RE: Manuscript Number ONG-22-1437

Reconsidering Race Adjustment in Prenatal AFP Screening

Dear Dr. Burns:

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 Oct 06, 2022, we will assume you wish to withdraw the manuscript from further consideration.

EDITOR COMMENTS:

We are interested in publishing this manuscript; however, it is imperative that the Statistical Reviewer's concerns are fully addressed.

REVIEWER COMMENTS:

Reviewer #1: The authors present a retrospective laboratory based project from 2007-2020 of individuals undergoing serum analyte screening to evaluate a well accepted adjustment of race and report their findings.

1. Race was "reported by the EMR" (line 81): is this self reported or by the prenatal clinic? This is always a limitation in data abstraction and should be highlighted.

2. I do take issue with line 180+ where you state that using a Black sample descriptor is an inherent bias, when this use was based on an original laboratory finding; what might be more powerful is a discussion on the nuanced difficulties of race reporting at all at this time, given that few of us either completely understand our personal race origins or choose a race that may or may not be biologically accurate.

3. Line 175+: I also believe that smoking, ART, diabetes, etc, are used in analyte calculations in some centers, so this concept that race is a single driver seems an incomplete argument. Diabetes for example, lowers MSAFP results by about 40% with IDDM.

4. Has your equipment changed since 2007 that might contribute to your reporting results over this lengthy period of time (2007-2020)? Is this a limitation as well?

5. How many individuals did your data abstraction? What system did you use prior to your current EMR (line 80)?
6. Methods also lump Asian and Caucasian women for MSAFP screening: given your population, did you evaluate the Asian patient results as well?

Reviewer #2:

ONG 22-1437

In the manuscript under review, we evaluate the results of a retrospective analysis of over 27,000 patients evaluating the relationship between maternal race and serum AFP. The authors concluded that race-based adjusted may no longer be necessary.

A few comments on the manuscript are as follows:

ABSTRACT
1. No major issues identified.

INTRODUCTION
2. No hypothesis is reported.

METHODS
3. Line 80-83 what was the inclusion criteria for the analysis? Were twins included? Fetal anomalies? All pregnancies regardless of GA at delivery?
4. How was race determined for this study? Self-reported? Was ethnicity (Hispanic) considered?
5. The study period was over 10 years. Any major changes to the lab processes during that time period?
6. Please add a sentence stating the STROBE guidelines were followed throughout.

RESULTS
7. Line 115 - how was the sample size calculated

DISCUSSION
8. As an additional limitation, the lack of a sample size calculation may also indicate the possibility of type II error.

STATISTICAL EDITOR COMMENTS:

Table 2: Please verify that the difference btw racial groups by lab-calculated msAFP (MoM) has a p-value = 0.009. From the medians and IQRs, the difference seems trivial.

Fig 1: Should separately enumerate all missing data that was excluded at each step in the flow diagram. Were the missing data for maternal weight and msAFP distributed evenly by racial groups or could those results have statistically biased the interpretation of analyzed groups?

Fig 2: Need to more explicitly state what was compared (tested) in each figure. For Fig A, were slopes of lines of best fit compared? For Fig B, the lines are curved, hence not linear regression. Again, need to state what is being compared? Although the shapes of the two curves appear very similar, their intercepts do not. Also, need clearer display of the CIs for the Non-Black curve.

General: Although the differences appear small, the Authors need to show evidence that the missing data did not potentially bias the stats analysis. Also, using the sample sizes at hand and the usual criteria for alpha and power, to evaluate the discernible difference in AFP/ng. Put another way, was the study adequately powered and if so, for what minimal difference in AFP?

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 (i.e., 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 (i.e., 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: "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."

6. 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."

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.
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 (i.e., 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.

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. Figures

Figure 1: Please upload as a figure file on Editorial Manager.

Figure 2: Please move the keys, titles, and P values off the figure. These will be added back per journal style. 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.

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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 Oct 06, 2022, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Ebony B. Carter, MD, MPH
Associate Editor, Equity

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.
29 September 2022

From: R. Nicholas Burns, MD
University of Washington Medical Center
1959 NE Pacific Street, Box 356460
Seattle, WA 98195

To: Dr. Jason D. Wright
Editor-in-Chief

and

Dr. Ebony Carter
Editor

Obstetrics & Gynecology

RE: ONG-22-1437

Dear Dr. Wright and Dr. Carter,

I am pleased to re-submit this article entitled, “Reconsidering Race Adjustment in Prenatal Alpha Fetoprotein Screening” for consideration to publish in Obstetrics & Gynecology.

Please find attached to this cover letter a point-by-point response to the editor and reviewer comments from our initial review, provided to us on September 15, 2022. Please find separately attached our revised title page, manuscript, and figures, as requested.

This study is solely being submitted to Obstetrics & Gynecology and is not under consideration elsewhere. It would not be submitted elsewhere until a final decision regarding publication is made by the editors of this journal. The findings in this study were presented in part as a poster presentation at the 42nd Annual Meeting of the Society for Maternal-Fetal Medicine between January 31 and February, 5, 2022. The study was deemed exempt by the institutional review board at the University of Washington.

I reaffirm 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.

Sincerely,
R. Nicholas Burns, MD

UNIVERSITY of WASHINGTON
EDITOR COMMENTS:
We are interested in publishing this manuscript; however, it is imperative that the Statistical Reviewer’s concerns are fully addressed.

Response: Thank you for your interest. We believe we have addressed all comments and concerns below about the statistical analysis and believe this has strengthened our manuscript.

REVIEWER COMMENTS:

Reviewer #1: The authors present a retrospective laboratory based project from 2007-2020 of individuals undergoing serum analyte screening to evaluate a well accepted adjustment of race and report their findings.

1. Race was "reported by the EMR" (line 81): is this self reported or by the prenatal clinic? This is always a limitation in data abstraction and should be highlighted.

Response: Thank you for your comment. The exact method of race ascertainment in our methods is indeed limited. While our institution has made strides towards using patient self-reporting of race, it is likely that during the study period, some of these samples had race defined by the clinician or laboratory technician. The racial category is specified on the laboratory requisition, which would be automatically imported from the EMR-designated race or selected manually by personnel completing the requisition. For purposes of msAFP screening, the only categories are “Black” and “non-Black,” which is a standard practice (discussed further in point 6). We have highlighted this further in our limitations and discussion about the imprecise nature of race (LINES 173-176).

2. I do take issue with line 180+ where you state that using a Black sample descriptor is an inherent bias, when this use was based on an original laboratory finding; what might be more powerful is a discussion on the nuanced difficulties of race reporting at all at this time, given that few of us either completely understand our personal race origins or choose a race that may or may not be biologically accurate.

Response: Thank you for your comment, and we understand the concern raised by the reviewer. We believe we are aligned in your concern – few of us know the full extent of our geographic origins, and race cannot be “biologically accurate” as it is a social construct, and not biologic in nature. It is thus, as we argue in the manuscript, a poor choice for stratification of laboratory analyses. We have modified language to further address the nuance of race collection and reporting in research generally (LINES 190-199).

3. Line 175+: I also believe that smoking, ART, diabetes, etc, are used in analyte calculations in some centers, so this concept that race is a single driver seems an incomplete argument. Diabetes for example, lowers MSAFP results by about 40% with IDDM.

Response: Thank you. Smoking status, chronic hypertension, folate use, and in vitro fertilization are not mandated by the American College of Medical Genetics or the College of American Pathologists for an msAFP laboratory requisition; their use in adjusting screening models are left to the discretion of laboratory directors (references 17, 18). They are thus imprecisely applied, while Black race is uniformly applied as a modifying factor according to these technical standards. We have further addressed this (LINES 181-190).

Our study also purposefully excluded patients with IDDM to reflect a low-risk screening population and to exclude any effect of adjustment for IDDM, as the reviewer correctly points out it may impact msAFP significantly. It should also be noted, however, that the definitions and management of both pre-gestational and gestational diabetes have changed substantially since these differences were first reported; as such, the College of American Pathology in their technical standards allow “[lab] directors to individually determine whether adjustments in serum markers should be made for IDDM in their screened population.” We have additionally addressed this in our revised manuscript (LINES 181-190).

In this low-risk population, we observe the differences seen between Black and non-Black individuals in the laboratory-derived values are driven by race; once race is removed with our model, there is no longer a difference.

4. Has your equipment changed since 2007 that might contribute to your reporting results over this lengthy period of time (2007-2020)? Is this a limitation as well?

Response: Thank you. While minor adjustments to the laboratory equipment have likely taken place during the study period, given the consistent adjustment of the median and use of multiples of the median to report data, there is likely no
impact on the data itself. We would not consider this a limitation.

5. How many individuals did your data abstraction? What system did you use prior to your current EMR (line 80)?

Response: Thank you for your question. Data abstraction was performed automatically from the laboratory computer system based on the laboratory requisitions; no manual chart abstraction was performed. This has been clarified in the methods (LINE 85).

6. Methods also lump Asian and Caucasian women for MSAFP screening: given your population, did you evaluate the Asian patient results as well?

Response: Thank you for your question. In our institution and many others, the only distinction made in prenatal AFP screening is between Black and non-Black patients; any patient who identifies as a non-Black individual is placed into the “non-Black” category. This is also the only uniformly recommended racial distinction by the American College of Medical Genetics and the College of American Pathologists in their technical bulletins (references 17 and 18). This has been clarified in the introduction (LINES 66-72) and in the discussion (LINES 187-190).

Reviewer #2:
ONG 22-1437

In the manuscript under review, we evaluate the results of a retrospective analysis of over 27,000 patients evaluating the relationship between maternal race and serum AFP. The authors concluded that race-based adjusted may no longer be necessary.

A few comments on the manuscript are as follows:

ABSTRACT
1. No major issues identified.

INTRODUCTION
2. No hypothesis is reported.

Response: Thank you. The hypothesis of the study has been clarified in the introduction (LINES 78-81).

METHODS
3. Line 80-83 what was the inclusion criteria for the analysis? Were twins included? Fetal anomalies? All pregnancies regardless of GA at delivery?

Response: Thank you. The exclusion criteria are addressed in the methods section of the manuscript as well as in Figure 1. They have been updated/clarified in the revised manuscript (LINES 90-93). The revised figure 1 also delineates exclusions more specifically.

4. How was race determined for this study? Self-reported? Was ethnicity (Hispanic) considered?
Response: Thank you. Please see response to Reviewer #1, points 1 and 6. The potential limitations surrounding who is defining race and the use of racial categories as specified in technical bulletins for msAFP screening has been further clarified within the manuscript (LINES 173-176, 181-190).

5. The study period was over 10 years. Any major changes to the lab processes during that time period?

Response: Thank you, please see response to Reviewer #1, point 4. No major changes occurred; additionally, we would not expect changes to the lab process to have impacted the results given the laboratory reporting methodology utilizing population medians.

6. Please add a sentence stating the STROBE guidelines were followed throughout.

Response: Thank you. This has been added to the methods section (LINES118-120). Additionally, the STROBE checklist has been submitted as a separate attachment to the revised manuscript.

RESULTS
7. Line 115 - how was the sample size calculated

DISCUSSION
8. As an additional limitation, the lack of a sample size calculation may also indicate the possibility of type II error.

Response: Thank you for your comments. No a priori sample size or power calculation was performed, as the study aimed to utilize the large sample population to create nomograms to detect the smallest possible difference between the populations. Given the large size of our population, we would expect to have minimized the possibility of type II error in our findings.

STATISTICAL EDITOR COMMENTS:

Table 2: Please verify that the difference btw racial groups by lab-calculated msAFP (MoM) has a p-value = 0.009. From the medians and IQRs, the difference seems trivial.

Response: Thank you for your review. The p-value for lab-calculated msAFP and MoM is indeed 0.009. We have a large sample size and thus can detect small differences. The magnitude of the observed difference in MoM likely is clinically insignificant, but in the context of our other findings, demonstrates how race-based adjustment can cause a statistical difference between Black and non-Black patients that may be construed as clinically significant (as it has been for much of the last fifty years).

Fig 1: Should separately enumerate all missing data that was excluded at each step in the flow diagram. Were the missing data for maternal weight and msAFP distributed evenly by racial groups or could those results have statistically biased the interpretation of analyzed groups?

Response: Thank you. The hierarchical exclusions have been included and updated in Figure 1.

Fig 2: Need to more explicitly state what was compared (tested) in each figure. For Fig A, were slopes of lines of best fit compared? For Fig B, the lines are curved, hence not linear regression. Again, need to state what is being compared? Although the shapes of the two curves appear very similar, their intercepts do not. Also, need clearer display of the CIs for the Non-Black curve.

Response: Thank you for your comments. The figures and captions have been updated to more explicitly state comparisons. In the original figure B, the use of a locally weighted smoother created the appearance of a non-linear model. Figure B has been updated without the smoothing to prevent confusion. Finally, the large sample size of the populations (particularly the non-Black population) creates a tight confidence interval which is challenging to depict given the necessary scale in the figure.

General: Although the differences appear small, the Authors need to show evidence that the missing data did not potentially bias the stats analysis. Also, using the sample sizes at hand and the usual criteria for alpha and power, to evaluate the discernible difference in AFP/ng. Put another way, was the study adequately powered and if so, for what minimal difference in AFP?

Response: Thank you for these comments. Concerns regarding missing data impact are addressed under Statistical Reviewer Comments, Figure 1.

Please see response to reviewer #2, point 7. No a priori sample size or power calculation was performed, as the study aimed to utilize the large sample population to create nomograms to detect the smallest possible difference between the populations.

Reporting post-hoc power has been demonstrated to be misleading and does not provide additional information beyond the p-value. We have chosen not to report it in the revised manuscript; but to respond to the reviewer’s concern, based on our data for msAFP (MoM), our sample size achieves 80% power at the 0.05 significance level to detect a minimal mean difference of 0.01, assuming a standard deviation of 0.5.

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.

Response: Thank you. The title page and manuscript have been updated for the above.

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: Thank you. This will be completed by all authors.

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.

Response: Thank you. This has been revised where needed.

5. 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."

Response: Thank you. This has been revised where needed.

6. 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."

Response: Thank you. This has been revised where needed.

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/](http://www.equator-network.org/).

Response: Thank you. A statement regarding the STROBE guidelines has been added to the methods section (LINES 118-120) and the STROBE checklist has been submitted as a separate attachment to the revised manuscript.

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](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](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: Thank you. This has been revised where needed.

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.

Original Research: 3,000 words

Response: Thank you. The final word count is included at the end of the title page.

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

Response: Thank you. These rules were verified in the submission of the revised manuscript.

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: Thank you. The Precis is revised on the manuscript’s title page (LINES 3-4).

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.

Original Research: 300 words

Response: Thank you. The final word count is included at the end of the title page. Abstract data is verified to appear in the body of the manuscript and is consistent.

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: Thank you. This has been revised where needed.

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: Thank you. This has been revised where needed.

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: Thank you. This has been revised where needed.

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.

Response: Thank you. The tables have been revised as needed.

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.

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

Response: Thank you. This has been revised where needed.

18. Figures

Figure 1: Please upload as a figure file on Editorial Manager.

Figure 2: Please move the keys, titles, and P values off the figure. These will be added back per journal style.
Please upload as a figure file on Editorial Manager.

Response: Thank you. The figures have been uploaded separately and with the requested formatting changes.

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