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)*
- Email correspondence between the editorial office and the authors*

*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-18-2215

The unexpected power of presence

Dear Dr. Paek:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the “track changes” feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Jan 10, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: I very much enjoyed your personal perspective on the Unexpected Power of Presence. As a Residency Program Director, I always get the rehearsed reasons for going into our specialty from applicants "that being the joy of following a patient along the continuum of life." Most are so young I realize I have been taking care of both patients and now their children who are almost the same age. I don't think as a young physician I could possibly have known what that really meant without the time and reflection over many years. The ability to be present also requires a degree of security and confidence in your career, as you suggest in the ability to let go of equanimity that eludes so many.

Given the epidemic of suicide and burnout amongst physicians I think this is a very timely article. I don't have much to add unless you can tie your experience into a broader discussion of new requirements to establish wellness directors and the various components including mindfulness.

Thank you for sharing.

Reviewer #2: The manuscript underlines that empathy and compassion toward patients are an important part of the unique patient physician relationship.

Be fully present allows us to be a therapeutic presence to the patient and family and this is a healing modality. Sometimes we forgot this, therefore I think that this personal perspective is useful to remind us that the practice of medicine is not just science, in my opinion this might be highly educational.

Reviewer #3: "The unexpected power of presence" is an obstetrician's personal perspective on the impact a physician's presence and emotional support can have on a patient when medical and technological options for intervention have failed and/or been exhausted.

I found this essay to be a refreshingly frank and personal recounting of the far too-common feeling of having failed a patient despite one's best efforts - and the rarely-mentioned benefit to all of staying by patients, being emotionally available and sharing their pain. I enjoyed the author's honest and raw perspective.
I have little in the way of suggestions for improvement:

1. I'm not sure the lengthy description of Twin-to Twin-Transfusion syndrome in the first paragraph adds much to the essay. Most Green Journal readers will have a working knowledge of this and it gives the initial impression that this is a technically-driven piece rather than a essay espousing the power of empathy and compassion. It may suffice to summarize that the patient didn't qualify for intervention at the time of diagnosis and there was a significant risk of poor outcome with or without treatment.

2. Line 52 - Not sure about including "As a parent." As a parent, I understand where the author is coming from, but I don't feel one needs the qualification of being a parent to grasp how devastated this couple must have been after the diagnosis of PPROM/cord prolapse.

3. Line 64 "even if we come up empty handed, we take the blame." As a physician who has blamed/second-guessed myself for 'unavoidable' poor outcomes, or has wondered if others are (colleagues, staff, patients), I was hoping the author would expand upon this theme a little further. Is the author saying that even though she felt she treated the patient appropriately, she felt the need to blame someone (even if that someone was herself?). Was she feeling blame from others involved in the patient's care even if that wasn't truly the case?

4. Line 90 "Whether as obstetrician-gynecologists, maternal fetal medicine specialist, or fetal therapists..." I don't think I would include specialties here. If a reader doesn't fall into one of these categories, they may inadvertently feel excluded from your conclusions. How about just "no matter what our role as a provider," or something more generic?

Reviewer #4: This is a succinct and moving story of the value of compassion - not empathy I would say, but that might be too fine a distinction. Why I suggest you read this again with a more distant view, is that the words you chose are at a very high level of literacy and sophistication. Quite appropriate for professional readers of the Journal, but maybe not 100% accessible for all our patients. For example, the sentence about the aqueous world has quite a few $10 words that might be off-putting to a broader audience. I think your article would be really good for colleagues and fetal therapy patients alike - I would share it with my mono-di parents. From that viewpoint, maybe $5 words would enhance the range! Consider that, and I think it is quite worthy of publication.

EDITOR COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:
   1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
   2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

2. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

3. 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 and gynecology data definitions at https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Personal Perspectives essays should not exceed 12 typed, double-spaced pages (3,000 words). Stated
5. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

* 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).

6. Provide a précis on the second page, 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."

7. 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.

8. The journal does not use the virgule symbol (/) in sentences with words. 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.

9. 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 http://edmgr.ovid.com/acd/accounts/ifauth.htm.

Please note that 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.

10. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at http://ong.editorialmanager.com. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors and that each author has given approval to the final form of the revision.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Jan 10, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2017 IMPACT FACTOR: 4.982
2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

In compliance with data protection regulations, please contact the publication office if you would like to have your personal information removed from the database.
Dear Dr. Chescheir,

Thank you for reviewing my manuscript entitled "The Unexpected Power of Presence".

I found the suggestions of all reviewers to be very insightful and have made the following changes based on their suggestions:

**Reviewer #1 comments:**
Given the epidemic of suicide and burnout amongst physicians I think this is a very timely article. I don't have much to add unless you can tie your experience into a broader discussion of new requirements to establish wellness directors and the various components including mindfulness.

**Response:** While I do not have any insight into training requirements for wellness, I do believe the theme ties closely to burnout. Page 5, the first paragraph is revised to include a reflection how this theme ties into burnout and how to support our colleagues and trainees to mitigate its impact.

**Reviewer #2 comments:** no suggestions for revisions made.

**Reviewer #3 comments:**
-1: I'm not sure the lengthy description of Twin-to Twin-Transfusion syndrome in the first paragraph adds much to the essay.

**Response:** The paragraph is shortened to reflect baseline knowledge of the reader.
-2: Line 52 - Not sure about including "As a parent"

**Response:** Page 3 first paragraph: deleted “As a parent” and revised to “It’s easy to imagine”
3: Line 64 "even if we come up empty handed, we take the blame." As a physician who has blamed/second-guessed myself for 'unavoidable' poor outcomes, or has wondered if others are (colleagues, staff, patients), I was hoping the author would expand upon this theme a little further. Is the author saying that even though she felt she treated the patient appropriately, she felt the need to blame someone (even if that someone was herself?). Was she feeling blame from others involved in the patient’s care even if that wasn’t truly the case?

Response: Page 3, third paragraph has been clarified to state: “And even if we come up empty handed, we feel responsible. We signed up to be healers and to change outcomes, so when we come up against the limits of our power, we are our own harshest critics”

4: Line 90 "Whether as obstetrician-gynecologists, maternal fetal medicine specialist, or fetal therapists..." I don’t think I would include specialties here. If a reader doesn’t fall into one of these categories, they may inadvertently feel excluded from your conclusions. How about just "no matter what our role as a provider," or something more generic?

Response: Page 4, first paragraph: changed to “caregivers”.

Reviewer #4 comments:
Why I suggest you read this again with a more distant view, is that the words you chose are at a very high level of literacy and sophistication. Quite appropriate for professional readers of the Journal, but maybe not 100% accessible for all our patients. For example, the sentence about the aqueous world has quite a few $10 words that might be off-putting to a broader audience. I think your article would be really good for colleagues and fetal therapy patients alike - I would share it with my mono-di parents. From that viewpoint, maybe $5 words would enhance the range! Consider that, and I think it is quite worthy of publication.

Response: the wording was simplified in the following areas:
Page 2, first paragraph: “rotund” changed to “round” and “maintains uterine quiescence” changed to “prevent preterm labor” and “equilibrium” changed to “balance”.
Page 3, second paragraph deleted “aqueous” and “reminiscent of deep water exploration”
Page 3, first paragraph, inserted “self-control” for “equanimity”
Page 4, third paragraph, revised “tacit” to “unstated”

Thank you for allowing me to benefit from the insight of the reviewers!

Sincerely,

Bettina Paek
Hi Randi,
I’ve reviewed your edits and am fine with all of them.
I’ve made two changes in punctuation (there was one double period and one empty space prior to a period). A precis of 18 words has been added.
I’ll attach the revised manuscript to this email - please let me know if this should also be submitted via the editorial manager website.
The responses to the author queries are as follows:

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Sincerely

Bettina

On Jan 9, 2019, at 8:28 AM, Randi Zung <RZung@greenjournal.org> wrote:

Dear Dr. Paek:
Your revised manuscript is being reviewed by the Editors. Before a final decision can be made, we need you to address the following queries. Please make the requested changes to the latest version of your manuscript that is attached to this email. Please track your changes and leave the ones made by the Editorial Office. Please also note your responses to the author queries in your email message back to me.

1. General: The Editor has made edits to the manuscript using track changes. Please review them to make sure they are correct.

2. Precis: Please provide a precis, a statement of about 25 words, that summarizes your piece. This should be a single sentence.

To facilitate the review process, we would appreciate receiving a response within 48 hours.

Best,
Randi Zung

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