

OBSTETRICS & GYNECOLOGY



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- 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.*

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Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:
obgyn@greenjournal.org.

Date: 10/07/2022
To: "Mahima Krishnamoorthi" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-1473

RE: Manuscript Number ONG-22-1473

The Maternal and Infant Health Equity Summit on Addressing the National Crisis facing Black Mothers, Birthing People, and Infants

Dear Dr. Krishnamoorthi:

Thank you for sending us your work for consideration for publication in Obstetrics & Gynecology. Your manuscript has been reviewed by the Editorial Board and by special expert referees. The Editors would like to invite you to submit a revised version for further consideration.

If you wish to revise your manuscript, please read the following comments submitted by the reviewers and Editors. Each point raised requires a response, by either revising your manuscript or making a clear argument as to why no revision is needed in the cover letter.

To facilitate our review, we prefer that the cover letter you submit with your revised manuscript include each reviewer and Editor comment below, followed by your response. That is, a point-by-point response is required to each of the EDITOR COMMENTS (if applicable), REVIEWER COMMENTS, and STATISTICAL EDITOR COMMENTS (if applicable) below. The revised manuscript should indicate the position of all changes made. Please use the "track changes" feature in your document (do not use strikethrough or underline formatting).

Your submission will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Oct 28, 2022, we will assume you wish to withdraw the manuscript from further consideration.

EDITOR COMMENTS:

Please note the following:

When you resubmit your manuscript in Editorial Manager, please change the article type to Executive Summary.

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

* All submissions that are considered for potential publication are run through CrossCheck for originality. The following lines of text match too closely to previously published works or need to be cited:

- The very first sentence of the Introduction is verbatim from <https://doi.org/10.1016/j.semperi.2021.151410>. Please reword.

REVIEWER COMMENTS:

Reviewer #1: The authors present a current commentary discussing the findings from a recent maternal and child health equity virtual summit. They identify five areas of focus in clinical actions during the summit. The current commentary presents a method of disseminating these conclusions to a larger audience and can be useful tools for providers outside of the area included in the summit.

Abstract:

Line 16- integration of patient reported experience could be made clearer. The one line does not completely describe the authors goals.

Introduction:

Line 43- did the presenters include any areas of nursing or midwifery?

Area 1:

Line 70-74 this section could be clearer with a table and include statistics in line 74.

Line 69- and then 77- some information on how high and low performing was defined would be useful in understanding the outcomes.

Line 85- the data presented in the preceding paragraphs do not entirely support the conclusions made by the panel. Please provide additional data to support the conclusions. The preceding paragraph discusses a focus on senior leadership involvement, sharing performance data with nursing and activities that increase awareness of disparities.

These are not included in the recommendations that follow.

Area 2:

Line 105- provide more information on the "sacred birth" movement.

Line 117- how did the summit propose that the patient experiences be used to improve care?

Area 3:

Line 143- what is meant by "disparities dashboards"? this is explained later but can be presented more clearly in the opening few sentences.

Line 161- do the authors think these should be national or state level implementations? Did they consider discussing the role at the state level.

Area 4

line 178- some examples of how these organizations can be bridged would be useful.

area 5

line 221- this recommendation is not explained in the prior data. please expand on this recommendation.

Reviewer #2: This is a wonderful manuscript overviewing the Maternal and Child Health Equity Virtual Summit. The authors provide a thorough description of the priorities raised by providers, community partners and service users to reduce maternal and infant health inequities. I only have a small comment on the title and language used throughout the manuscript. Given that the title makes reference to "Black Mothers, Birthing People and Infants" I expected this to be the focus of the paper. However, in the text there is mention of "Black and Brown patients" as well as "Black and Hispanic women" perspectives. If the goal was to discuss the healthcare experiences of all Black, Indigenous and other birthing people of color then the title should be changed to acknowledge the diversity.

Moreover, I would suggest either consistently using the terms "women", "birthing people" or "women and birthing people" in the text or early on explaining that all terms will be used interchangeably in the manuscript.

Note: small typo in the abstract (line 16) it should say: "(2) integration of patient-reported experience".

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

The Editors of Obstetrics & Gynecology

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Oct 20, 2020

Ebony B. Carter, MD, MPH
Associate Editor, Equity
Obstetrics & Gynecology

RE: Manuscript Number ONG-22-1473

Dear Dr. Carter,

Thank you for the opportunity to revise and resubmit our manuscript submission, ONG-22-1473. We appreciate your comments and list responses to each point in bold italics below. We have submitted a track changes copy and a clean copy of this manuscript.

RE: Manuscript Number ONG-22-1473

Previous Title: The Maternal and Infant Health Equity Summit on Addressing the National Crisis facing Black Mothers, Birthing People, and Infants

New Title: The Maternal and Infant Health Equity Summit on Addressing the National Crisis facing Black and Latina Women and Infants

EDITOR COMMENTS:

Please note the following:

When you resubmit your manuscript in Editorial Manager, please change the article type to Executive Summary.

We will resubmit the article type as an Executive Summary.

* Help us reduce the number of queries we add to your manuscript after it is revised by reading the Revision Checklist

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* All submissions that are considered for potential publication are run through CrossCheck for originality. The following lines of text match too closely to previously published works or need to be cited:

- The very first sentence of the Introduction is verbatim from <https://doi.org/10.1016/j.semperi.2021.151410>. Please reword.

The first sentence of the Introduction has been edited to no longer resemble the sentence from the

paper linked. (see line 24 of clean copy)

REVIEWER COMMENTS:

Reviewer #1: The authors present a current commentary discussing the findings from a recent maternal and child health equity virtual summit. They identify five areas of focus in clinical actions during the summit. The current commentary presents a method of disseminating these conclusions to a larger audience and can be useful tools for providers outside of the area included in the summit.

Abstract:

Line 16- integration of patient reported experience could be made clearer. The one line does not completely describe the authors goals.

This theme has been changed to “adjustment of care strategy based on patient-reported experience” to clarify that patient reported experience is being utilized in decision making for necessary quality, safety, and improvement strategies. (see lines 16 of abstract, line 63, or line 108 of clean copy).

Introduction:

Line 43- did the presenters include any areas of nursing or midwifery?

This sentence has been changed to include the areas of nursing and doula care (see line 44 of clean copy).

Area 1:

Line 70-74 this section could be clearer with a table and include statistics in line 74.

We have clarified lines 70-74, and included relevant p-value at the conclusion of the final sentence describing Black and White disparities in severe maternal morbidity (see line 78 of clean copy). We chose not to include a table as this research has previously been published.

Line 69- and then 77- some information on how high and low performing was defined would be useful in understanding the outcomes.

We have added a few sentences that explain how high and low-performing hospitals were defined (see lines 71-73 or 79-81 of clean copy).

Line 85- the data presented in the preceding paragraphs do not entirely support the conclusions made by the panel. Please provide additional data to support the conclusions. The preceding paragraph discusses a focus on senior leadership involvement, sharing performance data with nursing and activities that increase awareness of disparities.

We have edited this paragraph to better reflect the conclusions listed in the preceding paragraphs (see lines 88-95 of clean copy).

These are not included in the recommendations that follow.

Area 2:

Line 105- provide more information on the "sacred birth" movement.

We have addressed this comment by indicating more clearly what the SACRED birth movement/study group (led by one of the summit panelists) is and what institutions can learn and adapt from it (see lines 109-116 of clean copy).

Line 117- how did the summit propose that the patient experiences be used to improve care?

We added a sentence to more clearly describe how patient experiences can be used to improve care (see lines 124-126 of clean copy).

Area 3:

Line 143- what is meant by "disparities dashboards"? this is explained later but can be presented more clearly in the opening few sentences.

We clarified the explanation of disparities dashboards in the paragraph (see lines 151-156 of clean copy).

Line 161- do the authors think these should be national or state level implementations? Did they consider discussing the role at the state level.

Summit speakers recommended that resources to support hospitals and health systems to implement staff training in areas of implicit bias and anti-racism were needed. We think this could be done at both the national and state level although this was not discussed in detail at the summit (see lines 170-174 of clean copy).

Area 4

line 178- some examples of how these organizations can be bridged would be useful.

We addressed this comment by summarizing panelists' comments on clinical-community partnerships can look (see lines 188-194 of clean copy).

area 5

line 221- this recommendation is not explained in the prior data. please expand on this recommendation.

We removed line 221. We discuss the importance of implicit bias training in Area 3 recommendations (see lines 170-174 of clean copy).

Reviewer #2: This is a wonderful manuscript overviewing the Maternal and Child Health Equity Virtual Summit. The authors provide a thorough description of the priorities raised by providers, community partners and service users to reduce maternal and infant health inequities. I only have a small comment on the title and language used throughout the manuscript. Given that the title makes reference to "Black Mothers, Birthing People and Infants" I expected this to be the focus of the paper. However, in the text there is mention of "Black and Brown patients" as well as "Black and Hispanic women" perspectives. If the goal was to discuss the healthcare experiences of all Black, Indigenous and other birthing people of color then the title should be changed to acknowledge the diversity.

Moreover, I would suggest either consistently using the terms "women", "birthing people" or "women and birthing people" in the text or early on explaining that all terms will be used interchangeably in the manuscript.

We thank the reviewer for this important comment. We have changed the title of this manuscript to include Black and Latina women and infants. We have also added a statement to the introduction that describes the opening statement from the summit that addressed this issue; specifically, summit presenters stated that many of the lessons learned from the summit may have applications to indigenous and other women/birthing people of color as well (See lines 54-57 of clean copy). We have also reflected this change throughout the manuscript by including Latina and other birthing people of color in our language.

Note: small typo in the abstract (line 16) it should say: "(2) integration of patient-reported experience".

This typo has been addressed above.

Thank you for the opportunity to revise this manuscript.