

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 19, 2022
To: "Naomi Greene" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-797

RE: Manuscript Number ONG-22-797

Low risk primary cesarean rate reduced after dissemination of nurse-specific cesarean rates

Dear Dr. Greene:

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 09, 2022, we will assume you wish to withdraw the manuscript from further consideration.

EDITOR COMMENTS:

1. Inclusion of additional years of data in the pre-dissemination period may strengthen the analysis, particularly as the pre-dissemination period coincided with the COVID-19 pandemic. Additionally, you may consider performing a trends analysis such as an interrupted time series to demonstrate the change in Cesarean rate with the intervention.
2. Consider modifying the title to: "Reduction in the Low Risk Primary Cesarean Delivery Rate Associated with Dissemination of Nurse-Specific Cesarean Rates" or something similar.

REVIEWER COMMENTS:

Reviewer #1: The objective was to examine the impact of disseminating nurse cesarean rates on the departmental NTSV cesarean rate. The methodology was a retrospective cohort study.

1. The term "low risk" in the title is confusing. Usually in obstetrics it applies to risks to the mother or fetus during pregnancy. It appears that your study included "high risk" mothers (e.g. preeclampsia) and fetuses (e.g. fetal growth restriction) in the study. The title implies those cases were not included, which understates the importance of this work. Please consider deletion of the term "low risk" from the manuscript, or a revision, e.g. "Primary cesarean rates for labor patients reduced..."
2. Please state if any patients were excluded and the reasons for exclusion.
3. Were there any major changes in policy, procedures, or the environment during this study? For example, the pandemic began in March 2020 in many communities. Were visitors or doulas prevented from visiting during the preimplantation phase and allowed access during the implementation phase? If the answer to this question is no, and space permits, just state that briefly.

4. The data extraction method described in reference #1 seems laborious. Were you able to design a report system in EPIC that reduced staff time in running the data extraction? If so, it is more likely that others could implement a similar system. If space permits, add this information if you have a report system.

Reviewer #2: The authors present a research letter evaluating the impact of a protocol for disseminating nursing cesarean rates on NTSV rates. They found a lower rate of NTSV following implementation.

Line 34-What was the impact of COVID-19? The study period post dissemination is mostly following pandemic as the pre intervention was pre-pandemic, would this have any impact on nurses, nursing availability and NTSV rates?

Line 36-Was the calculation of nursing specific rates ongoing following implementation or just in the time period noted?

Line 51- was this posting of overall rates or nursing specific rates?

Did the authors collect any data regarding neonatal outcomes? Did they note differences? Was the nursing staff stable in this time period?

STATISTICAL EDITOR COMMENTS:

Table 1: Need units for maternal age.

Table 2: While the data are compelling regarding an association between the time periods cited and the change (or no change) in cesarean birth rates, there are two issues. First, a longer evaluation of the pre-epoch might have shown a temporal trend already in place and second, a pandemic was occurring, which might have had an influence on election of procedures that would result in longer hospital LOS.

General: Suggest looking at longer temporal data, including beyond June 2021 and using time series analysis to show association with the intervention.

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. For studies that report on the topic of race or include it as a variable, authors must provide an explanation in the manuscript of who classified individuals' race, ethnicity, or both, the classifications used, and whether the options were defined by the investigator or the participant. In addition, describe the reasons that race and ethnicity were assessed in the Methods section and/or in table footnotes. Race and ethnicity must have been collected in a formal or validated way. If

it was not, it should be omitted. Authors must enumerate all missing data regarding race and ethnicity as in some cases missing data may comprise a high enough proportion that it compromises statistical precision and bias of analyses by race.

Use "Black" and "White" (capitalized) when used to refer to racial categories.

List racial and ethnic categories in tables in alphabetic order. Do not use "Other" as a category; use "None of the above" instead.

Please refer to "Reporting Race and Ethnicity in Obstetrics & Gynecology" at https://edmgr.ovid.com/ong/accounts/Race_and_Ethnicity.pdf.

5. 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."

6. 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.

7. 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:

STROBE: observational 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/.

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. 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.

11. 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.

12. 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."

13. 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

14. 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.

15. 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.

16. 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.

17. 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.

18. 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.

19. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <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 09, 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.

Dear Editors:

Thank you for the opportunity to revise our Research Letter. Below you will find a point-by-point response to each comment from the Editor, Reviewers, and Statistical Editor.

Source of Comment	Comment	Response	Section and Line Number where Revision was Made
Editor	Inclusion of additional years of data in the pre-dissemination period may strengthen the analysis, particularly as the pre-dissemination period coincided with the COVID-19 pandemic. Additionally, you may consider performing a trends analysis such as an interrupted time series to demonstrate the change in Cesarean rate with the intervention.	Thank you for this valuable suggestion. We have performed a single interrupted time series analysis now including 3 years of data, with June 2018-August 2020 as the pre-intervention period and September 2020-May 2021 as the intervention period (September is the month when the soft rollout began so we made this month the 'Interruption' month).	Methods: Lines 30-36 and lines 57-60
	Consider modifying the title to: "Reduction in the Low Risk Primary Cesarean Delivery Rate Associated with Dissemination of Nurse-Specific Cesarean Rates" or something similar.	Taking this comment into account along with that of Reviewer 1, we have changed the title to "Primary cesarean rate in labor patients reduced after dissemination of nurse-specific cesarean rates".	Title: lines 1-2
Reviewer 1	The term "low risk" in the title is confusing. Usually in obstetrics it applies to risks to the mother or fetus during pregnancy. It appears that your study included "high risk" mothers (e.g. preeclampsia) and fetuses (e.g. fetal growth restriction) in the study. The title implies those cases were not included, which understates the importance of this work. Please consider deletion of the term "low risk" from	As mentioned above, we took Reviewer 1's comment into consideration along with that of the Editor and changed the title to "Primary cesarean rate in labor patients reduced after dissemination of nurse-specific cesarean rates".	Title: Lines 1-2

	the manuscript, or a revision, e.g. "Primary cesarean rates for labor patients reduced..."		
Reviewer 1	Please state if any patients were excluded and the reasons for exclusion.	All NTSV patients who labored were included. No exclusions.	No changes made.
Reviewer 1	Were there any major changes in policy, procedures, or the environment during this study? For example, the pandemic began in March 2020 in many communities. Were visitors or doulas prevented from visiting during the preimplantation phase and allowed access during the implementation phase? If the answer to this question is no, and space permits, just state that briefly.	No major changes in policy or procedures were made other than those made as safety measures once the pandemic began. Our previous work showed no difference in maternal/neonatal outcomes after COVID policy changes were instituted and the current study concurs with this finding. We've added a sentence to document this.	Discussion: lines 91-93 Results: lines 80-82
Reviewer 1	The data extraction method described in reference #1 seems laborious. Were you able to design a report system in EPIC that reduced staff time in running the data extraction? If so, it is more likely that others could implement a similar system. If space permits, add this information if you have a report system.	We were able to generate a report that facilitated calculation of nurse-specific rates. We have uncluttered the data extraction method and added mention of the created report.	Methods: lines 37-41
Reviewer 2	Line 34-What was the impact of COVID-19? The study period post dissemination is mostly following pandemic as the pre intervention was pre-pandemic, would this have any impact on nurses, nursing availability and NTSV rates?	As mentioned above, our previous work showed no differences in maternal outcomes such as NTSV cesarean rate after instituting various policies to safeguard patients and staff. The current study provided a longer time period in which to look for differences in NTSV cesarean rate and none were found.	Discussion: lines 91-93 Results: lines 80-82

Reviewer 2	Line 36-Was the calculation of nursing specific rates ongoing following implementation or just in the time period noted?	We calculate them every 6 months and this has now been added to the Methods.	Methods: lines 37-39
Reviewer 2	Line 51- was this posting of overall rates or nursing specific rates?		We post daily department NTSV rates in Labor and Delivery. The nurse rates were disseminated to the nurses in the manner described in our Methods, lines 44-56.
Reviewer 2	Did the authors collect any data regarding neonatal outcomes? Did they note differences?	We routinely collect neonatal outcomes, such as Unexpected Term Newborn Complications (PC-06), NICU admissions, Cord Blood pH < 7) as balancing measures but space did not permit inclusion of this process. No association found between NTSV rates and these outcomes	No changes made,
Reviewer 2	Was the nursing staff stable in this time period?	Nursing staffing was stable through March 2022 when we experienced a decrease in nursing staff, likely similar to other hospitals nationwide during the pandemic. We did find no difference in our NTSV cesarean rate from June 2018-February 2020 compared to March 2020-August 2020 (beginning of staffing shortage to when the nurse rates dissemination began).	No changes made to manuscript, we did discuss with our nursing colleague to be able to respond to your question.
Statistical Editor	Table 1: Need units for maternal age.	This has been added, thank you for catching this omission.	Table 1.

Statistical Editor	Table 2: While the data are compelling regarding an association between the time periods cited and the change (or no change) in cesarean birth rates, there are two issues. First, a longer evaluation of the pre-epoch might have shown a temporal trend already in place and second, a pandemic was occurring, which might have had an influence on election of procedures that would result in longer hospital LOS.	Thank you for this valuable observation. We have now made this a 3-year retrospective study and performed a single interrupted time series analysis instead of the simple chi-square before/after analysis. In addition,	Methods: Lines 30-36 and lines 57-60
Statistical Editor	General: Suggest looking at longer temporal data, including beyond June 2021 and using time series analysis to show association with the intervention.	We chose this shorter (9 months) period to capture any short-term association/effect. Our experience with quality improvement shows that improvements tend to regress over time. We wanted to know if there was evidence to support efforts to develop more long-term, standardized processes to engage and empower L&D nurses.	No change made.
Editorial Office	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.	Thank you, we accept this policy.	
Editorial Office	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	The study was internally funded so no funding organization is referenced. This was not a clinical trial. The Cedars-Sinai Institutional Review Board is now mentioned in the Methods section.	

	<p>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.</p> <ul style="list-style-type: none"> * 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. 	<p>No further information regarding the location was deemed necessary for context.</p>	<p>Methods section: line 76</p> <p>No changes made.</p>
Editorial Office	<p>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.</p>	<p>We believe all 3 co-authors have now completed the form.</p>	
Editorial Office	<p>4. For studies that report on the topic of race or include it as a variable, authors must provide an explanation in the manuscript of who classified individuals' race, ethnicity, or both, the classifications used, and whether the options were defined by the investigator or the participant. In addition, describe the reasons</p>	<p>We included race/ethnicity as part of the descriptive statistics of our populations before and during the intervention. Race/ethnicity is collected as par of the Admissions process in our hospital. We included this in the footnote of</p>	<p>Table 1 and footnote for Table 1.</p>

	<p>that race and ethnicity were assessed in the Methods section and/or in table footnotes. Race and ethnicity must have been collected in a formal or validated way. If it was not, it should be omitted. Authors must enumerate all missing data regarding race and ethnicity as in some cases missing data may comprise a high enough proportion that it compromises statistical precision and bias of analyses by race.</p> <p>Use "Black" and "White" (capitalized) when used to refer to racial categories.</p> <p>List racial and ethnic categories in tables in alphabetic order. Do not use "Other" as a category; use "None of the above" instead.</p>	<p>Table 1. We have re-ordered the race/ethnicity categories alphabetically and changed "Other/Declined" to None of the Above/Declined</p>	
Editorial Office	<p>5. 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."</p>	<p>We have reviewed our manuscript and feel we have used first-person language throughout.</p>	
Editorial Office	<p>6. 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.</p>	<p>We did receive IRB Committee approval and this information is stated in the Methods.</p>	<p>Page 5</p>
Editorial Office	<p>7. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done</p>	<p>We have completed the STROBE checklist</p>	

	<p>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:</p> <p>STROBE: observational studies</p>		
Editorial Office	<p>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</p>	<p>We accessed the obstetric reVITALize definitions and do not find any conflicts with our manuscript.</p>	
Editorial Office	<p>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.</p>	<p>Research Letter Word limit is 600 and our (revised) manuscript body has 599 words. Suggested Research Letter unstructured word limit is 125 and our new abstract contains 113 words. Our Letter contains 1 table and 1 figure (2 items total).</p>	
Editorial Office	<p>10. For your title, please note the following style points and make edits as needed:</p> <ul style="list-style-type: none"> * Do not structure the title as a declarative statement or a question. * Introductory phrases such as "A study of..." or "Comprehensive investigations into..." 	<p>Our title meets the criteria in that it is not structured as a declarative statement or question, does not contain introductory phrases as mentioned in the comment, does not contain abbreviations etc. The</p>	

	<p>or "A discussion of..." should be avoided in titles.</p> <ul style="list-style-type: none"> * 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. 	<p>study is not any of the 4 listed so it does not contain the study design in the title, even though this was required by the STROBE checklist.</p>	
<p>Editorial Office</p>	<p>11. Specific rules govern the use of acknowledgments in the journal. Please review the following guidelines and edit your title page as needed:</p> <ul style="list-style-type: none"> * 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 	<p>No funding for this study, title page contains this information.</p> <p>No acknowledgements to be made for manuscript preparation.</p> <p>No acknowledgements to be made for contributions to the work.</p> <p>The original description of the method to calculate nurse cesarean rates was an Oral Presentation at the 39th Annual SMFM Pregnancy Meeting and this information has been added to the Title Page for our manuscript.</p> <p>Manuscript was not uploaded to a preprint server.</p>	<p>Title Page</p>

	<p>in the journal's electronic author form verifies that permission has been obtained from all named persons.</p> <p>* 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).</p> <p>* 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]."</p> <p>* Do not use only authors' initials in the acknowledgement or Financial Disclosure; spell out their names the way they appear in the byline.</p>		
Editorial Office	<p>12. 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."</p>	A précis of 16 words has been provided.	Page 1
Editorial Office	<p>13. Be sure that each statement and any data in the abstract are also stated in the body of your</p>	We feel the abstract and manuscript body meet these criteria.	Page 2

	<p>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.</p> <p>Research Letter: 125 words</p>	The abstract length is 113 words.	
Editorial Office	<p>14. Only standard abbreviations and acronyms are allowed. 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.</p>	<p>No abbreviations or acronyms in the title or precis. Abbreviations/acronyms are spelled out the first time they are used in both the abstract and main body.</p>	Page 2
Editorial Office	<p>15. 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.</p>	<p>We have not used the virgule in any sentences except for dates (i.e. 3/12/2021). Virgule used in Table 1 ("None of the Above/Declined")</p>	
Editorial Office	<p>16. 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</p>	<p>We have followed commonly used results reporting for interrupted time series analyses and, when possible, given absolute change in cesarean rate.</p>	Pages 5 and 6

	<p>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.</p> <p>Please standardize the presentation of your data throughout the manuscript submission. For P values, do not exceed three decimal places (for example, "P = .001").</p> <p>Express all percentages to one decimal place (for example, 11.1%). Do not use whole numbers for percentages.</p>		
Editorial Office	17. Please review the journal's Table Checklist to make sure that your tables conform to journal style.	We have reviewed the Table Checklist and updated Table 1 as needed.	
Editorial Office	18. Please review examples of our current reference style. 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.	We believe our references conform to the journal standard.	
Editorial Office	19. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access.	Thank you.	

None of the authors have any conflicts of interest to report. As first author, I take responsibility for the integrity of the data and affirm that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

I, Naomi Greene, have reviewed and edited the submission to omit any identifying information. I hereby submit this self-blinded manuscript for consideration in Obstetrics & Gynecology.

Thank you again for allowing us the opportunity to revise our manuscript and look forward to hearing from you at your convenience.

Sincerely,

A handwritten signature in cursive script, appearing to read "Naomi H. Greene".

Naomi H. Greene, Ph.D
Cedars Sinai Medical Center

