variation in differences in observed SMM rates in the antepartum and postpartum period between their results in other publications on the subject is beyond their scope (lines 57-61) but having population characteristics may lend comparability among these studies and should be included in supplementary material.

3. Overall this is a concise confirmatory study supporting inclusion of antenatal and postpartum period into SMM studies. The feasibility of this approach may be limited by the difficulty in compiling and accessing population-level linked datasets. In the discussion, an argument could be made for better data collection to facilitate additional similar work the authors cite is important.

Reviewer #2:

The authors use the linked California delivery dataset to evaluate severe maternal morbidity beyond the delivery admission. They found an increase in number of cases of 22.8%, split fairly evenly between antepartum and postpartum admissions. Sepsis was the most common added SMM case. The article is clearly written although could use a bit more contextualization for meaning/impact.

Methods: please describe your dataset.
Methods, line 33: please provide more detail on your SMM definition.
Results: please cite your table and provide more information in text on the SMM ratios, not just absolute case numbers.
Discussion: can you state more clearly why it is important to accurately assess SMM over gestation? Why does it matter that we know? What are the implications of SMM beyond delivery admission?
Table 1: can you add a total SMM ratio column?

Reviewer #3:

Table 1: Should include "N" as well as % for the last column. Should include CIs for the antenatal, birth and PP column estimates of SMM and subsets. If necessary for readability, could change to two Tables.

STATISTICS EDITOR COMMENTS:

This is a cohort study examining whether including hospitalizations beyond the delivery hospitalization (up to 42 days postpartum) increases the incidence of severe maternal morbidity (SMM). The authors find (unsurprisingly) that including these hospitalizations does increase cases of SMM especially for non-transfusion SMM. This is a straightforward analysis replicating results from Massachusetts in California. I think this paper adds to the literature and the research letter format is appropriate.

Specific comments are as follows:
1. Lines 25-30: This information belongs in the methods section.
2. I know word counts are short, but can you say a little about where the data come from (Medicaid files? California inpatient records?) What births may be missing (if any?)
3. Why did you choose 42 days as your cutoff?
4. Are the SMM measures in Table 1 inclusive of all the measures of SMM you used? If so, you may want to state that at some point.

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. 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:

CHEERS: economic evaluations of health interventions
CHERRIES: studies reporting results of Internet e-surveys
CONSERVE: reporting trial protocols and completed trials modified due to the COVID-19 pandemic and other extenuating circumstances
CONSORT: randomized controlled trials
MOOSE: meta-analyses and systematic reviews of observational studies
PRISMA: meta-analyses and systematic reviews of randomized controlled trials
PRISMA for harms: PRISMA for harms
RECORD: observational studies using ICD-10 data
STARD: studies of diagnostic accuracy
STROBE: observational studies
SQUIRE 2.0: quality improvement in health care studies

Include the appropriate checklist for your manuscript type upon submission, if applicable, and indicate in your cover letter which guideline you have followed. 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 www.equator-network.org/.

7. Your study uses ICD-10 data. Please make sure you do the following:
a. State which ICD-10-CM/PCS codes or algorithms were used as Supplemental Digital Content.
b. Use both the diagnosis and procedure codes.
c. Verify the selected codes apply for all years of the study.
d. Conduct sensitivity analyses using definitions based on alternative codes.
e. For studies incorporating both ICD-9 and ICD-10-CM/PCS codes, the Discussion section should acknowledge there may be disruptions in observed rates related to the coding transition and that coding errors could contribute to limitations of the study. The limitations section should include the implications of using data not created or collected to answer a specific research question, including possible unmeasured confounding, misclassification bias, missing data, and changing participant eligibility over time.
f. The journal does not require that the title include the name of the database, geographic region or dates, or use of database linkage, but this data should be included in the abstract.
g. Include RECORD items 6.3 and 7.1, which relate to transparency about which codes, validation method, and linkage were used to identify participants and variables collected.

8. 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.

9. 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.

Research Letters: 600 words (do not include more than two figures and/or tables [2 items total])

10. 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.

11. Provide a précis 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. 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.

Research Letter: 125 words

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, 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.

15. 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.

16. 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.

17. 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.

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.

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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 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 17, 2022, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,
Torri D. Metz, MD
Associate Editor, Obstetrics

2020 IMPACT FACTOR: 7.661
2020 IMPACT FACTOR RANKING: 3rd out of 83 ob/gyn journals

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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.

June 7, 2022

Dear Editors,

I am writing to submit our revised manuscript entitled "Using Longitudinally Linked Data to Measure Severe Maternal Morbidity Beyond the Birth Hospitalization in California" to be considered for publication as a Research Letter in *Obstetrics & Gynecology*.

We provide a point by point response to all comments below.

Thank you very much for your continued consideration.

Sincerely,

Suzan Carmichael, PhD, MS

POINT BY POINT RESPONSE

EDITOR COMMENTS:

1. Thank you for submitting your work to Obstetrics and Gynecology. If you opt to submit a revision for consideration, please reduce the length of the introduction substantially (eg. down to 2 or 3 sentences) to leave more room to further detail your methods as requested by reviewers and to add strengths and limitations to the discussion section.

RESPONSE: We cut the Introduction as suggested.

2. Similarly the discussion of other studies could also be pared down somewhat to further reduce word count and enable responsiveness to the reviewers' queries.

RESPONSE: We reduced this section modestly and are still within the word limit.

REVIEWER COMMENTS:

Reviewer #1:

This was an analysis of over one million births occurring in California over a two year period, which used claims to determine increase in number of cases of severe maternal morbidity when analysis period includes antenatal and postpartum (rather than just hospitalization at time of birth).

This confirmatory study that lends credence to arguments made to include these periods to better capture SMM. While population-level analysis is difficult due to limited availability of longitudinal population-level data that links antenatal, hospitalization and postpartum periods, better data collection is exceedingly important in better characterizing outcomes to structure interventions to reduce disparities.

1. The sample large, but there are no discussions of sociodemographic characteristics to understand if the sample is nationally representative.

RESPONSE: We added a sentence to the Results describing demographics of the study population.

2. This is a purely descriptive analysis, and change in observed SMM cases in the antenatal and postpartum period are

clearly demonstrated. The methodology has been used previously. As mentioned above, there are no sociodemographic characteristics to understand if this is generalizable beyond California. The authors determine that understanding variation in differences in observed SMM rates in the antepartum and postpartum period between their results in other publications on the subject is beyond their scope (lines 57-61) but having population characteristics may lend comparability among these studies and should be included in supplementary material.

RESPONSE: As noted in the prior point, we added a sentence about demographics of the study population to the Results.

3. Overall this is a concise confirmatory study supporting inclusion of antenatal and postpartum period into SMM studies. The feasibility of this approach may be limited by the difficulty in compiling and accessing population-level linked datasets. In the discussion, an argument could be made for better data collection to facilitate additional similar work the authors cite is important.

RESPONSE: We slightly revised the last sentence of the Discussion to make this point – which was our original intent.

Reviewer #2:

The authors use the linked California delivery dataset to evaluate severe maternal morbidity beyond the delivery admission. They found an increase in number of cases of 22.8%, split fairly evenly between antepartum and postpartum admissions. Sepsis was the most common added SMM case. The article is clearly written although could use a bit more contextualization for meaning/impact.

RESPONSE: We have added more details to the Results and to the beginning of the Discussion which we hope better highlight our most important findings.

Methods: please describe your dataset.

RESPONSE: We added a sentence about the dataset.

Methods, line 33: please provide more detail on your SMM definition.

RESPONSE: We now state that we used the CDC index (which is cited).

Results: please cite your table and provide more information in text on the SMM ratios, not just absolute case numbers.

RESPONSE: We now cite the Table in the text. To this column we added the percent of total cases added per indicator (which we believe is what was meant by ratio): "Total cases added: antenatal and postpartum [% of total]"

Discussion: can you state more clearly why it is important to accurately assess SMM over gestation? Why does it matter that we know? What are the implications of SMM beyond delivery admission?

RESPONSE: We hope that the revision of the Discussion makes the importance clearer.

Table 1: can you add a total SMM ratio column?

RESPONSE: Please see response to similar comment related to 'Results'.

Reviewer #3:

Table 1: Should include "N" as well as % for the last column. Should include CIs for the antenatal, birth and PP column estimates of SMM and subsets. If necessary for readability, could change to two Tables.

RESPONSE: We added 95% confidence intervals to all columns and sample size to the last column. If the table is now overly large for a Research Letter, one suggestion is not to include the 95% Cis for every column; it is a large sample and the CIs are not wide.

STATISTICS EDITOR COMMENTS:

This is a cohort study examining whether including hospitalizations beyond the delivery hospitalization (up to 42 days postpartum) increases the incidence of severe maternal morbidity (SMM). The authors find (unsurprisingly) that including these hospitalizations does increase cases of SMM especially for non-transfusion SMM. This is a straightforward analysis replicating results from Massachusetts in California. I think this paper adds to the literature and the research letter format is appropriate.

Specific comments are as follows:
1. Lines 25-30: This information belongs in the methods section.

RESPONSE: We move it to the end of the Methods.

2. I know word counts are short, but can you say a little about where the data come from (Medicaid files? California inpatient records?) What births may be missing (if any?)

RESPONSE: We added this information.

3. Why did you choose 42 days as your cutoff?

RESPONSE: This is the most common cut-off used, and it is in sync with Declerq and with maternal mortality reporting.

4. Are the SMM measures in Table 1 inclusive of all the measures of SMM you used? If so, you may want to state that at some point.

RESPONSE: Yes, it is complete.

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: Understood.

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:
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* 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 added funding and IRB information.

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: Done.

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: Done.

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: Done.

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:

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CONSORT: randomized controlled trials
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PRISMA: meta-analyses and systematic reviews of randomized controlled trials
PRISMA for harms: PRISMA for harms
RECORD: observational studies using ICD-10 data
STARD: studies of diagnostic accuracy
STROBE: observational studies
SQUIRE 2.0: quality improvement in health care studies

Include the appropriate checklist for your manuscript type upon submission, if applicable, and indicate in your cover letter which guideline you have followed. 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 www.equator-network.org/.

RESPONSE: We are not sure this is necessary for a Research Letter; we are glad to add it if required.

7. Your study uses ICD-10 data. Please make sure you do the following:
a. State which ICD-10-CM/PCS codes or algorithms were used as Supplemental Digital Content.
b. Use both the diagnosis and procedure codes.
c. Verify the selected codes apply for all years of the study.
d. Conduct sensitivity analyses using definitions based on alternative codes.
e. For studies incorporating both ICD-9 and ICD-10-CM/PCS codes, the Discussion section should acknowledge there may be disruptions in observed rates related to the coding transition and that coding errors could contribute to limitations of the study. The limitations section should include the implications of using data not created or collected to answer a specific research question, including possible unmeasured confounding, misclassification bias, missing data, and changing participant eligibility over time.
f. The journal does not require that the title include the name of the database, geographic region or dates, or use of database linkage, but this data should be included in the abstract.
g. Include RECORD items 6.3 and 7.1, which relate to transparency about which codes, validation method, and linkage were used to identify participants and variables collected.

RESPONSE: We use codes specified in the CDC SMM Index and a reference to those codes – we are hoping this is sufficient.

8. 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.

RESPONSE: Complete.

9. 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.

Research Letters: 600 words (do not include more than two figures and/or tables [2 items total])

RESPONSE: We have maintained the limit.

10. 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 acknoweldge financial support of the study.

11. Provide a précis 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: We added a précis.

12. 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.
Research Letter: 125 words

RESPONSE: This is complete (we added the word count to the Abstract).

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.

RESPONSE: Done.

14. 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: Done.

15. 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: Done.

16. 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.

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RESPONSE: Understood.