We read with great interest the study by Yoon et al. In short, the authors aimed to evaluate the clinical manifestations and outcomes of neonates born to women with COVID-19. The authors should be rewarded for establishing a timely and informative systematic review of this disease in neonates. Certainly, the findings of Yoon et al add to the literature on neonatal outcomes and SARS-CoV-2 infections. While agreeing with the conclusions made by Yoon et al, we would like to draw their attention towards the following issue.

A total of 28 articles involving 223 pregnant women and 201 infants fulfilling the study criteria were included in this systematic review. However, the authors should exclude studies suspected of containing duplicate reporting. More precisely, it is important to note some pregnant women or neonates with COVID-19 may have been included in multiple publications, as admission dates overlap for reports from the same hospital. The cases from Yang et al should be considered a duplicate as the larger retrospective case series from Chen et al reported by the same hospital with the periods of recruitment overlapped. Of note, by comparing the characteristics of the pregnant woman (e.g., maternal age, gravidity, gestational age at delivery, drug treatment, delivery mode, chest CT results) and newborn (e.g., gender, Apgar scores, birth weight). We have identified that these seven cases reported by Yang et al were the same person (patient 1, 2, 4, 6, 3, 7, and 8) in the case series reported by Chen et al, which implies that the two studies had duplicate reporting.

Isolated case reports and case series from the same hospital/region should be excluded to avoid duplicate data from large retrospective studies as duplication can give a potentially biased picture. Studies suspected of including duplicate reporting can be identified based on hospital location, recruitment periods, maternal and neonatal characteristics. Although duplicate reporting has small numbers in this systematic review and a reanalysis are not likely to change the results, we humbly suggest that the authors extract the name of hospitals. When a hospital had published their cases more than once, if the recruitment periods overlapped, only the most informative study with the bigger sample size was included to minimize the possibility of double counting.

Conflict of Interest
The Authors declare that they have no conflict of interests.

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Authors’ Contributions
JC conceived the design of the comments and made critical revision. JC, MW and YL drafted the manuscript. All authors have read and approved the final version for publication.

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