

Sample Response to Revision Request

October 15, 2013

Re: Resubmission of manuscript *Primary Cesarean Delivery Among Pandas*, ONG 13-XXXX

Comment [C1]: Include the manuscript number given to you when you submitted the article the first time.

The Editors
Obstetrics & Gynecology
409 12th Street, SW
Washington, DC 20024-2188

Dear Editors:

Thank you for the opportunity to revise our manuscript, *Primary Cesarean Among Pandas*. We appreciate the careful review and constructive suggestions. It is our belief that the manuscript is substantially improved after making the suggested edits.

Following this letter are the editor and reviewer comments with our responses in italics, including how and where the text was modified. Changes made in the manuscript are marked using track changes. The revision has been developed in consultation with all coauthors, and each author has given approval to the final form of this revision. The agreement form signed by each author remains valid.

Comment [C2]: Helpful hint: I turn off track changes as I revise the manuscript but do “compare document” to the original submission at the end (otherwise my resubmission would look like this: ~~Our The This~~ Our study . . .).

We agree with the classification of the paper as Level III evidence. Thank you for your consideration.

Sincerely,

Comment [C3]: Helpful hint: always submit the author agreement form with the initial submission, or as early as possible. Per the editorial staff, it is the number one thing that delays publishing of an accepted paper.

Annelee Boyle, MD

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REVIEWER #1:

- 1a. The abstract might better differentiate among the three categories.
- 1b. The data in the abstract don't support the conclusions in the abstract.
- 1c. Probably should rewrite this part so that the methods are reflected in the results that then support the conclusions.

Thank you for these observations. We have rewritten the abstract to better differentiate among the objectives and edited so that the methods are reflected in the results and the data support the conclusions.

2. Given that you cite obesity as related to the higher cesarean rate in the introduction, you might want to spend a paragraph discussing your findings regarding BMI in the discussion.

We agree that the association of obesity with higher cesarean rate is important, but this relationship has already been explored in detail in another publication [Doe AB, Rae CD, Me EF, et al. Panda body mass index: a strong association with delivery route. Panda Obstet Gynecol. 2010;100(1):X-Y]. We have added this as a reference, but chose not to devote an entire paragraph to discussing BMI, given the prior work and space limitations. If the editor would like us to expand, we can do so.

REVIEWER #2

This study is a secondary analysis of a large, multisite prospective observational cohort. The current analysis aimed to identify national indications for panda cesarean delivery, characterize contributing factors to panda CD, and identify opportunities to reduce the panda CD rate. This study adds valuable information re: the state of panda CD in the U.S. While generally well written, this study has several methodological issues that need to be addressed prior to consideration for publication.

1. The type of study should be listed under methods.

We agree with the reviewer and have added that this is a retrospective cohort study to the methods section of the abstract (lines X-X).

2. The introduction is well written, but does not inform the reader as to the reasons why we should seek to reduce the high rate of cesarean delivery among pandas. In the first paragraph, the authors should briefly summarize the risks associated with CD. The implications of primary CD on risk of subsequent accreta spectrum disorders, a major source of morbidity/mortality related to CD, should be mentioned.

We agree with the reviewer and have added the following sentences in the introduction (lines XX-XX): "Cesarean delivery in pandas is associated with higher morbidity and mortality than vaginal births. Cesarean delivery also increases the risk of abnormal placentation in subsequent pregnancies, which can lead to uterine rupture, placenta accreta, hemorrhage, hysterectomy, and maternal death."

Comment [C4]: Format your response to be as clear as possible.

Comment [C5]: Reviewer 1 did not include comment numbers, so in this case I grouped similar comments together

Comment [C6]: Include everything the reviewers write, even if you don't need to reply to it.

Comment [C7]: Include line numbers wherever applicable.

Comment [C8]: In addition to line numbers, the quoted text helps (the lines will shift if the tracked changes to the manuscript are accepted)

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3. In the discussion on fetal malpresentation, the rate of attempted ECV was not reported. The authors therefore cannot comment on whether increasing the availability/performance of ECV would reduce the CD rate. Rather, they should state that lack of ECV information was a limitation and highlight that no conclusion/recommendation can be made based on this data.

We agree and have added to the discussion (lines XX–XX): “Since attempted external cephalic versions were not captured in the data, we could draw no conclusions about their effect on the panda cesarean rate.”

REVIEWER #3

This manuscript contains important information about the panda cesarean delivery that is useful for other states and countries.

1. It was a good decision to include in the analysis of the work, the criterion of 6 cm to define active phase of labor, because it is part of elements proven to reduce the rates of caesarean delivery.

Thank you.

STATISTICAL EDITOR COMMENTS

The Statistical Editor makes the following points that need to be addressed:

1. A clear and complete statement of how the sample size was determined was not included in the original manuscript. Please address this in your revised manuscript.

We revised the methods section (lines XX–XX) to include this information: “To obtain the cohort for this study, the 228,562 deliveries in the panda database were limited to first-recorded deliveries (n=208,695) to avoid intra-panda correlation. Pandas who had a vaginal delivery (n=142,592) or underwent a repeat cesarean delivery (n=27,619) were excluded, leaving 38,484 pandas who had a primary cesarean as the study population.”

2. The conclusions drawn from the statistical analysis are justified, insofar as the study was retrospective, non-randomized and limited to pandas that had a primary CD within this large cohort. Therefore it represents a description of the medical histories, demographics, and indications for CD etc. among pandas undergoing a primary CD within the institutions cited. Potential means to decrease CD rates were identified as areas where there was non-compliance with established recommendations/standards.

We concur.

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EDITOR COMMENTS

The Editor makes the following points that need to be addressed:

1. The précis is in no way specific to this manuscript (and is self-evident). Please rewrite.

Thank you. The précis has been rewritten: "Conservative management of the latent stage and second stage of labor is an important strategy to lower the panda cesarean delivery rate."

2. Abstract, results: The first sentence is not useful and should be removed. The recommendations of Reviewer 1 should be incorporated into a revised abstract.

The abstract and results have been rewritten, taking into account your critique and the critique of Reviewer 1.

3. Table 6 and Figure 1 are not necessary, as their information is adequately covered in the text.

We removed table 6 and figure 1 as recommended and have ensured that the information is now included in the text.

4. The level of evidence for your study has been classified as III based on the system listed below. In your cover letter, please indicate whether or not you agree with this rating. If you feel the score is incorrect, indicate the proper classification and your rationale for listing it as such.

I: A randomized, controlled trial.

II: A cohort or case-controlled study that includes a comparison group.

III: An uncontrolled descriptive study including case series.

We agree with this classification.

5. Your manuscript is currently 25 pages. Please shorten your manuscript. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions: original research reports should not exceed 22 typed, double-spaced pages. Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendices).

We condensed the discussion and removed results from the discussion section. We also removed figure 1, and tables 5 and 6. Our current manuscript now is 22 pages.