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-19-928

Duration of the detailed fetal anatomic ultrasound examination for gravidae with obesity

Dear Dr. Antony:

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 Jul 09, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This is an interesting study of fetal ultrasound survey time compared to patient BMI. Findings include increased length of study for heavier patients as well as more suboptimal studies and decreased ability to detect "soft markers". Although these findings are intuitive and likely to be of limited interest to many ob/gyns, it does have implications for ultrasound units in terms of personnel required and scheduled times for exams.

As the authors only looked at ultrasound scan times, they are unable to control for other fetal or maternal conditions like fetal position or maternal surgery.

In the discussion of cost in the conclusions, in addition to mentioning the costs of more time for a particular scan, you should include the cost of return visits for suboptimal ultrasounds.

I am not sure why we care about soft-marker detection and would consider eliminating that as a parameter in this study.

I like to see articles that make statements about implications of the study. In this case, although you mention the increased length of times of study in heavier women, I would suggest being more definitive, in light of the other evidence that you quote, and state that heavier women should be scheduled for longer appointment times for ultrasounds, including first trimester ultrasounds. Insufficient time for quality ultrasounds may impact productivity, patient satisfaction, and likely job satisfaction for sonographers.

Reviewer #2: Gupta and colleagues present findings from a well-executed retrospective chart review to evaluate whether the duration of a targeted ultrasound increased with increasing BMI. This is an excellent topic and the paper is very well written.

1. I think more information and possible future publications can be derived from the abstracted information. Did you look at whether or not the duration of the targeted ultrasound within the classes of obesity differed significantly when comparing by gestational age (ie Class I, II, and III at 18-20 weeks versus 20-22 weeks)? Would resources and scheduling be optimized if these patients were just scheduled later in gestation?

2. With such a large number of patients, I am also curious about fetal echocardiograms in these patients. Did you abstract information about this procedure?

3. Lines 225-226: "...work injury, even more than previously reported." I am not familiar with work injuries incurred by
sonographers. Please elaborate or use a citation.

Reviewer #3: Nice job on your study. I enjoyed reading your study. If you could further elaborate on the clinical relevance of your objectives and what you were trying to evaluate in your study that could be helpful.

Reviewer #4: General: The statistical tests employed have an assumption of independence for the individual outcomes (time to complete exam). Although there were 6,522 examinations (line 47), did any of these women have more than one exam, either in the same pregnancy or in a different pregnancy? Those exams would not be independent, but rather the times would likely be correlated. Similarly, I assume there is a finite pool of sonographers, much smaller than the number of examinations. Again, those times to complete for each individual sonographer would likely be correlated. So, using as the "N" for statistical evaluation of the differences across BMI categories the number of examinations, without correction for duplicates among patients or clusters within sonographers would give a false p-value for the inference test. That is, the effective sample sizes would be smaller, possibly much smaller than using the number of examinations as the "N". Also, if for one group, eg, cat III obesity, there were repeat exams, that could bias the outcomes.

It may/may not change the conclusion, but these changes to the stats approach are needed to properly frame the comparisons.

Table 2: There are no SD included for the increase in scan time. Should indicate how each class differs from the referent, eg, p-value

Table 3: This conveys important information, but the p-values assess only whether the distributions across BMI classes deviate from random. Should also include Tables that compare others to a referent group, eg, non-obese 18.5-24.9, so that the reader can more easily see how BMI class is related to the outcomes. For the non-obese < 18.5 and the class III obese, the "N"s are 65 and 92, so there is no basis for reporting those %s to nearest 0.1%. Should round to nearest integer.

Fig 2: Although this r=0.285 and is statistically significant for the data as a whole, as can be seen from the scatterplot, there is wide individual variation by BMI. That is, the linear trend is not very useful for prediction of any individual exam time, based on their BMI. Note the number of dots in the normal BMI range whose time exceeds 62 minutes (the mean time for class III).

Associate Editor's Comments:

1. Please throughout report minutes to only one digit beyond the decimal point

2. Please reduce any text/table redundancies. In general, if information is available in the table, allude to it only qualitatively in the text and then cite to it parenthetically, e.g., (Table 1)

3. "Scan" is jargon (in Figure and maybe elsewhere); "ultrasound examination" is better

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. 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:
   A. OPT-IN: Yes, please publish my point-by-point response letter.
   B. OPT-OUT: No, please do not publish my point-by-point response letter.

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. 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 for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), quality improvement in health care studies (ie, SQUIRE 2.0), and studies reporting results of Internet e-surveys (CHERRIES). Include the appropriate checklist for your manuscript type upon submission. 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 http://ong.editorialmanager.com. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, CHEERS, SQUIRE 2.0, or CHERRIES guidelines, as appropriate.

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 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.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, tables, boxes, figure legends, and print appendixes) but exclude references.

6. 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).

7. 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: Original Research articles, 300 words. Please provide a word count.

8. 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.

9. 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.

10. 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.

11. The American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly (exceptions could include manuscripts that address items of historical interest). If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found via the Clinical Guidance & Publications page at https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance.

12. The Journal's Production Editor had the following to say about the figures in your manuscript:
"1-When you submit your revisions, all figures need to be uploaded as separate files into Editorial Manager.
2-Figure 2: Using color to differentiate the light gray and dark gray dots is recommended, but if this is not possible I think it's okay"

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.

Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce.

13. 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.

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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 Jul 09, 2019, 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, 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.
July 1, 2019

Dear Dr. Chescheir,

Thank you for allowing us to submit our revised manuscript entitled “Duration of the detailed fetal anatomic ultrasound examination for women with obesity” by Gupta, et al. for reconsideration of publication in Obstetrics & Gynecology. This study was performed following the STROBE guidelines for observational studies.

We have addressed the feedback of the reviewers and delineated the point-by-point changes made in response to each criticism in the post-script below.

Please do not hesitate to contact us if you have any questions regarding this manuscript. We are looking forward to hearing from you soon.

Thank you in advance for your consideration of our work.

Sincerely

Kathleen M. Antony, M.D., M.S.C.I.

PS:

REVIEWER COMMENTS:

Reviewer #1: This is an interesting study of fetal ultrasound survey time compared to patient BMI. Findings include increased length of study for heavier patients as well as more suboptimal studies and decreased ability to detect “soft markers” Although these findings are intuitive and likely to be of limited interest to many ob/gyns, it does have implications for ultrasound units in terms of personnel required and scheduled times for exams.

<table>
<thead>
<tr>
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<tr>
<td>As the authors only looked at ultrasound scan times, they are unable to control for other fetal or maternal conditions like fetal position or maternal surgery.</td>
<td>Thank you. We were indeed not able to control for prior maternal surgery since it was not reliable documented in the ultrasound reporting program. We also were not able to control for fetal position as this was typically variable throughout the examination and only presentation was documented in the reporting program. Lines 264-269</td>
</tr>
<tr>
<td>In the discussion of cost in the conclusions, in addition to mentioning the costs of more time for a particular scan, you should include the cost of return visits for suboptimal ultrasounds.</td>
<td>Thank you. We have added that the increased frequency of suboptimal examinations also increases cost as the facility fee for a “Limited follow-up” examination is $845.22. Lines 249-251</td>
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</table>
I am not sure why we care about soft-marker detection and would consider eliminating that as a parameter in this study.

Thank you. This was included to ensure that our findings were consistent with what has previously been demonstrated in the literature and to ensure that our findings are similar to the experiences of other ultrasound units, which may improve the generalizability of our findings.

Lines 257-259 and 222-224

I like to see articles that make statements about implications of the study. In this case, although you mention the increased length of times of study in heavier women, I would suggest being more definitive, in light of the other evidence that you quote, and state that heavier women should be scheduled for longer appointment times for ultrasounds, including first trimester ultrasounds. Insufficient time for quality ultrasounds may impact productivity, patient satisfaction, and likely job satisfaction for sonographers.

Thank you. I have added more definitive language to the manuscript and, if you don’t mind, your well-crafted sentence.

Lines 281-286

Reviewer #2: Gupta and colleagues present findings from a well-executed retrospective chart review to evaluate whether the duration of a targeted ultrasound increased with increasing BMI. This is an excellent topic and the paper is very well written.

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<td>Thank you. No changes were made to the manuscript, but we do intend to use this database to perform these analyses in the future.</td>
</tr>
<tr>
<td>2. With such a large number of patients, I am also curious about fetal echocardiograms in these patients. Did you abstract information about this procedure?</td>
<td>Thank you. We did not abstract information from fetal echocardiograms, but this is another potential avenue for future research projects. No changes were made to the manuscript.</td>
</tr>
<tr>
<td>3. Lines 225-226: “…work injury, even more than previously reported.” I am not familiar with work injuries incurred by sonographers. Please elaborate or use a citation.</td>
<td>Thank you. We have added citations about work injuries incurred by sonographers, particularly the increased force required to scan patients with obesity.</td>
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Lines 239-242

Reviewer #3: Nice job on your study. I enjoyed reading your study.

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<td>If you could further elaborate on the clinical relevance of your objectives and what you were trying to evaluate in your study that could be helpful.</td>
<td>Thank you. We have added the following to our conclusions: “In light of these findings, clinicians should consider scheduling longer appointment times for ultrasound examinations for women with obesity, particularly for first trimester ultrasounds and the detailed fetal anatomic examination.”</td>
</tr>
</tbody>
</table>
Insufficient time for completion of the ultrasound examination may impact productivity, work flow, patient satisfaction, and job satisfaction for sonographers.

Reviewer #4:

**Criticism**

General: The statistical tests employed have an assumption of independence for the individual outcomes (time to complete exam). Although there were 6,522 examinations (line 47), did any of these women have more than one exam, either in the same pregnancy or in a different pregnancy? Those exams would not be independent, but rather the times would likely be correlated. Similarly, I assume there is a finite pool of sonographers, much smaller than the number of examinations. Again, those times to complete for each individual sonographer would likely be correlated. So, using as the "N" for statistical evaluation of the differences across BMI categories the number of examinations, without correction for duplicates among patients or clusters within sonographers would give a false p-value for the inference test. That is, the effective sample sizes would be smaller, possibly much smaller than using the number of examinations as the "N". Also, if for one group, eg, cat III obesity, there were repeat exams, that could bias the outcomes.

It may/may not change the conclusion, but these changes to the stats approach are needed to properly frame the comparisons.

**Response and changes made**

Thank you. In our unit, we only perform one detailed fetal anatomic ultrasound examination per pregnancy, and this study only included examinations that were coded as detailed fetal anatomic ultrasound examination (CPT code 76811). Ultrasound examinations that were follow-up ultrasounds to complete suboptimally visualized anatomy were listed under a separate code and were not included in this analysis. Thus, in this dataset, each pregnancy was only included once. This was primarily performed because subsequent examinations are typically shorter and not comparable in length to the detailed fetal anatomic ultrasound examination, and also to reduce collinearity.

I have added that no pregnancy had repeat examinations included in this dataset to the manuscript.

Lines 137-141

**Table 2**: There are no SD included for the increase in scan time. Should indicate how each class differs from the referent, eg, p-value

**Response and changes made**

Thank you. We have added the standard error for the increase in scan time. We have also indicated how each class differs from the referent via * and †.

**Table 3**: This conveys important information, but the p-values assess only whether the distributions across BMI classes deviate from random. Should also include Tables that compare others to a referent group, eg, non-obese 18.5-24.9, so that the reader can more easily see how BMI class is related to the outcomes.

**Response and changes made**

Thank you. We have added the RR and 95% confidence interval to this table. While calculating the 95% CI, an error in the initial analysis was discovered for the BMI 40+ groups, and this has been addressed. A similar issue was noted in the analysis of soft markers for all BMI groups, thus these numbers have also been corrected.

**Table 3**

For the non-obes < 18.5 and the class III obese, the "N"s are 65 and 92, so there is no basis for reporting those %s to nearest 0.1%. Should round to nearest integer.

**Response and changes made**

Thank you. I have corrected this.

**Table 3**
Fig 2: Although this $r=0.285$ and is statistically significant for the data as a whole, as can be seen from the scatterplot, there is wide individual variation by BMI. That is, the linear trend is not very useful for prediction of any individual exam time, based on their BMI. Note the number of dots in the normal BMI range whose time exceeds 62 minutes (the mean time for class III).

Thank you. We have removed the linear trend line from the figure.

Figure 2.

Associate Editor’s Comments:

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<td>1. Please throughout report minutes to only one digit beyond the decimal point</td>
<td>Thank you. This has now been changed throughout the manuscript including the abstract, results, discussion and table 2.</td>
</tr>
<tr>
<td>2. Please reduce any text/table redundancies. In general, if information is available in the table, allude to it only qualitatively in the text and then cite to it parenthetically, e.g., (Table 1)</td>
<td>Thank you. I have removed most of the text/table redundancies except for the most salient. I would be happy to remove all redundancies if requested.</td>
</tr>
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<td>3. “Scan” is jargon (in Figure and maybe elsewhere); “ultrasound examination” is better</td>
<td>Thank you. The figure has been corrected and the use of this word as a noun was removed from the manuscript.</td>
</tr>
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EDITORIAL OFFICE COMMENTS:

Responses to Editorial Office Comments are in boxes.

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. 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:

A. OPT-IN: Yes, please publish my point-by-point response letter.

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.

Thank you. All co-authors will review and electronically sign the eCTA. Please note the first author (Dr. Vivek Gupta) has completed his fellowship, thus his email address has been updated in the electronic submission system. His new email address is vkgupta7@gmail.com

3. 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 for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for
harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), quality improvement in health care studies (ie, SQUIRE 2.0), and studies reporting results of Internet e-surveys (CHERRIES). Include the appropriate checklist for your manuscript type upon submission. 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 http://ong.editorialmanager.com. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, CHEERS, SQUIRE 2.0, or CHERRIES guidelines, as appropriate.

Thank you. The STROBE Checklist is attached with the other uploaded documents.

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 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.

Thank you. We have used the reVITALize definitions throughout.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, tables, boxes, figure legends, and print appendixes) but exclude references.

Thank you. Our revised document is 20 typed, double-spaced pages and <5,500 words.

6. 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).

Thank you. Financial support, acknowledgements, and prior presentations are listed on the first page of the manuscript. No manuscript preparation assistance was provided.

7. 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: Original Research articles, 300 words. Please provide a word count.

Thank you. I have cross referenced all numbers presented in the abstract and they are also discussed elsewhere in the paper. The current word count is 299 words.

8. Only standard abbreviations and acronyms are allowed. A selected list is available online
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.

Thank you. We have removed the abbreviation “AIUM”. If you would like us to remove the abbreviation “ANOVA,” we will do so.

9. 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.

Thank you. We did not identify any instances of the virgule symbol used in this manner. If we missed an instance, please inform us so that we can remove it.

10. 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.

Thank you. We have edited and confirmed that tables conform to journal style.

11. The American College of Obstetricians and Gynecologists’ (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly (exceptions could include manuscripts that address items of historical interest). If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found via the Clinical Guidance & Publications page at https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance.

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