

References

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In reply



We thank you for your interest in our article.¹ We agree that the ability to accurately measure blood pressure in low-, medium- and high-resource settings is crucial. It is also important to be able to measure both low and high blood pressure accurately. On page 67 of the published manuscript¹ we state that “...five of 14 of the devices intended for clinic use (as opposed to home blood pressure monitoring use) were validated according to approved protocols and were without protocol violations.” This is a citation of the 2018 paper by Bello et al.² which was published in the journal *Hypertension*.

Consistent with our citation, Bello et al.² concluded that the validation process applied in the manuscripts published by Nathan et al.^{3,4} contained minor protocol violations, which they define in their online supplementary materials. For these studies, they attributed the minor protocol violations to the systolic and diastolic blood pressure ranges.

The purpose of describing the findings of Bello et al.² in our manuscript was to highlight the difficulties faced in validating blood pressure measurement devices in pregnant women, even before the issues of obesity and very large arm circumference are considered. We did not intend to list all the devices evaluated by Bello et al.²

As the title suggests, our manuscript is a review of blood pressure measurement in obese pregnant women. The Microlife 3AS1-2™ was validated in women with an arm circumference of up to 36 cm (in women with low blood pressure⁴) and in women with a mean arm circumference of 31 cm (including women with preeclampsia,

no range or standard deviation published). It is therefore reasonable that this device was not a focus of our review.

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Are high-risk obstetric patients properly identified and managed?



Maternal morbidity and mortality are epidemics that are on the rise world-wide, with maternal morbidity and pregnancy-related mortality rates more than doubling in the United States in the last 30 years. The causes are widespread and multivariant, however, before we can address the issue of preventable harm, we must firstly develop a valid measure of assessing and identifying those at risk. Once identified, appropriate triage to higher levels of care or resource allocation can be assessed, to appropriately prepare for potentially complicated deliveries or antepartum or postpartum management. In addition, coordinated care plans specifically designed to address