

# 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)\*
- Email correspondence between the editorial office and the authors\*

*\*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](mailto:obgyn@greenjournal.org).

**Date:** Aug 02, 2018  
**To:** "Lauren Sobel" [REDACTED]  
**From:** "The Green Journal" em@greenjournal.org  
**Subject:** Your Submission ONG-18-1291

RE: Manuscript Number ONG-18-1291

Pregnancy and Childbirth After Sexual Trauma: How Obstetric Providers Can Improve Women's Experience

Dear Dr. Sobel:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Aug 23, 2018, we will assume you wish to withdraw the manuscript from further consideration.

#### REVIEWER COMMENTS:

##### REVIEWER #1:

Thank you for this important work. Please see specific comments below:

##### Introduction:

1. You imply there is no work on this in the obstetric or medical literature, only in nursing and midwifery lit, is this true?
2. lines 70-72 are a bit awkwardly written and could be expanded a bit to explain what trauma-informed care is and how it could be applied to L&D care.
3. Methods: Data analysis: overall a good description, though I think a little more on how these transcripts were then taken and analyzed would help those of us not familiar with this type of research. I am struggling to see how the coded data was then used in analysis, and what types of tests would be used, etc...
4. Results: Overall well described. Can you please tell us in this section if there were any statistical tests used to determine which of the subjective themes were important or more universal, or whether this was not done.
5. Throughout this section there are numbers in parenthesis after quotes. It is not clear to me to what this refers. If it is a particular participant or theme, it is confusing as it seems to be references but is not.
6. Table 2 seems primarily to be a consolidation of the quotes used in the results section and is somewhat repetitive.
7. Can you more directly reference table 3 in this section and how these conclusions were arrived at?
8. Discussion: well done and summarizes the findings well.

##### REVIEWER #2:

I applaud this qualitative research on an important and under-studied topic. Additionally, the results concerning inadequate review and appreciation of information in the medical record are relevant far beyond this issue and need further research.

My stumbling blocks are with two small grammatical issues. The phrase "inform trauma-informed care practices" while

correct, is very awkward. Perhaps "support" or "enlighten" might be used.

Secondly, there are several instances where "which" is inappropriately used in place of "that". Please look up this distinction. E.g., the Précis might read, "Patient-centered perspectives support trauma-informed care practices that may improve..."

#### REVIEWER #3:

The authors have undertaken a qualitative study of obstetric preferences after sexual trauma. The goal is worthy and the qualitative approach reasonable. I have several comments/questions for the authors:

1- It may be useful to clarify who was approached and who was recruited. While the methods state that 50% of those recruited declined participation, it is probably more accurate to say that 50% of those who were approached declined to participate. It may also be useful to describe which mechanism yielded what % of participants to help to characterize the population

2- Including the interview guides as an appendix would be helpful

3- Comparison between groups is not a frequent part of qualitative studies- the authors could further elucidate how this approach was chosen, particularly as the populations were ultimately quite different separate from the trauma history

4- Quotations from the participants without a history of trauma should also be included if that population is being included

5- The study is retrospective and the sample size is small (even for a qualitative study). While the authors can make inferences about best practices for obstetric care based upon their findings, the frame of the study should acknowledge these limitations.

6- Table 2 and Table 3 seem to be the key findings of the study and should be further highlighted.

7- Reference #17, which incorporates 8 prior qualitative studies, incorporates many of the themes identified in the current work. How do the authors feel that the current study adds to the prior findings? Montgomery E. Feeling safe: a metasynthesis of the maternity care needs of women who were sexually abused in childhood. *Birth*. 2013 Jun;40(2):88-95. doi: 10.1111/birt.12043. PubMed PMID: 24635462

8- This recent paper may be useful to integrate: Sperlich M, Seng JS, Li Y, Taylor J, Bradbury-Jones C. Integrating Trauma-Informed Care Into Maternity Care Practice: Conceptual and Practical Issues. *J Midwifery Womens Health*. 2017 Nov;62(6):661-672. doi: 10.1111/jmwh.12674. Epub 2017 Nov 28. Review. PubMed PMID: 29193613.

a- Given the mental and physical health implications of cesarean, the recommendation for cesarean delivery should not be undertaken lightly. It may be most appropriate to exclude this from this paper given that it appears to be based on the comments of one participant. If it is included, additional data regarding the implications of this should be presented to frame the discussion. Some references to start with:

Mahmoodi Z, Dolatian M, Shaban Z, Shams J, Alavi-Majd H, Mirabzadeh A. Correlation between Kind of Delivery and Posttraumatic Stress Disorder. *Ann Med Health Sci Res*. 2016 Nov-Dec;6(6):356-361. doi: 10.4103/amhsr.amhsr\_397\_15. PubMed PMID: 28540103; PubMed Central PMCID: PMC5423335.

Möller L, Josefsson A, Bladh M, Lilliecreutz C, Andolf E, Sydsjö G. Mental health after first childbirth in women requesting a caesarean section; a retrospective register-based study. *BMC Pregnancy Childbirth*. 2017 Sep 29;17(1):326. doi: 10.1186/s12884-017-1514-2. PubMed PMID: 28969603; PubMed Central PMCID: PMC5623957.

Olieman RM, Siemonsma F, Bartens MA, Garthus-Niegel S, Scheele F, Honig A. The effect of an elective cesarean section on maternal request on peripartum anxiety and depression in women with childbirth fear: a systematic review. *BMC Pregnancy Childbirth*. 2017 Jun 19;17(1):195. doi: 10.1186/s12884-017-1371-z. Review. PubMed PMID: 28629393; PubMed Central PMCID: PMC5477251.

#### STATISTICAL EDITOR'S COMMENTS:

Table 1: Need units for age. The tests for relationship status, education and current or past SUD each should have used Fisher's test, the p values cited are all incorrect. The samples are small, so there is little power to generalize NS findings. However, age, number of pregnancies and number of living children should each be cited as median(range or IQR) and tested non-parametrically, not with t-tests. Number of pregnancies or of living children are integers and since the samples are small, formatting as mean  $\pm$  SD does not give appropriate information as to the distribution of the data, as it implies normality.

## ASSOCIATE EDITOR'S COMMENTS:

1. Please remove statistical testing from Table 1 and simply present the data without statistical analysis
2. Table 2 seems primarily to be a consolidation of the quotes used in the results section and is somewhat repetitive.
3. Can you more directly reference table 3 in this section and how these conclusions were arrived at?
4. Discussion: well done and summarizes the findings well.

## EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

2. Based on the forms that have been submitted, Drs. Holland and Resnik have not met the criteria for authorship. On the third page of the form, under the section labeled "Authorship," items #2-4, in addition to either 1a or 1b, MUST be checked off in order to qualify for authorship. Drs. Holland and Resnik should be moved to the acknowledgments, or they could resubmit a revised author agreement form if he/she filled it out erroneously the first time. All updated and missing forms should be uploaded with the revision in Editorial Manager.

3. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), and quality improvement in health care (ie, SQUIRE 2.0). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at <http://ong.editorialmanager.com>. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, CHEERS, or SQUIRE 2.0 guidelines, as appropriate.

4. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at <http://links.lww.com/AOG/A515>, and the gynecology data definitions are available at <http://links.lww.com/AOG/A935>.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendices).

Please limit your Introduction to 250 words and your Discussion to 750 words.

6. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:

- \* All financial support of the study must be acknowledged.
- \* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
- \* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement form verifies that permission has been obtained from all named persons.
- \* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of

Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

7. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Original Research articles, 300 words. Please provide a word count.

8. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

9. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

10. We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If on the other hand, it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

11. Our readers are clinicians and a detailed review of the literature is not necessary. Please shorten the Discussion and focus on how your results affect or change actual patient care. Do not repeat the Results in the Discussion section.

12. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: [http://edmgr.ovid.com/ong/accounts/table\\_checklist.pdf](http://edmgr.ovid.com/ong/accounts/table_checklist.pdf).

13. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance ([obgyn@greenjournal.org](mailto:obgyn@greenjournal.org)). In most cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at <http://www.acog.org/Resources-And-Publications>.

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If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at <http://ong.editorialmanager.com>. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors, that each author has given approval to the final form of the revision, and that the agreement form signed by each author and submitted with the initial version remains valid.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Aug 23, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2017 IMPACT FACTOR: 4.982

2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

If you would like your personal information to be removed from the database, please contact the publication office.

August 21, 2018

Dear Editors of *Obstetrics & Gynecology*,

Thank you for the opportunity to revise and resubmit our original manuscript entitled “Pregnancy and Childbirth After Sexual Trauma: How Obstetric Providers Can Improve Women's Experience” for consideration for publication *Obstetrics & Gynecology*.

We continue to believe this manuscript is important and has implications for clinical practice given the prevalence of women with a history of sexual violence in the United States.

We have included the reviewer's comments below as well as our point-by-point responses indented and in italics. We have also included a revised version of the manuscript and tables with tracked changes.

**REVIEWER #1:**

1. Introduction: You imply there is no work on this in the obstetric or medical literature, only in nursing and midwifery lit, is this true?

*We acknowledge this claim is difficult to prove. This is based on both our own review of the literature and review with a research librarian. We found no manuscripts on this topic in the obstetric literature focusing on trauma-informed care recommendations for obstetricians & gynecologists. We agree that we should not imply certainty without a systematic review, thus we have changed the language in lines 70-71.*

2. Introduction: Lines 70-72 are a bit awkwardly written and could be expanded a bit to explain what trauma-informed care is and how it could be applied to L&D care.

*We have changed the language in lines 71-74 to clearly define trauma informed care and clarify the objective of this study.*

3. Methods: Data analysis: overall a good description, though I think a little more on how these transcripts were then taken and analyzed would help those of us not familiar with this type of research. I am struggling to see how the coded data was then used in analysis, and what types of tests would be used, etc...

*We have edited lines 125-130 to more clearly describe the coding process and how the coded data was used in thematic analysis.*

4. Results: Overall well described. Can you please tell us in this section if there were any statistical tests used to determine which of the subjective themes were important or more universal, or whether this was not done.

*No statistical tests were used to determine which of the subjective themes were important or more universal. This may be considered by some as a fundamental limitation of qualitative research as referenced in Atieno et al, 2009, although we feel that a qualitative approach to this data remains the most appropriate method.*

*Atieno, O. An analysis of the strengths and limitation of qualitative and quantitative research paradigms. Problems of Education in the 21st Century, 2009;13(1), 13-38.*

5. Results: Throughout this section there are numbers in parenthesis after quotes. It is not clear to me to what this refers. If it is a particular participant or theme, it is confusing as it seems to be references but is not.

*This refers to a particular participant in order to show that themes were not derived from only one participant. We have updated all participant references throughout the manuscript and tables. For example, we changed (2) to (Participant 2). We also added a footnote to Table 2 indicating that the participant numbers were randomly assigned to protect confidentiality and are not reflective of the order of participation.*

6. Table 2 seems primarily to be a consolidation of the quotes used in the results section and is somewhat repetitive.

*In qualitative research all conclusions are drawn from the participants own words rather than statistical tests. Therefore, we support our conclusions by showing repetition and themes among multiple interview participants. We have revised Table 2 to ensure there are no quotes that have that have already been included in the body of the manuscript.*

7. Can you more directly reference table 3 in this section and how these conclusions were arrived at?

*We have directly referred to table 3 in line 256.*

8. Discussion: well done and summarizes the findings well.

## **REVIEWER #2:**

My stumbling blocks are with two small grammatical issues. The phrase "inform trauma-informed care practices" while correct, is very awkward. Perhaps "support" or "enlighten" might be used. Secondly, there are several instances where "which" is inappropriately used in place of "that". Please look up this distinction. E.g., the Précis might read, "Patient-centered perspectives support trauma-informed care practices that may improve..."

*We appreciate this important feedback and have changed "inform trauma-informed care practices" to "support trauma-informed care practices" throughout the manuscript. We have also examined each use of "that" and "which" and updated each occurrence to be grammatically correct.*

## **REVIEWER #3:**

1- It may be useful to clarify who was approached and who was recruited. While the methods state that 50% of those recruited declined participation, it is probably more accurate to say that 50% of those who were approached declined to participate. It may also be useful to describe which mechanism yielded what % of participants to help to characterize the population.

*We have updated the language as suggested in line 97. Lack of this information is a weakness in our methods. Detailed information was not kept on ineligible patients and patients who declined. We also did not also keep statistics on what percentage of participants were recruited through fliers, direct referrals from obstetric providers, and referrals from earlier participants. This has been noted in the limitations section.*

2- Including the interview guides as an appendix would be helpful.

*Common to most qualitative interviews, our interview guide served as a foundation for discussion but is not reflective of the trajectory of all interviews since they were participant driven. We have edited lines 105 to 113 to provide more insight into our interview guide. Due to length restrictions we have not included the interview guide in its entirety. If preferred by the Editor, we can supply the entire interview guide.*

3- Comparison between groups is not a frequent part of qualitative studies- the authors could further elucidate how this approach was chosen, particularly as the populations were ultimately quite different separate from the trauma history.

*In lines 91-93 we clarified the importance of our comparison group. We have also included two additional citations from a growing body of literature that indicates a proportion of women may be traumatized by birth itself. As for your important comment that the study populations are ultimately quite different, this is consistent with literature indicting high rates of sexual violence among women with a current or past history of substance use disorder, with one study reporting rates above 50%. The exact interrelationship of these factors in our study population was not explored.*

*Ouimette PC, Kimerling R, Shaw J, Moos RH. Physical and Sexual Abuse Among Women and Men with Substance Use Disorders. Alcoholism Treatment Quarterly. 2000;18(3):7-17. doi:10.1300/J020v18n03\_02*

4- Quotations from the participants without a history of trauma should also be included if that population is being included.

*The primary role of the comparison group was to delineate effects of sexual trauma from baseline obstetric trauma as best we could. The purpose of the study remains to draw conclusions from the experiences of women with a history of sexual trauma. Therefore, we prioritized sharing the quotations from the participants with a history of sexual trauma out of respect for the word limit.*

5- The study is retrospective, and the sample size is small (even for a qualitative study). While the authors can make inferences about best practices for obstetric care based upon their findings, the frame of the study should acknowledge these limitations.

*We have included language in lines 331-333 in the limitations section to acknowledge the limitations of qualitative research and generalizability concerns.*

6- Table 2 and Table 3 seem to be the key findings of the study and should be further highlighted.

*In order to clarify the role of the tables, we have referred to them more clearly in the text.*

7- Reference #17, which incorporates 8 prior qualitative studies, incorporates many of the themes identified in the current work. How do the authors feel that the current study adds to the prior findings? Montgomery E. Feeling safe: a metasynthesis of the maternity care needs of women who were sexually abused in childhood. Birth. 2013 Jun;40(2):88-95. doi: 10.1111/birt.12043. PubMed PMID: 24635462

*Thank you for highlighting the importance of the metasynthesis conducted by Montgomery, et al in 2013. As evidenced by the inclusion of 8 qualitative the studies that were conducted between 1994-2011, a majority of the qualitative research on the subject of pregnancy and labor and delivery care of women with a history of sexual trauma has focused on women with a history of childhood sexual abuse. Our study serves to expand this definition to include women with multiple types of sexual trauma, including current intimate partner violence, which likely differs in in terms of frequency and effects. Additionally, as noted in the book Trauma Informed Care in the Perinatal Period by Seng et al. while*



*studies on this subject have primarily focused on the effects of a history of sexual trauma on the pregnancy and labor and delivery experience, it was not until 2011 that the focus shifted to interventions for women with a maltreatment history and specific provider recommendations.*

8- This recent paper may be useful to integrate: Sperlich M, Seng JS, Li Y, Taylor J, Bradbury-Jones C. Integrating Trauma-Informed Care Into Maternity Care Practice: Conceptual and Practical Issues. J Midwifery Womens Health. 2017 Nov;62(6):661-672. doi: 10.1111/jmwh.12674. Epub 2017 Nov 28. Review. PubMed PMID: 29193613.

*Thank you for bringing this excellent paper to our attention, we have integrated it into our discussion of the extending the principles of trauma informed midwifery care in line 274.*

a- Given the mental and physical health implications of cesarean, the recommendation for cesarean delivery should not be undertaken lightly. It may be most appropriate to exclude this from this paper given that it appears to be based on the comments of one participant. If it is included, additional data regarding the implications of this should be presented to frame the discussion. Some references to start with:

Mahmoodi Z, Dolatian M, Shaban Z, Shams J, Alavi-Majd H, Mirabzadeh A. Correlation between Kind of Delivery and Posttraumatic Stress Disorder. Ann Med Health Sci Res. 2016 Nov-Dec;6(6):356-361. doi: 10.4103/amhsr.amhsr\_397\_15. PubMed PMID: 28540103; PubMed Central PMCID: PMC5423335.

Möller L, Josefsson A, Bladh M, Lilliecreutz C, Andolf E, Sydsjö G. Mental health after first childbirth in women requesting a caesarean section; a retrospective register-based study. BMC Pregnancy Childbirth. 2017 Sep 29;17(1):326. doi: 10.1186/s12884-017-1514-2. PubMed PMID: 28969603; PubMed Central PMCID: PMC5623957.

Olieman RM, Siemonsma F, Bartens MA, Garthus-Niegel S, Scheele F, Honig A. The effect of an elective cesarean section on maternal request on peripartum anxiety and depression in women with childbirth fear: a systematic review. BMC Pregnancy Childbirth. 2017 Jun 19;17(1):195. doi: 10.1186/s12884-017-1371-z. Review. PubMed PMID: 28629393; PubMed Central PMCID: PMC5477251.

*Thank you for highlighting weight of this recommendation and the serious mental and physical sequela of the increasing rate of elective cesarean deliveries in the United States. We acknowledge that this recommendation is primarily based on the experience of one participant and should by no means be undertaken lightly. We do feel it is worth understanding better and we have chosen to include this point in the revision given the striking positive impact of this intervention on our participants' labor and delivery experience. In addition to the work of Mahmoodi, Möller, and Olieman we have included an additional reference to ACOG Committee Opinion 559.*

## **STATISTICAL EDITOR'S COMMENTS:**

Table 1: Need units for age. The tests for relationship status, education and current or past SUD each should have used Fisher's test, the p values cited are all incorrect. The samples are small, so there is little power to generalize NS findings. However, age, number of pregnancies and number of living children should each be cited as median (range or IQR) and tested non-parametrically, not with t-tests. Number of pregnancies or of living children are integers and since the samples are small, formatting as mean  $\pm$  SD does not give appropriate information as to the distribution of the data, as it implies normality.

*Based on the comment below from the Associate Editor, we have removed all statistics from Table 1.*

## **ASSOCIATE EDITOR'S COMMENTS:**

1. Please remove statistical testing from Table 1 and simply present the data without statistical analysis.

*We have removed all statistics from Table 1.*

2. Table 2 seems primarily to be a consolidation of the quotes used in the results section and is somewhat repetitive.

*In qualitative research all conclusions are drawn from the participants own words rather than statistical tests. Therefore, the way we support our conclusion is by showing repetition and themes among multiple interview participants. We have revised Table 2 to ensure there are no quotes that have already been included in the body of the manuscript and that only quotes with similar language under the same theme have been removed.*

3. Can you more directly reference table 3 in this section and how these conclusions were arrived at?

*We have directly referred to table 3 in line 267 and provided an explanation that Table 3 contains suggested provider practices based off of direct participant quotes and thematic analysis.*

4. Discussion: well done and summarizes the findings well.

## **EDITORIAL OFFICE COMMENTS:**

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

*In an effort to contribute to transparency around its peer-review process we will OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.*

2. Based on the forms that have been submitted, Drs. Holland and Resnik have not met the criteria for authorship. On the third page of the form, under the section labeled "Authorship," items #2-4, in addition to either 1a or 1b, MUST be checked off in order to qualify for authorship. Drs. Holland and Resnik should be moved to the acknowledgments, or they could resubmit a revised author agreement form if he/she filled it out erroneously the first time. All updated and missing forms should be uploaded with the revision in Editorial Manager.

*Included with the submission are revised author agreement forms for Dr. Holland and Kirsten Resnik. These were filled out erroneously the first time and now indicate that both individuals have met the criteria for authorship.*

3. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good

research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), and quality improvement in health care (ie, SQUIRE 2.0). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at <http://ong.editorialmanager.com>. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, CHEERS, or SQUIRE 2.0 guidelines, as appropriate.

*We thank you for your commitment to the responsible reporting of research studies. While not listed here we included what we believe to be the appropriate checklist for our manuscript with the initial submission. The Consolidated Criteria for Reporting Qualitative Research (COREQ) is recommended by the equator network for reporting on qualitative research and described by Tong, et al. We have updated the COREQ form upon resubmission to accurately reflect the updated page numbers.*

*Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care. 2007;19(6):349-357.*

4. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at <http://links.lww.com/AOG/A515>, and the gynecology data definitions are available at <http://links.lww.com/AOG/A935>.

*We have adhered to the reVITALize terminology. We use the terms vaginal delivery or cesarean delivery instead of vaginal birth or cesarean birth in a few instances when more appropriate.*

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes). Please limit your Introduction to 250 words and your Discussion to 750 words.

*We are aware of the Introduction and Discussion word limits as well as the length restrictions by manuscript type. Our introduction adheres to the 250-word limit. Yet much of the reviewer feedback on our Discussion necessitates providing further clarification or analysis. We reached out to Katie McDermott, Editorial Assistant for clarification. She informed us via email on August 8<sup>th</sup>, 2018 that as long as we are not repeating information from the Introduction or Results going over the Discussion word limit is at times permissible. If you find that our revised Discussion is too long, we welcome suggestions for decreasing the length. Our manuscript adheres to the Original Research reports 22-page typed, double-spaced limit of 5,500 words.*

6. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:

- \* All financial support of the study must be acknowledged.
- \* Any and all manuscript preparation assistance, including but not limited to topic development, data

collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.

\* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement form verifies that permission has been obtained from all named persons.

\* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

*Our acknowledgements have been updated to adhere to the above guidelines.*

7. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully. In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Original Research articles, 300 words. Please provide a word count.

*We have updated the abstract to reflect the edits made in this revision. The abstract length adheres to the journal guidelines and a word count is provided.*

8. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

*Only standard abbreviations and acronyms are use and abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.*

9. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

*The virgule symbol is not used in sentences with words.*

10. We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If on the other hand, it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

*We acknowledge the claim that there is no work on this topic outside the nursing and midwifery literature is difficult to prove based on both our own review of the literature and a review with a research librarian. The research librarian review was conducted in PubMed with search terms (("Sex Offenses"[Mesh] OR sexual violence OR sex violence)) AND (((("Pregnancy"[Mesh] OR pregnancy OR gestation)) AND ("Parturition"[Mesh] OR birth OR births OR childbirth OR childbirths)) Filters: Female. There were no date restrictions and only English-language papers were included. We then reviewed the titles and abstracts for 394 individual manuscripts. Though we found no manuscripts on this*

*topic in the obstetric literature focusing on trauma-informed care recommendations for obstetrician & gynecologists we have changed the language in lines 70-71.*

11. Our readers are clinicians and a detailed review of the literature is not necessary. Please shorten the Discussion and focus on how your results affect or change actual patient care. Do not repeat the Results in the Discussion section.

*Both Reviewer 1 and the Associate Editor commented that the Discussion was well done and summarizes the findings well, while Reviewer 3 offers multiple excellent points for further clarification or analysis. We ensured that our Discussion does not repeat information from the introduction or results. We reached out to Katie McDermott, Editorial Assistant for clarification who informed us that going over the Discussion word limit may be permissible as long as the overall manuscript adheres to page limits.*

12. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: [http://edmgr.ovid.com/ong/accounts/table\\_checklist.pdf](http://edmgr.ovid.com/ong/accounts/table_checklist.pdf).

*We have reviewed the journal's Table Checklist and edited the tables to conform to the journal style.*

13. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance ([obgyn@greenjournal.org](mailto:obgyn@greenjournal.org)). In most cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at <http://www.acog.org/Resources-And-Publications>.

*We have reviewed all the citation of all college documents in the manuscript for accuracy.*

We look forward to your response and will be happy to make further edits based on ongoing review.

Thank you again for your consideration.

Sincerely,



Lauren Sobel, DO, MPH  
Boston Medical Center, Boston University



## Daniel Mosier

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**From:** Sobel, Lauren [REDACTED]  
**Sent:** Tuesday, August 28, 2018 7:57 PM  
**To:** Daniel Mosier  
**Subject:** Re: Manuscript Revisions: ONG-18-1291R1  
**Attachments:** 18-1291R1 ms (8-28-18v4)\_LES.docx

I have reviewed the attached manuscript. I have updated line 446 to be more specific about the type of recommendation (see attached). Otherwise I agree with all changes in this version.

Thank you,

Lauren

--

Lauren E. Sobel, DO, MPH  
PGY-3 | Department of Obstetrics & Gynecology  
Boston Medical Center  
[REDACTED]

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From: Daniel Mosier <dmosier@greenjournal.org>  
Sent: Tuesday, August 28, 2018 1:29:09 PM  
To: Sobel, Lauren  
Subject: RE: Manuscript Revisions: ONG-18-1291R1

Dr. Sobel,

Thank you for returning your edits in a very timely manner. While the editor on your manuscript did not have any additional queries for you and your co-authors, he has made a number of edits. Please review the attached version of the manuscript and let us know if you have any disagreements.

If you need to make any additional edits to your manuscript, please use the attached version of the paper. Leave the track changes on, and do not use the "Accept all Changes" function prior to re-submission.

Please let us know if you have any other questions or concerns.

Sincerely,  
-Daniel Mosier

Daniel Mosier  
Editorial Assistant  
Obstetrics & Gynecology  
Tel: 202-314-2342

From: Sobel, Lauren [REDACTED]  
Sent: Monday, August 27, 2018 9:43 PM  
To: Daniel Mosier <dmosier@greenjournal.org>  
Subject: Re: Manuscript Revisions: ONG-18-1291R1

Mr. Mosier,

We have addressed queries 1-9. I believe some of the line numbers are slightly different as indicated below. Please see attached for the edits with track changes on.

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes. Thank you very much for taking the time. We agree with all changes.
2. LINE 8: Please ask Erica Holland to respond to her authorship confirmation email. We emailed her at [REDACTED] The email contains a link that needs to be clicked on. The sender of the email is EM@greenjournal.org<mailto:EM@greenjournal.org<mailto:EM@greenjournal.org%3cmailto:EM@greenjournal.org>>>. I have contacted her and will follow-up on the status of this.
3. LINE 39: Add the type of study you conducted to this section. Done (line 54).
4. LINE 40: Please tell where these women came from (e.g., tertiary care center ambulatory clinic). Done (line 56).
5. LINE 43:
- \* In the methods you have set up two groups. Have you blended them here? If so, why? Does not seem like you should have. Clarified (line 60). In the abstract results we report only on the women with a history of sexual trauma. Due to the abstract word limit we were not able to incorporate the results of our comparison group.
  - \* Please provide some numbers for the Results. Not done. I am unclear which numbers you are referring to.
  - \* Please fill in time frame, and how many you approached and how many participated. Time frame filled in (line 59). Detailed information was not kept on ineligible patients and patients who declined. This is a weakness in our methods.
6. LINE 66: Please be consistent in hyphenation. Noted in line 131.
7. LINE 75: Add the type of study you conducted to this section. Done (line 141)
8. LINE 122: Were the women in each group numbered sequentially? We added a footnote to Table 2 indicating that the participant numbers were randomly assigned to protect confidentiality. We only report quotes from women with a history of sexual trauma. We summarize the findings from our comparison group (women without a history of sexual trauma) without direct quotes in the results section.
9. LINE 240: What is the antecedent to this? Done (line 378)

I am happy to make further edits based on ongoing review.

Best,

Lauren

Lauren E. Sobel, DO, MPH  
PGY-3 | Department of Obstetrics & Gynecology  
Boston Medical Center

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From: Daniel Mosier <dmosier@greenjournal.org<mailto:dmosier@greenjournal.org>>  
Sent: Monday, August 27, 2018 16:17  
To: Sobel, Lauren  
Subject: Manuscript Revisions: ONG-18-1291R1

Dear Dr. Sobel,

Thank you for submitting your revised manuscript. While the Editors did not have any major queries for you and your co-authors, please do the following:

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes.
2. LINE 8: Please ask Erica Holland to respond to her authorship confirmation email. We emailed her at [REDACTED] The email contains a link that needs to be clicked on. The sender of the email is EM@greenjournal.org<mailto:EM@greenjournal.org<mailto:EM@greenjournal.org%3cmailto:EM@greenjournal.org>>.
3. LINE 39: Add the type of study you conducted to this section.
4. LINE 40: Please tell where these women came from (e.g., tertiary care center ambulatory clinic)
5. LINE 43:
  - \* In the methods you have set up two groups. Have you blended them here? If so, why? Does not seem like you should have
  - \* Please provide some numbers for the Results
  - \* Please fill in time frame, and how many you approached and how many participated.
6. LINE 66: Please be consistent in hyphenation
7. LINE 75: Add the type of study you conducted to this section.
8. LINE 122: Were the women in each group numbered sequentially?
9. LINE 240: What is the antecedent to this?

If you need to make additional changes, please use the attached version of the manuscript, leave the track changes on, and do not use the "Accept all Changes" function in Microsoft Word.

Please let me know if you have any questions. Your prompt response to these queries will be appreciated; please respond no later than COB on Wednesday, August 29th.

Sincerely,  
-Daniel Mosier



Daniel Mosier  
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