

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: Jun 17, 2022
To: "Robert B. Gherman" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-1009

RE: Manuscript Number ONG-22-1009

The Yaari Extractor: A novel device for the management of shoulder dystocia

Dear Dr. Gherman:

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 Jul 08, 2022, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: The authors present a description of three cases using the Yaari extractor for treatment of shoulder dystocia. This device wraps around the fetal shoulder and results in improved treatment of shoulder dystocia. While the device appears to be novel and may assist in management of shoulder dystocia a large amount of study is needed to conclude safety and efficacy of the device.

Abstract: the conclusion is overstated as only three cases are presented and the limited data precludes the ability to state the device will revolutionize management.

Introduction:

Line 28- should include references to case reports and brief references to current recommended management.

Line 41- prior reports do include use of a sling (from catheter) as a device for treatment of shoulder dystocia and the authors should comment on this as comparison.

Methods:

Line 75- a video may aid in the descriptions and cut down on verbiage.

Experience:

Line 135- did the patients provide consent for use of this device?

Line 143- all three cases had episiotomy, is this standard practice? Were any additional maneuvers included in management?

Similarly for the second a third cases, did the authors use the extractor first line or include mcroberts or other maneuvers? Was the device in use for the majority of the time of the shoulder dystocia?

Line 164- impressive that the infant had APGAR of 10/10.

Discussion: The discussion should also include any available data on current recommendations and how this device may improve outcomes over current recommendations. Additionally discussion of potential complications with the device is needed (potential inability to place, delay in treatment while inserting device, maternal morbidity associated with device).

Reviewer #2: This is a manuscript describing a new medical device (The Yaari Extractor) directed at improving the management of shoulder dystocia.

Overall the description of the application of the device is reasonable, though a few further details should be considered to improve the description of the device, rationale for use and for the reader to interpret the case application.

1. One of the rationales provided by the author for a new device is to standardize the level of force applied by the delivering provider. It is not clear from the description provided how this new device would standardize forces. Is there a mechanism on the device to indicate the level of force provided? Is there something about the shape/structure that provides a standard level of force. It seems similar to forceps or vacuum there the level of force could be provider dependent. If there is a mechanism this should be made clearer in the description.
2. To this end, it would be useful to more clearly state/describe the advantage the device providers over the Robin's or Woodscrew maneuvers, which as the author's state, this device mimics.
3. Case selection, and testing of the device: Some explanation as to the choice of study setting? Why India and not the US/India where the develop's experience was.
4. Consent for participants - was consent obtained prior to the onset of labor, 2nd stage, or at the time of the shoulder dystocia
5. Case selection: how were cases selected?
6. What was the indication for episiotomy in the participants? Were these performed as part of a standard of practice in the study setting, or due to the shoulder dystocia, particularly since all participants in the study appear to be multiparous. Were any other standard maneuvers for should dystocia attempted in each case?
7. If available it would be helpful to break down the length of time between diagnosis of the shoulder dystocia, into time to successful placement of the device, and then time to successful resolution.

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: "People with disabilities" or "women with disabilities" instead of "disabled people" or "disabled women"; "patients with HIV" or "women with HIV" instead of "HIV-positive patients" or "HIV-positive women"; and "people

who are blind" or "women who are blind" instead of "blind people" or "blind women."

5. The journal follows ACOG's Statement of Policy on Inclusive Language (<https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2022/inclusive-language>). When possible, please avoid using gendered descriptors in your manuscript. Instead of "women" and "females," consider using the following: "individuals;" "patients;" "participants;" "people" (not "persons"); "women and transgender men;" "women and gender-expansive patients;" or "women and all those seeking gynecologic care."

6. Figures: Have any of your figures been previously published in another source? If yes, both print and electronic (online) rights must be obtained from the holder of the copyright (often the publisher, not the author), and credit to the original source must be included in your manuscript. Many publishers have online systems for submitting permissions requests; please consult the publisher directly for more information.

7. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions> and the gynecology data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

8. 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.

Procedures and Instruments: 2,000 words

9. 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.

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 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.

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.

Procedures and Instruments: 200 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. ACOG avoids using "provider." Please replace "provider" throughout your paper with either a specific term that defines the group to which are referring (for example, "physicians," "nurses," etc.), or use "health care professional" if a specific term is not applicable.

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. Figures:

Figure 1: Is this available in a higher resolution? Is this original to the manuscript, or is permission needed? Please upload as a figure file on Editorial Manager.

Figure 2: Is this original to the manuscript, or is permission needed? Please upload as a figure file on Editorial Manager.

Figure 3: Is this original to the manuscript, or is permission needed? Please upload as a figure file on Editorial Manager.

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 Jul 08, 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.

25 June 2022

Dear Green Journal,

Please find attached revisions to our article entitled, “The Yaari Extractor: A novel device for the management of shoulder dystocia” for sole consideration for publication in the journal. This article has not been submitted, nor is under consideration for, publication in any other journal. A point-by-point discussion of the reviewer and Editor’s comments follows below.

Sincerely,



Robert Gherman, MD
21636 Ripplemead Drive
Laytonsville, MD 20882



Abstract: the conclusion is overstated as only three cases are presented and the limited data precludes the ability to state the device will revolutionize management.

We have modified the final sentence of the abstract to read, “ The Yaari Extractor is a novel technology that can be used to successfully resolve shoulder dystocia.”

Introduction:

Line 28- should include references to case reports and brief references to

current recommended management. **We have added references.**

Line 41- prior reports do include use of a sling (from catheter) as a device for treatment of shoulder dystocia and the authors should comment on this as comparison. **We have added a sentence (and appropriate reference) about the use of the sling catheter for the management of shoulder dystocia.**

Methods:

Line 75- a video may aid in the descriptions and cut down on verbiage. **We have included a video for inclusion with our submission.**

Experience:

Line 135- did the patients provide consent for use of this device? **As noted in our original manuscript submission, the listed patients provided written informed consent prior to application of the device.**

Line 143- all three cases had episiotomy, is this standard practice? Were any additional maneuvers included in management? **Liberal use of episiotomy is standard practice, in India. As already described in the Experience section, no other additional maneuvers were employed.**

Similarly for the second a third cases, did the authors use the extractor first line or include mcroberts or other maneuvers? Was the device in use for the majority of the time of the shoulder dystocia? **As noted in the manuscript, “In each of the cases described, the patients were allowed to push in an exaggerated dorsal lithotomy position, and the device was employed as a primary technique once shoulder dystocia was identified.” No other maneuvers were employed.**

Line 164- impressive that the infant had APGAR of 10/10. **We thank the reviewer for this comment, but do not believe that additional clarification is needed as these were the assigned Apgar scores at birth.**

Discussion: The discussion should also include any available data on current recommendations and how this device may improve outcomes over current recommendations. Additionally discussion of potential complications with the device is needed (potential inability to place, delay in treatment while inserting device, maternal morbidity associated with device). **Additional studies are needed to clarify how this device could improve shoulder dystocia outcomes; we do not have published data to provide at this time and therefore cannot comment on this. We have added a comment about how the device could compare to McRoberts maneuver. We have added comments in the discussion section as to the potential risks associated with device application.**

1. One of the rationales provided by the author for a new device is to standardize the level of force applied by the delivering provider. It is not clear from the description provided how this new device would standardize forces. Is there a mechanism on the device to indicate the level of force provided? Is there something about the shape/structure that provides a standard level of force. It seems similar to forceps or vacuum there the level of force could be provider dependent. If there is a mechanism this should be made clearer in the description. **As we do not yet have published objective data concerning standardization of force, we have removed the sentence in the introduction postulating the benefit of the device in this regard.**

2. To this end, it would be useful to more clearly state/describe the advantage the device providers over the Robin's or Woodscrew maneuvers, which as the author's state, this device mimics. **We have added a comment with regards to our belief that the device offers advantages over the standard rotational maneuvers.**

3. Case selection, and testing of the device: Some explanation as to the choice of study setting? Why India and not the US/India where the developer's experience was. **We have added comments as to why India**

was chosen as the testing site.

4. Consent for participants - was consent obtained prior to the onset of labor, 2nd stage, or at the time of the shoulder dystocia. **Consent was obtained at the time of admission to labor and delivery. A comment on this has been added to the manuscript.**

5. Case selection: how were cases selected? **Cases were selected based on a clinical suspicion of fetal macrosomia. We have commented on this in our revised manuscript.**

6. What was the indication for episiotomy in the participants? Were these performed as part of a standard of practice in the study setting, or due to the shoulder dystocia, particularly since all participants in the study appear to be multiparous. Were any other standard maneuvers for shoulder dystocia attempted in each case? **Liberal use of episiotomy is standard practice, in India. As already described in the Experience section, no other additional maneuvers were employed.**

7. If available it would be helpful to break down the length of time between diagnosis of the shoulder dystocia, into time to successful placement of the device, and then time to successful resolution. **Unfortunately, we do not have this information to provide for the manuscript.**

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. **We agree that the point-by-point responses can be published as supplemental digital content.**

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. **There was no funding for this study.**

* Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable). **Not applicable**

* Name the IRB or Ethics Committee institution in the Methods section (if applicable). **Not applicable**

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

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. **All of the authors on this study have submitted the CTA online**

4. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "People with disabilities" or "women with disabilities" instead of "disabled people" or "disabled women"; "patients with HIV" or "women with HIV" instead of "HIV-positive patients" or "HIV-positive women"; and "people who are blind" or "women who are blind" instead of "blind people" or "blind women." **We have performed this, to the best of our abilities.**

5. The journal follows ACOG's Statement of Policy on Inclusive Language (<https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2022/inclusive-language>). When possible, please avoid using gendered descriptors in your manuscript. Instead of "women" and "females," consider using the following: "individuals;" "patients;" "participants;" "people" (not "persons"); "women and transgender men;" "women and gender-expansive patients;" or "women and all those seeking gynecologic care." **We have performed this, to the best of our abilities.**

6. Figures: Have any of your figures been previously published in another source? If yes, both print and electronic (online) rights must be obtained from the holder of the copyright (often the publisher, not the author), and credit to the original source must be included in your manuscript. Many publishers have online systems for submitting permissions requests; please consult the publisher directly for more information. **None of the figures we have used have been previously published.**

7. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions> and the gynecology data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter. **We have performed this, to the best of our abilities.**

8. 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. **The word count of our manuscript is 1,992.**

Procedures and Instruments: 2,000 words

9. 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. **We have performed this, to the best of our abilities.**

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. **None**
- * 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. **None.**

* 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]."

None.

* Do not use only authors' initials in the acknowledgement or Financial Disclosure; spell out their names the way they appear in the byline. **We have performed this, to the best of our abilities.**

11. 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. **This has been performed.**

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." **This has been performed.**

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. **Done.**

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

Procedures and Instruments: 200 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. **Done.**

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. **Not applicable**

16. ACOG avoids using "provider." Please replace "provider" throughout your paper with either a specific term that defines the group to which are referring (for example, "physicians," "nurses," etc.), or use "health care professional" if a specific term is not applicable. **Not applicable**

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. **Not applicable**

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. Figures:

Figure 1: Is this available in a higher resolution? Is this original to the manuscript, or is permission needed? Please upload as a figure file on Editorial Manager. **Figure 1 is original to the manuscript. It has been uploaded as a figure file on Editorial Manager.**

Figure 2: Is this original to the manuscript, or is permission needed? Please upload as a figure file on Editorial Manager **Figure 2 is original to the manuscript. It has been uploaded as a figure file on Editorial Manager.**

Figure 3: Is this original to the manuscript, or is permission needed? Please upload as a figure file on Editorial Manager. **Figure 3 is original to the manuscript. It has been uploaded as a figure file on Editorial Manager.**

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>.