

Format for ANSWERING REVIEWERS



June 12, 2015,

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 17842-review.doc).

Title: Outcomes of surrogate pregnancies in California and hospital economics of surrogate maternity and newborn care

Author: Yona Nicolau, Austin Purkeypile, T Allen Merritt, Mitchell Goldstein, Bryan Oshiro

Name of Journal: *World Journal of Obstetrics and Gynecology*

ESPS Manuscript NO: 17842

The manuscript has been improved according to the suggestions of reviewers:

Comment 1:

Running title (20 words) - done:

Outcomes and hospital economics of surrogate pregnancies in California.

Comment 2:

Abstract formatted based on the requirements: see below and in the body of the paper

AIM: To describe maternity and newborn charges for an economic analysis of surrogate pregnancies on the health care resource utilization.

METHODS: A retrospective chart review of all women identified as being surrogates and the infants born from these pregnancies was performed between January 1, 2012 and December 31, 2013. Selected maternity diagnoses, mode of delivery, duration of hospitalization, and hospital charges were collected together with infants' birth weights, gestational age, length of hospital stay, and hospital charges. Charges associated with the IVF cycles, artificial insemination, or embryo(s) transfer into the surrogate were not considered in the maternity charges. A ratio contrasting the maternity hospital charges for the surrogate carrier was compared as a ratio to the mean charges for 2540 infants delivered in 2013 after natural conception and adjusted to the baseline hospital charges for both maternity and newborn care

RESULTS: Analysis of sixty-nine infants delivered from both gestational and traditional surrogate women found an increased in multiple births, NICU admission, and length of stay with hospital

charges several multiples beyond that of a term infant conceived naturally and provided care in our nursery. Among singletons and twins (per infant) hospital charges were increased 26 times ($p < .001$) and in triplets charges were increased 173 times ($p < .0001$) when compared to a term infant provided care in a normal nursery at our center.

CONCLUSIONS: Maternity costs for surrogates exceed those of women who conceive naturally, and these costs are especially magnified in women with triplets and multiple births.

Comment 3:

Core tip: see below

Surrogate pregnancies result in higher maternity and newborn costs with increased rates of multiple births and creates a moral hazard for hospitals. This increase occurs despite of the fact that surrogate mothers are prescreened for health and reproductive ability. Reduction in multiple embryo transfer would reduce the adverse economic impact of surrogate pregnancy maternity and newborn costs.

Comment 4

Audio file -core tip- see attachment

Comment 5

Headings formatted as requested - done (see paper)

Comment 6

References changed to this format: statutes ^[5]. - done (see paper)

Comment 7

Write Comments in specific format: see below and paper body

Comments:

Surrogate pregnancies result in increased maternity costs inspite of pre-selected for maternal reproductive health primarily associated with an increase in multiple gestations that are associated with increased cesarean section rates, more preterm deliveries, increased neonatal intensive care with added neonatal morbidities.

Hot Spots: Surrogate pregnancies are permitted in several U.S. states, but the outcomes of these pregnancies have not been rigorously evaluated in terms of maternity or neonatal complications or hospital associated charges.

Innovation: California has more surrogate pregnancies of any U.S. state and the impact on health economics is imperative for healthcare value with significantly greater multiples births than occur have natural conception.

Application: Health economists and insurance providers are focused on health care value. Given the increased charges associated with surrogate pregnancies and the infants born thereof, surrogacy may come under additional scrutiny because of the moral hazard created by these gestations and the impact on health care resources.

Terminology: In this paper surrogacy includes both traditional and gestational surrogacy.

This article has been peer reviewed and the reviewers commented on the contribution of multiple embryo transfers on the adverse economic impact of surrogacy and neonatal outcomes in terms of prolonged hospital stays.

Comment 8

References- done (see paper); also see attached first pages for the references without PMID: 3, 4, 6, 9, 12, 14, and 15. Please note reference nr.7 has PMID but no DOI. I have also attached a copy of the first page of this article as requested.

Comment 9: Tables formatted as requested- done (see paper)