

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)*
- 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.

Date: Oct 18, 2018
To: "Michelle Hladunewich" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-1720

RE: Manuscript Number ONG-18-1720

CLINICAL EXPERT SERIES - CHRONIC KIDNEY DISEASE AND PREGNANCY

Dear Dr. Hladunewich:

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 Nov 08, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

REVIEWER #1:

This is a generally well-written clinical expert series on chronic kidney disease and pregnancy.

1. Abstract should be re-written to reflect concise summary of key anatomic & physiologic changes of pregnancy and a précis of basic evaluation, pregnancy monitoring, maternal & fetal outcomes in women with CKD and a simple statement on mode of delivery (generally being dictated by obstetric indications).
2. Introduction; lines 52-60 should be removed; adds nothing of substance to the commentary.
3. Key summary of narrative should be provided at the end of major sections; key messages. For example, "what is the effect of pregnancy on kidney disease" - Pregnancy in general hastens the progression of underlying kidney disease in a manner proportionate to the severity of underlying disease.....
4. Entire paragraph on use of Aspirin is too long and should be heavily edited for brevity; lines 302-322
5. Lines 427-430; what is the role of ultrasonography here in particular 1st trimester and 18-20 week screening ultrasonography?
6. Line 477 mentioned impact of pregnancy on allografts which is then discussed in greater detail in the next paragraph. Both should be reconciled.
7. Table 3 whilst useful, needs to be modified to give a general overview of basic evaluation and monitoring required based on trimesters of pregnancy for CKD. Remember, readers are specialists OBGYNs not subspecialists. Thus, summarize key interventions for hypertension, proteinuria etc.
8. Some information on the expertise of the authors in this area of practice will be helpful (do you have roles in a specialist CKD clinic?)

REVIEWER #2:

This is a very comprehensive review of the interrelationship between chronic kidney disease (CKD) and pregnancy. It is not a systematic review but rather, using 73 references including many systematic reviews, describes in detail the issues in

four areas. The authors begin with a review of the physiologic adaptation of the kidney to pregnancy. They then describe the impact of pregnancy on CKD and the impact of CKD on pregnancy. They end with a 27 page discussion of strategies to optimize pregnancy outcomes in patients with CKD, end-stage renal disease, women on dialysis and those with a transplanted kidney.

While, as the authors state, care of such patients requires a multidisciplinary team approach, this Clinical Expert Review identifies the issues and provides a basic data-supported outline for care. I enjoyed reading it,

Comments

While this is a very lengthy review, the one area missing is a brief (single paragraph probably) description for ob-gyns of what CKD includes - the etiologies and their relative frequencies and severities. Types/etiologies are mentioned under immunosuppression but it needs to include what is being discussed before reading the rest of the paper. This information could be the first paragraph of the Introduction. It also would help put the rest of that paragraph into perspective.

The paper is very nicely written and with few exceptions (noted below) explains things clearly. However, it is too long. While achieving clarity, the authors too frequently have extraneous or redundant words. The writing could be tightened up, making it shorter and also easier to read.

Specific comments

1. Is it possible to not have the abstract and introduction identical?

Lines

2. 67-171 It is very nice to see how the effect the normal pregnancy changes in the renal system impact on monitoring and identifying problems in women with CKD.

3. 90-94 You could probably delete these lines.

4. 162 Here I think the outcome you are describing is "kidney function". Using "outcomes" may lead readers to thing pregnancy outcomes'.

5. 184-96/Table 2 The article quoted includes a comparison group of low-risk women, Their data should be in text here and Table 2.

6. 263-4 What if they were not on hydroxychloroquine before pregnancy?

7. 268-9 This is slightly confusing as presented, Could be ordered differently.

8. 526-46 Very interesting,

9. Table 2 Needs better labeling. Perhaps row heading Effects on CKD and Effects on pregnancy

10. Gestational Age (week)? Is that mean weeks at delivery? If so, label so' Need Non CKD column (see above).

Table 3

11. title CKD patients

12. Under anticoagulation, possibly unclear as written. Add "Women with high grade..."

REVIEWER #3:

I reviewed the manuscript which was titled as "CLINICAL EXPERT SERIES - CHRONIC KIDNEY DISEASE AND PREGNANCY ". This manuscript systematically summarized the renal physiologic adaptation to pregnancy, reviewed the effect of pregnancy on CKD and the effect of CKD on pregnancy, then discussed the optimization strategies in order to achieve the most favorable outcomes. In addition, dialysis care was discussed also and the management of the kidney transplant recipient in the pregnancy was discussed. The obstetrics physicians really need such kind knowledge to manage the clinical pregnant women with CKD. This manuscript could be a golden standard for the clinical management, especially the optimization strategies are very helpful, for example, hypertension management, proteinuria treatment, preeclampsia prevention (application of aspirin), calculus and vitamin supplementation, et al.

EDITORIAL OFFICE 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. Each author on this manuscript must submit a completed copy of our revised author agreement form (updated in the January 2018 issue). Please note:

a) Any material included in your submission that is not original or that you are not able to transfer copyright for must be listed under I.B on the first page of the author agreement form.

b) All authors must disclose any financial involvement that could represent potential conflicts of interest in an attachment to the author agreement form.

c) All authors must indicate their contributions to the submission by checking the applicable boxes on the author agreement form.

d) The role of authorship in Obstetrics & Gynecology is reserved for those individuals who meet the criteria recommended by the International Committee of Medical Journal Editors (ICMJE; <http://www.icmje.org>):

* Substantial contributions to the conception or design of the work;

OR

the acquisition, analysis, or interpretation of data for the work;

AND

* Drafting the work or revising it critically for important intellectual content;

AND

* Final approval of the version to be published;

AND

* Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

The author agreement form is available online at <http://edmgr.ovid.com/ong/accounts/agreementform.pdf>. Signed forms should be scanned and uploaded into Editorial Manager with your other manuscript files. Any forms collected after your revision is submitted may be e-mailed to obgyn@greenjournal.org.

2. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "The lead author* affirms 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."

*The manuscript's guarantor.

If you are the lead author, please include this statement in your cover letter. If the lead author is a different person, please ask him/her to submit the signed transparency declaration to you. This document may be uploaded with your submission in Editorial Manager.

3. Tables, figures, and supplemental digital content should be original. The use of borrowed material (eg, lengthy direct quotations, tables, figures, or videos) is discouraged, but should it be considered essential, written permission of the copyright holder must be obtained. Permission is also required for material that has been adapted or modified from another source. 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 now have online systems for submitting permissions request; please consult the publisher directly for more information. In addition, you must list any material included in your submission that is not original or that you are not able to transfer copyright for in the space provided under I.B on the first page of the author agreement form.

4. 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 will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at <http://links.lww.com/AOG/A515>, and the gynecology data definitions are available at <http://links.lww.com/AOG/A935>.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Clinical Expert Series articles should not exceed 25 typed, double-spaced pages (6,250 words). Stated

page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes).

Please limit your Introduction to 250 words and your Discussion to 750 words.

6. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with 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 signature on the journal's author agreement 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).

7. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

8. The most common deficiency in revised manuscripts involves the abstract. Be 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 paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Clinical Expert Series, 300 words. Please provide a word count.

9. 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.

10. 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.

11. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

12. The Journal's Production Editor had the following to say about the figures in your manuscript:

"Figure 1: Please upload this as a separate figure file on Editorial Manager. Please upload original file type (eps, tiff, jpeg), items pasted into Word often lose resolution and do not print well. Additionally, is this figure original to the manuscript?"

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

If the figures were created using a statistical program (eg, STATA, SPSS, SAS), please submit PDF or EPS files generated directly from the statistical program.

Figures should be saved as high-resolution TIFF files. The minimum requirements for resolution are 300 dpi for color or black and white photographs, and 600 dpi for images containing a photograph with text labeling or thin lines.

Figures should be no smaller than the journal column size of 3 1/4 inches. Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce. Refer to the journal printer's web site (<http://cjs.cadmus.com/da/index.asp>) for more direction on digital art preparation.

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, that each author has given approval to the final form of the revision, and that the agreement form signed by each author and submitted with the initial version remains valid.

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 Nov 08, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

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.

NEPHROLOGY DIVISION

November 4, 2018

RE: Manuscript Number ONG-18-1720

CLINICAL EXPERT SERIES - CHRONIC KIDNEY DISEASE AND PREGNANCY

Dear Editors of Obstetrics and Gynecology,

We would like to thank the reviewers and editorial staff for their helpful suggestions. We have attended to all suggestions, providing responses below, and have tracked changes to the manuscript in **red**.

The word count is 6475, as some of the requested changes have added extra words, but we are happy to take editorial direction and make additional cuts.

REVIEWER COMMENTS:

REVIEWER #1:

This is a generally well-written clinical expert series on chronic kidney disease and pregnancy.

1. Abstract should be re-written to reflect concise summary of key anatomic & physiologic changes of pregnancy and a précis of basic evaluation, pregnancy monitoring, maternal & fetal outcomes in women with CKD and a simple statement on mode of delivery (generally being dictated by obstetric indications).

Abstract has been re-written per reviewer suggestion.

2. Introduction; lines 52-60 should be removed; adds nothing of substance to the commentary.

These lines have been removed as requested.

3. Key summary of narrative should be provided at the end of major sections; key messages. For example, "what is the effect of pregnancy on kidney disease" - Pregnancy in general hastens the progression of underlying kidney disease in a manner proportionate to the severity of underlying disease.....

We will inquire with the editorial staff if these narratives can be placed in boxes at the side of sections to read as follows, as they otherwise increase the word count:



The anatomic and physiological changes associated with pregnancy can render diagnosis of disease more complex. Careful attention must be paid to even small increases in blood pressure, serum creatinine and proteinuria.

Pregnancy can hasten the progression of underlying kidney disease in a manner proportionate to the severity of underlying dysfunction and further exacerbated by the concomitant presence of hypertension and proteinuria.

Pregnancy in the context of CKD is associated with increased risks of adverse pregnancy outcome including preeclampsia, preterm delivery, Cesarean section and small for gestational age infants. These risks are compounded by worsening degrees of renal dysfunction, concomitant hypertension and proteinuria.

Optimization strategies exist to decrease associated risks of adverse pregnancy outcomes in the context of CKD. These strategies include meticulous management of hypertension and proteinuria often necessitating the use of antihypertensive medications and immunosuppressive medications compatible with pregnancy, respectively. The use aspirin and calcium as well as vitamin D supplementation represent additional potential strategies to decrease the risk of preeclampsia.

Dialysis no longer represents a contraindication to pregnancy, and may be a reproductive choice when transplantation is not imminent. Vigilant care and intensified dialysis regimens are necessary to improve live birth rates and minimize potential complications.

Pregnancy rates post transplantation remain lower than the age-matched general population. Women with adequate graft function do not typically experience hastened graft dysfunction, but rates of pregnancy complications including preeclampsia remain significant.

4. Entire paragraph on use of Aspirin is too long and should be heavily edited for brevity; lines 302-322

This been shortened as requested.

5. Lines 427-430; what is the role of ultrasonography here in particular 1st trimester and 18-20 week screening ultrasonography?

NT does assist us in the determination of aneuploidy and we have added this whereas the 18-20 week US becomes more critical for assessment of cervical competency and placental function, but certainly may note anatomical issues as well. We have clarified this.

6. Line 477 mentioned impact of pregnancy on allografts which is then discussed in greater detail in the next paragraph. Both should be reconciled.

We have deleted the redundant sentences.

7. Table 3 whilst useful, needs to be modified to give a general overview of basic evaluation and monitoring required based on trimesters of pregnancy for CKD. Remember, readers are specialists OBGYNs not subspecialists. Thus, summarize key interventions for hypertension, proteinuria etc.

We have removed detail from Table 3 as requested to simply it.

8. Some information on the expertise of the authors in this area of practice will be helpful (do you have roles in a specialist CKD clinic?)

The authors are quite expert in this field actually. We have done a weekly combined clinic together for over a decade and have managed in excess of 1000 complex pregnancies with CKD, but I have no idea where to put that exactly, and will leave that to the discretion of the editorial team.

REVIEWER #2:

This is a very comprehensive review of the interrelationship between chronic kidney disease (CKD) and pregnancy. It is not a systematic review but rather, using 73 references including many systematic reviews, describes in detail the issues in four areas. The authors begin with a review of the physiologic adaptation of the kidney to pregnancy. They then describe the impact of pregnancy on CKD and the impact of CKD on pregnancy. They end with a 27 page discussion of strategies to optimize pregnancy outcomes in patients with CKD, end-stage renal disease, women on dialysis and those with a transplanted kidney.

While, as the authors state, care of such patients requires a multidisciplinary team approach, this Clinical Expert Review identifies the issues and provides a basic data-supported outline for care. I enjoyed reading it.

Comments

While this is a very lengthy review, the one area missing is a brief (single paragraph probably) description for ob-gyns of what CKD includes - the etiologies and their relative frequencies and severities. Types/etiologies are mentioned under immunosuppression but it needs to include what is being discussed before reading the rest of the paper. This information could be the first paragraph of the Introduction. It also would help put the rest of that paragraph into perspective.

We added a brief paragraph at the beginning of the introduction that outlines common causes of CKD in women as suggested.

The paper is very nicely written and with few exceptions (noted below) explains things

clearly. However, it is too long. While achieving clarity, the authors too frequently have extraneous or redundant words. The writing could be tightened up, making it shorter and also easier to read.

We have attempted to shorten throughout and tighten the writing style.

Specific comments

1. Is it possible to not have the abstract and introduction identical?

Yes, the abstract has been re-written and is identical to the introduction with the exception of the paragraph requested on the common etiologies of CKD.

Lines

2. 67-171 It is very nice to see how the effect the normal pregnancy changes in the renal system impact on monitoring and identifying problems in women with CKD.

Thank you for your comments.

3. 90-94 You could probably delete these lines.

We have deleted these lines as requested and shortened the text.

4. 162 Here I think the outcome you are describing is "kidney function". Using "outcomes" may lead readers to think pregnancy outcomes'.

We have replaced this with the term progression

5. 184-96/Table 2 The article quoted includes a comparison group of low-risk women, Their data should be in text here and Table 2.

We have added these numbers to Table 2 as requested. We are already significantly over the allowed word count so we did not also add to the text, but can if editorial staff prefers.

6. 263-4 What if they were not on hydroxychloroquine before pregnancy?

They need to have it initiated. We have clarified this statement so it is clear.

7. 268-9 This is slightly confusing as presented, Could be ordered differently.

We have deleted the statement regarding medications to treat acute rejection as perhaps to sub-specialized making the text confusing.

8. 526-46 Very interesting,

9. Table 2 Needs better labeling. Perhaps row heading Effects on CKD and Effects on pregnancy

The Table has been titled as such.

10. Gestational Age (week)? Is that mean weeks at delivery? If so, label so' Need Non CKD column (see above).

Yes that is weeks of delivery which is now added and the non-CKD column has been added as requested.

Table 3

11. title CKD patients

Title has been amended as requested

12. Under anticoagulation, possibly unclear as written. Add "Women with high grade..."

This has been added as requested.

REVIEWER #3:

I reviewed the manuscript which was titled as "CLINICAL EXPERT SERIES - CHRONIC KIDNEY DISEASE AND PREGNANCY ". This manuscript systematically summarized the renal physiologic adaptation to pregnancy, reviewed the effect of pregnancy on CKD and the effect of CKD on pregnancy, then discussed the optimization strategies in order to achieve the most favorable outcomes. In addition, dialysis care was discussed also and the management of the kidney transplant recipient in the pregnancy was discussed. The obstetrics physicians really need such kind knowledge to manage the clinical pregnant women with CKD. This manuscript could be a golden standard for the clinical management, especially the optimization strategies are very helpful, for example, hypertension management, proteinuria treatment, preeclampsia prevention (application of aspirin), calculus and vitamin supplementation, et al.

We thank you for your kind review and encouraging words.

Sincerely,



Michelle Hladunewich, MD
Head, Divisions of Nephrology and Obstetric Medicine

Daniel Mosier

From: Hladunewich, Dr. Michelle [REDACTED]
Sent: Tuesday, December 4, 2018 1:10 PM
To: Daniel Mosier
Subject: Re: Manuscript Revisions: ONG-18-1720R1

Thanks so much

Sent from my iPhone

On Dec 4, 2018, at 11:09 AM, Daniel Mosier <dmosier@greenjournal.org> wrote:

Dr. Hladunewich,

Thank you, it looks like this is the correct version (I can see your edits and responses). I'll review it and send it to the editor on your paper, and forward any follow-up questions he might have.

Sincerely,
-Daniel Mosier

Daniel Mosier
Editorial Assistant
Obstetrics & Gynecology
Tel: 202-314-2342

From: Hladunewich, Dr. Michelle [REDACTED]
Sent: Tuesday, December 4, 2018 1:06 PM
To: Daniel Mosier <dmosier@greenjournal.org>
Cc: Hladunewich, Dr. Michelle [REDACTED]
Subject: Re: Manuscript Revisions: ONG-18-1720R1

Try this again

Look at this and tell me if still an issue. Hopefully I just sent you something from a temp file

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Daniel Mosier
Editorial Assistant
Obstetrics & Gynecology
Tel: 202-314-2342

From: Hladunewich, Dr. Michelle [REDACTED]
Sent: Sunday, December 2, 2018 12:28 PM
To: Daniel Mosier <dmosier@greenjournal.org>
Cc: [REDACTED]
Subject: Re: Manuscript Revisions: ONG-18-1720R1

Hi Daniel

I am away with spotty internet at best

I have made the changes requested and your edits are fine I changed a few so we would both be happy

Please let me know if there are still issues

BTW 90 daily is the max one is to use Adalat XL but we double it to BID already. If you go higher you can adjust but we do not as if you need that much med you maybe need to be delivering so I worry about giving the option for extreme dosing

The picture I bought off line

I have attached the original Image and your team can maybe add the boxes and crop out the other kidney or use them both if easier

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<18-1720R1 ms (12-3-18v3).docx>

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Daniel Mosier

From: Daniel Mosier
Sent: Friday, November 30, 2018 2:49 PM
To: 'Hladunewich, Dr. Michelle'
Subject: Manuscript Revisions: ONG-18-1720R1
Attachments: 18-1720R1 ms (11-30-18v2).docx

Dear Dr. Hladunewich,

Thank you for submitting your revised manuscript. The editor on your manuscript had the following to say:

- “1) Thank you for this excellent submission-I think it will be very valuable to our readers;
- 2) Some edits I made for brevity and some to avoid the implication that certain care arrangements or practices must be done and if not, the standard of care has not been met;
- 3) Please make sure all units are reported in the standard way that they are in the United States;

Thank you again.

Sincerely,
Dwight Rouse
Associate Editor, Obstetrics”

Additionally, there are a few issues that must be addressed before we can consider your manuscript further:

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes.
2. LINE 156: What are these values-serum Cr? If yes, please convert to mg/dL
3. LINE 179: Please throughout entire manuscript report odd ratios to only one place after the decimal point
4. LINE 242: Please spell out and/or explain
5. LINE 256: Please expand and or reference this stress dose discussion
6. LINE 354: Please reference ACOG antepartum fetal surveillance guidelines here.
7. BOX 1:
 - a. In women with normal renal function we go higher. Same for nifedipine. Are these really absolute maximums?
 - b. Please spell out
 - c. I don't think in the United States albumin is reported this way

Please let me know if you have any questions. Your prompt response to these queries will be appreciated; please respond no later than COB on **Tuesday, December 4th**.

Sincerely,
-Daniel Mosier

Daniel Mosier
Editorial Assistant

Obstetrics & Gynecology

The American College of Obstetricians and Gynecologists

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Washington, DC 20024

Tel: 202-314-2342

Fax: 202-479-0830

E-mail: dmosier@greenjournal.org

Web: <http://www.greenjournal.org>

From: [REDACTED]
To: [Stephanie Casway](mailto:Stephanie.Casway)
Subject: RE: O&G Figure Revision: 18-1720
Date: Tuesday, January 8, 2019 12:08:02 PM

I think it is fine but in the last sentence can just say increased urine protein not proteinuria

And maybe in legend add and clinical implications

Thanks
Michelle

From: Stephanie Casway [mailto:SCasway@greenjournal.org]
Sent: Monday, January 07, 2019 8:26 AM
To: Hladunewich, Dr. Michelle
Subject: O&G Figure Revision: 18-1720

Hi again Michelle,

Attached you will find our version of Figure 1 and the legend for your manuscript, 18-1720. Please let me know if these items are okay as is, or if any edits need to be made.

Thanks so much!

Stephanie Casway, MA
Senior Production Editor
Obstetrics & Gynecology
American College of Obstetricians and Gynecologists
409 12th St, SW
Washington, DC 20024
Ph: (202) 314-2339
Fax: (202) 479-0830
scasway@greenjournal.org

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