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.
RE: Manuscript Number ONG-23-897

The Role of Perinatal Quality Collaboratives in Promoting Maternal Health Equity: A Narrative Review

Dear Dr. Meadows:

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, and STATISTICAL EDITOR COMMENTS (if applicable) below. 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). Upload the tracked-changes version when you submit your revised manuscript.

Your submission will be maintained in active status for 14 days from the date of this letter. If we have not heard from you by 06/13/2023, we will assume you wish to withdraw the manuscript from further consideration.

EDITOR COMMENTS:

* Help us reduce the number of queries we add to your manuscript after it is revised by reading the Revision Checklist at https://journals.lww.com/greenjournal/Documents/RevisionChecklist_Authors.pdf and making the applicable edits to your manuscript.

REVIEWER COMMENTS:

Reviewer #1: The authors present a narrative review of the role of perinatal quality collaboratives in maternal safety efforts to promote health equity.

1. Lines 30 to 32 - The authors in the lines before discuss maternal mortality ratios then jump to absolute numbers. Then the following sentences discuss MM ratio again. The authors should consider being consistent and report MM ratio for lines 30 to 32. Would be less confusing.

2. The authors should reduce the number of acronyms being utilized. While some are standard abbreviations the multiple use of acronyms is losing your reader. By line 88, multiple acronyms had been used, I was jumping back and forth to confirm the acronym.

3. Lines 91 to 93 - The authors need to provide how the "less than 100 articles" were identified. What search or MESH terms were used. Further, what is meant by "less than 100 articles?" Please specify the actual number identified.

4. Why only search the last 10 years (to 2013)?

5. The inclusion and exclusion criteria should be clearly defined for articles. The authors should give strong consideration for a flow diagram of the number of articles identified, included, and excluded.

6. Did the authors consider any type of quality assessment for the final 23 articles included? At least some type of
assessment that can assist readers in evaluating the strength of the evidence from the articles the authors included.

7. Lines 136 to 138 - This is the authors opinion. Since this is a systematic review perhaps this either be deleted, provide a citation from the author's own work, or moved to the Discussion of the manuscript?

8. The authors at times cite literature and report the study found an improved outcome or a decreased adverse event (at several places in the manuscript). Readers would benefit if some quantitative values (such as percentage or absolute change) could be stated as opposed to a qualitative statement. This would help the reader better assess the strength of evidence of the value of perinatal quality initiatives and collaboratives in promoting maternal health equity.

9. Lines 282 to 293 seem like a repeat of the limitations on lines 264 to 273. Perhaps move the former lines to latter section?

10. Table 1 - Consider taking out the references and using superscript. Very busy table to read as it currently is.

Reviewer #2: The authors submit a narrative review on the role of quality collaboratives in promoting maternal health equity. The manuscript is lengthy with some repetition. Would recommend trying to reduce length by at least one-third to one-half. Would also recommend helping the reader understand what is directly actionable here. I have the following additional suggestions:

Abstract
1. Line 11. "Communicate" should be "communicating".

Manuscript Body
1. Line 27-28. The reporting of ratios (eg. 26.6 and 28.0) is hard to follow without the denominator. Would rewrite this sentence to include the denominator of per 100,000 live births

2. Line 44-45. The CDC report is not really a study as stated (ref 12). It is just a report of MMRC findings that were shared with the CDC. Please revise.

3. Line 65. I am not sure that many PQCs were a result of the NPMS. Many also were launched as a direct result of early CDC funding initiatives to support new PQCs.

4. Line 72-73. ACOG is the American College of Obstetricians and Gynecologists.

5. Line 81. The CDC is the Centers for Disease Control and Prevention.

6. Line 91-93. It seems like there have been numerous articles over the past few years related to maternal morbidity and mortality. Please include the search terms for the sentence stating that fewer than 100 were found.

7. Line 93. How were these 23 selected? Since this is a narrative review and not a systematic review, it may be best to just remove this selection process for included articles, and try to focus on data-driven recommendations and synthesis of available information into actionable items.

8. Line 108-115 lists strategies for equity and then they are reported again (in abbreviated format as strategies with further expansion in text). Would consolidate to avoid repetition.

9. Line 125. The text is very dense and needs to be broken up further with figures.

10. Line 152. Change "this data" to "these data" since the word data is plural.

11. Line 172. Can a link be provided for the racial equity roadmap?

12. Consider deleting lines 178-86. The references to these publications is vague and does not add. If the preference is not to delete then more detail needs to be added so the that reader can understand why these efforts are being highlighted specifically.

13. Line 189-93. Overlap of strategic partners could perhaps be represented as a figure.

14. Line 245-46. What are the criteria that Howell and Zeitlin recommended? Figure possible?

15. Line 251. Typo. Initiatives is spelled incorrectly.

16. Line 255-261. Since these are 3 examples of the use of a PQC to reduce inequity, would consider a table with authors, year of publication, main interventions and main outcomes. Could also include PQC strategies, etc.
17. Line 264. Modify "while PQCs have been shown success". Perhaps state PQCs have been successful in...

18. Line 284. Which 3 PQCs? State PQCs?

19. The need for more research is stated multiple times in the conclusion. What questions specifically need to be answered. Avoid repetition.

20. Lines 287-298 are repetitive and can be deleted.

21. Table 1 and Table 2 are both included twice. Table 1 needs to precede table 2 since definitions of Bingham's QI strategies are in Table 1 and then used in table 2, which will also mean flip flopping the text.

22. The references in table 1 do not need a separate column. They can just be put as superscript references on the strategy.

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

The Editors of Obstetrics & Gynecology

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: https://www.editorialmanager.com/ong/login.asp?a=r). Please contact the publication office if you have any questions.
June 13, 2023

Ebony B. Carter, MD, MPH
Associate Editor, Equity
*Obstetrics & Gynecology*
409 12th Street, SW
Washington, DC 20024-2188

Re: Invited Manuscript, Number ONG-23-897

Dear Dr. Carter,

Thank you for considering our revised manuscript, “The Role of Perinatal Quality Collaboratives in Promoting Maternal Health Equity: A Narrative Review” for publication as an Invited Narrative Review article in the Obstetrics & Gynecology Special Issue on Racism in Reproductive Health. We have implemented the edits requested by the editors with responses below. We greatly appreciate your review and suggestions.

Thank you again for your consideration.

Sincerely,

Audra R. Meadows, MD, MPH
Associate Professor and Vice Chair, Culture and Justice
Department of Obstetrics, Gynecology, and Reproductive Sciences
University of California San Diego San Diego, CA
Co-Chair, Perinatal-Neonatal Quality Improvement Network of Massachusetts
<table>
<thead>
<tr>
<th>Editor/Reviewers’ comment</th>
<th>Description of revisions</th>
<th>Location of revisions</th>
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<tbody>
<tr>
<td>Thank you for sending us your work for consideration for publication in Obstetrics &amp; 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.</td>
<td>Thank you, we appreciate the editor’s favorable perspective and offer to revise and resubmit this manuscript. The responses to Reviewers 1 and 2 are addressed in this table.</td>
<td>Throughout manuscript</td>
</tr>
</tbody>
</table>

**Reviewer #1**

1. Lines 30 to 32 - The authors in the lines before discuss maternal mortality ratios then jump to absolute numbers. Then the following sentences discuss MM ratio again. The authors should consider being consistent and report MM ratio for lines 30 to 32. Would be less confusing.

   Thank you for this comment. We have attended to this suggestion throughout the manuscript for clarity.

   Line 29-36

2. The authors should reduce the number of acronyms being utilized. While some are standard abbreviations the multiple use of acronyms is losing your reader. By line 88, multiple acronyms had been used, I was jumping back and forth to confirm the acronym.

   Thank you for this feedback. We have made edits to reduce use of acronyms.

   Throughout manuscript

3. Lines 91 to 93 - The authors need to provide how the "less than 100 articles" were identified. What search or MESH terms were used. Further, what is meant by "less than 100 articles?" Please specify the actual number identified.

   Thank you for this suggestion. The literature search we performed sought to find articles that specifically address achieving maternal equity among maternal outcomes through perinatal quality. Given this is a narrative review and not a systematic review and given we have been asked to decrease word count and streamline the article, we have deleted

   This section has been deleted.
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Notes</th>
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<tr>
<td>4. Why only search the last 10 years (to 2013)?</td>
<td>Published articles describing the work and effectiveness of state PQC or health system QI initiatives focused on maternal equity began around 2013. The AIM initiative that supports PQC development was established in 2014.</td>
<td>This section has been deleted.</td>
</tr>
<tr>
<td>5. The inclusion and exclusion criteria should be clearly defined for articles. The authors should give strong consideration for a flow diagram of the number of articles identified, included, and excluded.</td>
<td>Thank you for this suggestion. Because this is a narrative review and not a systematic review and given we have been asked to decrease word count and streamline the article, we have deleted this section for clarity and brevity.</td>
<td>This section has been deleted.</td>
</tr>
<tr>
<td>6. Did the authors consider any type of quality assessment for the final 23 articles included? At least some type of assessment that can assist readers in evaluating the strength of the evidence from the articles the authors included.</td>
<td>Thank you for this comment. We did not apply a framework such as the Cochrane Effective Practice and Organization of Care (EPOC) and SQUIRE 1.0 standards for quality of the reported intervention because this is a narrative review on the published literature examining the role of perinatal QI and perinatal quality collaboratives to promote maternal equity rather than a systematic review of the literature presenting the effectiveness of QI initiatives to address maternal equity. Because this is a narrative review and not a systematic review and given we have been asked to decrease word count and streamline the article, we have deleted this section for clarity and brevity.</td>
<td>This section has been deleted.</td>
</tr>
<tr>
<td>Suggestion</td>
<td>Response</td>
<td>Notes</td>
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<tr>
<td>7. Lines 136 to 138 - This is the author's opinion. Since this is a systematic review, perhaps this either be deleted, provide a citation from the author's own work, or moved to the Discussion of the manuscript?</td>
<td>Thank you for this comment. Though this manuscript is a narrative review and not a systematic review, we have moved this text to the Conclusion of this manuscript.</td>
<td>Line 684-688</td>
</tr>
<tr>
<td>8. The authors at times cite literature and report the study found an improved outcome or a decreased adverse event (at several places in the manuscript). Readers would benefit if some quantitative values (such as percentages or absolute change) could be stated as opposed to a qualitative statement. This would help the reader better assess the strength of evidence of the value of perinatal quality initiatives and collaboratives in promoting maternal health equity.</td>
<td>Thank you for this suggestion. We have created a table to add the quantitative values, highlight the improvements, and strengthen the manuscript's message.</td>
<td>Table 3</td>
</tr>
<tr>
<td>9. Lines 282 to 293 seem like a repeat of the limitations on lines 264 to 273. Perhaps move the former lines to latter section?</td>
<td>Thank you for this suggestion. We have made edits and moved these comments to the limitations section to eliminate redundancy and streamline the text.</td>
<td>Line 630-649</td>
</tr>
<tr>
<td>10. Table 1 - Consider taking out the references and using superscript. Very busy table to read as it currently is.</td>
<td>Thank you for this suggestion. While we find value in having the names of the authors listed in a separate column as a tool for the reader to easily identify the referenced text, we have made this edit and modified the Table. This Table is now Table 2.</td>
<td>Table 1 has been modified and references removed. The original Table 1 is now Table 2.</td>
</tr>
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</table>

**Reviewer #2**

**Abstract**

1. Line 11. "Communicate" should be "communicating".  
   Thank you for this comment. We have made this edit.  
   Line 11
1. Line 27-28. The reporting of ratios (eg. 26.6 and 28.0) is hard to follow without the denominator. Would rewrite this sentence to include the denominator of per 100,000 live births. 

   Thank you for this suggested edit. We added “per 100,000 live births” for clarity.

   Lines 29-36

2. Line 44-45. The CDC report is not really a study as stated (ref 12). It is just a report of MMRC findings that were shared with the CDC. Please revise.

   Thank you for this comment. We have made this edit.

   Lines 60-62

3. Line 65. I am not sure that many PQC's were a result of the NPMS. Many also were launched as a direct result of early CDC funding initiatives to support new PQC's.

   Thank you for this comment. The purpose of this statement is to lay foundation to a timeline of PQC development. We have made the following edit – “The efforts of the National Partnership for Maternal Safety (NPMS) served as an impetus for PQC development.”

   Line 102-103

4. Line 72-73. ACOG is the American College of Obstetricians and Gynecologists.

   Thank you for this edit. We have corrected this oversight.

   Lines 108

5. Line 81. The CDC is the Centers for Disease Control and Prevention.

   Thank you for this edit. We have corrected this oversight.

   Line 116

6. Line 91-93. It seems like there have been numerous articles over the past few years related to maternal morbidity and mortality. Please include the search terms for the sentence stating that fewer than 100 were found.

   Thank you for this suggestion. Correct, numerous articles are published on maternal morbidity and mortality. The literature search we performed sought to find articles that specifically address achieving maternal equity among maternal outcomes through perinatal quality. This number is small. Given this is a narrative

   This section has been deleted.
<table>
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<td>7. Line 93.</td>
<td>How were these 23 selected? Since this is a narrative review and not a systematic review, it may be best to just remove this selection process for included articles, and try to focus on data-driven recommendations and synthesis of available information into actionable items.</td>
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<td>8. Line 108-115</td>
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<td>9. Line 125.</td>
<td>The text is very dense and needs to be broken up further with figures.</td>
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<td>10. Line 152.</td>
<td>Change &quot;this data&quot; to &quot;these data&quot; since the word data is plural.</td>
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<td>11. Line 172.</td>
<td>Can a link be provided for the racial equity roadmap?</td>
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<td>12.</td>
<td>Consider deleting lines 178-86. The references to these publications is vague and does not add. If the preference is not to delete then more detail needs to be added so the reader can understand the context.</td>
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</table>

Thank you for this suggestion. Given this is a narrative review and not a systematic review and given we have been asked to decrease word count and streamline the article, we have deleted this section for clarity and brevity. This section has been deleted.

Thank you for this suggestion. We have edited this section to consolidate the list of strategies into Table 2.

Table 2

Thank you for this suggestion. We made edits to the text and the categories described are presented in Table 1 with descriptive examples.

Line 192-203

Thank you for this edit. We have corrected this oversight.

Table 1

Thank you for this suggestion. We have provided the link both as a hyperlink and in parentheses.

Line 313

Thank you for this suggestion. For clarity and to streamline the text, we have deleted this text. This section has been deleted.
understand why these efforts are
being highlighted specifically.

<table>
<thead>
<tr>
<th>13. Line 189-93.</th>
<th>Overlap of strategic partners could perhaps be represented as a figure.</th>
<th>Thank you for this suggestion. We have added Figure 1 to represent the list of strategic partnerships for PQCs.</th>
<th>Figure 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Line 245-46.</td>
<td>What are the criteria that Howell and Zeitlin recommended? Figure possible?</td>
<td>Thank you for this question. We have added Figure 2 to explain these criteria.</td>
<td>Figure 2</td>
</tr>
<tr>
<td>15. Line 251.</td>
<td>Typo. Initiatives is spelled incorrectly.</td>
<td>Thank you for this comment. We have corrected this typo.</td>
<td>Line 448</td>
</tr>
<tr>
<td>16. Line 255-261.</td>
<td>Since these are 3 examples of the use of a PQC to reduce inequity, would consider a table with authors, year of publication, main interventions and main outcomes. Could also include PQC strategies, etc.</td>
<td>Thank you for this suggestion. We have added Table 3 with authors, year of publication, main interventions, QI strategies, and main outcomes to highlight these three successful perinatal QI projects.</td>
<td>Line 451-475 Table 3</td>
</tr>
<tr>
<td>17. Line 264.</td>
<td>Modify &quot;while PQCs have been shown success&quot;. Perhaps state PQCs have been successful in…</td>
<td>Thank you for this suggestion. We have made this edit.</td>
<td>Line 478-479</td>
</tr>
<tr>
<td>18. Line 284.</td>
<td>Which 3 PQCs? State PQCs?</td>
<td>Thank you for this suggestion. We have added Table 3 with authors, year of publication, main interventions, QI strategies, and main outcomes to highlight these three successful perinatal QI projects. These projects are the published work of Main et al 2020, Davidson et al 2022, and Hamm et al 2022.&quot;</td>
<td>Line 451-475 Table 3</td>
</tr>
<tr>
<td>19. The need for more research is stated multiple times in the conclusion. What questions</td>
<td>Thank you for this comment. We have made an edit to further describe this as a need for research to address</td>
<td>Line 506-508</td>
<td></td>
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specifically need to be answered. Avoid repetition.

<table>
<thead>
<tr>
<th>20. Lines 287-298 are repetitive and can be deleted.</th>
<th>Thank you for this suggestion. We have made edits to streamline this section.</th>
<th>Line 485-497</th>
</tr>
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<tbody>
<tr>
<td>21. Table 1 and Table 2 are both included twice. Table 1 needs to precede table 2 since definitions of Bingham's QI strategies are in Table 1 and then used in table 2, which will also mean flip flopping the text.</td>
<td>Thank you for this suggestion. We have made the edit to present Table 1 as Bingham's QI strategies and tactics categories and Table 2 as the findings of this narrative review.</td>
<td>Table 1 Table 2</td>
</tr>
<tr>
<td>22. The references in table 1 do not need a separate column. They can just be put as superscript references on the strategy.</td>
<td>Thank you for this suggestion. While we find value in having the names of the authors listed in a separate column as a tool for the reader to easily identify the referenced text, we have made this edit.</td>
<td>Now Table 2</td>
</tr>
</tbody>
</table>