Date: Sep 13, 2018
To: "Sean T O'Leary" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-1380

RE: Manuscript Number ONG-18-1380

Obstetrician/Gynecologists' Strategies to Address Vaccine Refusal Among Pregnant Women

Dear Dr. O'Leary:

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 Oct 04, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

REVIEWER #1:

O'Leary and colleagues report findings from a survey study of OB/GYN providers who were representatives of an ACOG national network identified through the Vaccine Policy Collaborative Initiative to assess perceived patient vaccine (influenza and TDAP) receptiveness, reasons for refusal, and strategies used when encountering vaccine refusal to increase utilization. Of the 477 surveys administered, the response rate was 69%. The authors noted that vaccine refusal of influenza was more common than TDAP. A point-by-point critique of the paper follows:

1) The authors noted that they administered surveys by email and regular mail. How did the authors assure that duplicate surveys were not received from the same individual (mailed version and emailed version).

2) How was the cohort of providers identified from the entire membership of ACOG for this investigation? Does the demographic pattern for those administered the survey (respondents and non-respondents) mirror the general membership of ACOG? The small sampling of OB/GYN providers (ACOG members = 40,000 members) limited potential generalizability. Additional specifics regarding the selection of candidates to participate in the survey should be provided in the revised paper.

3) How was the sample size for the study identified? This should be specified in the revised paper.

4) Tables 1-2 and Figures 1-5 appear appropriate.

REVIEWER #2:

1. Lines 216-218 - This result leaves me wondering. Is this just an aside, or is there something more specific the authors/researchers are trying to show or do? What's the relevance as a stand-alone question here? Should the Ob-Gyn gain confidence in responding to pregnant patients' questions about infant vaccination?

2. Line 261 - Comparing the figure 90% here to the equivalent figure in Table 2 of 91%. Please recheck to assure which figure is most accurate.

3. Line 275 - Is this result related to comment on lines 216-218? Please consider. Should professional associations respond to the need by recommending increased knowledge about infant and childhood vaccines for their pregnant patients?

4. Line 326 - I think this is a very good point. I'm not sure it's that surprising that a negatively framed message related to the potential harms to a fetus/newborn would be the tipping point for pregnant women in deciding to receive the vaccines. The bigger issue is why don't positively framed messages and education about the safety and effectiveness of the vaccines achieve the same goal? Can you add anything from your analyses that might address this in the future? I think the clinical and public health implications could be great.

5. Line 349 - What are your conclusions?

6. Line 355 - Could the number of references be reduced to approximately 30? Please explain.

7. Line 537 - Tables and figures need to stand alone from the text. Please be sure that headings and footnotes provide enough explanation so that the reader can peruse the added information without needing to view the text.

REVIEWER #3:

The authors were interested in the frequency of vaccine refusal among obgyn patients and perceived reasons for refusal and strategies to convert women. The authors conducted a mail and internet survey of obgyn's across the country. While this is an important topic, there are some limitations of this study that hinder the generalizability of the study findings. There are also some areas that need clarification in the manuscript.

1. Recommendations: The authorship team included representatives from ACOG and from CDC. As such, it was confusing why the manuscript does not specifically mention the recommendations themselves and/or "national goals". For example, the second sentence of the introduction says that vaccination against influenza and pertussis is now routinely recommended for all pregnant women in pregnancy. But the references to support this statement are from 2013 and 2004 respectively.

I believe that the latest recommendation from ACIP regarding influenza (which includes the recommendation for pregnant women) is: Grohskopf LA, Sokolow LZ, Broder KR, et al. Prevention and Control of Seasonal Influenza with Vaccines. MMWR Recomm Rep 2016;65(No. RR-5):1-54. Available from: https://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm . The latest recommended immunization schedule for adults is available at: https://www.cdc.gov/vaccines/schedules /hcp/imz/adult-conditions.html and includes the recommendation for pregnant women. ACOG has issued a committee opinion regarding maternal immunization in their June 2018 issue. CDC has posted on their Pregnancy and Vaccination webpage a letter to providers regarding Tdap and influenza vaccination to pregnant women. This 2017 letter was endorsed by several medical associations. https://www.cdc.gov/flu/pdf/professionals/pregnant-women-letter_september-2017-2018.pdf.

It is unclear what is meant by 'national goals'. Are the authors referring to Healthy People 2020 goals for influenza vaccination among pregnant women (IID-12.14), for example?

2. Study design: The authors reference citation 36 as justification for the design to pool internet and mail surveys. However, this work was done over a decade ago and survey research has changed considerably. There is a wealth of literature on mixed-mode surveys and their strengths and limitations. It remains unclear how the authors decided to allocate participants to each mode, whether there was an opportunity for crossover on both modes, and whether the authors compared results between modes to determine whether the results could be pooled without missing a mode-effect.

3. Questionnaire content: While the authors briefly mentioned pre-testing and piloting the survey before implementing it, it is unclear exactly how the questions were asked. For example, in the results section the authors say "90% of ob-gyns reported that their practice administered at least one vaccine to pregnant women." What is the time frame? Ever? Past month? The authors go on to talk about "recommending Tdap vaccine to household contacts of pregnant women." What do the authors mean here? Why would you be talking to a household contact vs. the woman herself? Ultimately, a limitation of this analysis is that providers are asked very subjective questions about their practice and perceived reasons for refusal. The approach is less rigorous and thus, is less generalizable. If you want to know why women refuse vaccines during pregnancy, ask the women directly vs. asking the provider what they perceived to be the barrier.

4. Citations: As mentioned earlier, some citations seem quite out of date or not the best reference to support a given statement. In some areas, the authors repeatedly cite different years of the same document (so various updates of a particular standard CDC report). Ultimately, if the authors need to reference a particular estimate from a particular year, then it would make sense to cite the different reports. However, this does not appear to be the case.

REVIEWER #4:

The authors are to be congratulated for performing this study of OBGYNs addressing vaccine refusal (influenza and Tdap) amongst pregnant women. This is an important topic/issue for practicing OBGYNs (as well as family practioners and CNMs). The most important issue investigated was that of how OBGYNs respond to vaccine refusal.

The objectives are clearly identified.

The authors in the Materials and Methods describe the population, the survey design and the analysis.

The response rate of 69% for such a study survey is very good.

Given how often respondents recommend vaccinations for influenza and Tdap, it is interesting that they more often recommend Tdap rather than the influenza vaccine "always".

It is interesting that only 60% reported that they sometimes received questions about the vaccines. I would have expected this number to be much higher.

It is surprising that "standing orders" are at 60% and 56% for influenza and Tdap even with the barriers as identified.

There is no doubt that it is time consuming to discuss the recommendations for vaccination and that even after discussion there is for many reasons a refusal to be vaccinated.

Explaining that refusing vaccination may be harmful to the fetus is perceived as an effective strategy is not surprising to me.

I found the description of refusal of vaccination data to be confusing as written and wonder whether a table could be used instead.

STATISTICAL EDITOR'S COMMENTS:

1. General: Most of the results, (apart from comparison of responders vs non-responders in Table 1) are in the form of lists of numerical order. Some concise description of the important statistical comparisons should be included. Another approach might be to report key findings as proportions, but with CIs, in order to put the findings in context.

2. lines 215-216: Unclear what is being compared and what stats test is being used.

3. lines 343-345: Another limitation is implied by Table 1, in that the respondents were more often male and more often practicing within larger groups of providers. There might not only be differences by gender, but also by group size and possibly intraclass correlation of practices, experience and attitudes clustered within a group.

4. Table 2: Alternatively, could format this as median (IQR) scores on Likert scale, which would be easily compared statistically, rather than citing numerical differences as to which strategies were more often used or thought to be effective. This Table could be seen as on-line supplemental.

5. Figs 1, 2, 3, 4: Again, rather than citing numerical differences or showing in order of % major barrier, some statistical comparisons might be useful.

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. 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. Variance is needed in the following sections:
a. Was this presented at Infectious Disease Week? If so, please disclose this information on your title page.
b. Please add variance to lines 343-345 (nearly verbatim from previous article by the same authors; "This study has…and practices").

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 appendixes).

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. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

8. 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.

9. 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.

10. 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.

11. 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.

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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 Oct 04, 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

In response to the EU General Data Protection Regulation (GDPR), you have the right to request that your personal information be removed from the database. If you would like your personal information to be removed from the database, please contact the publication office.

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

[redacted]

October 2, 2018

Nancy C. Chescheir, MD
Chapel Hill, NC

Dear Dr. Chescheir;

Thank you for your thoughtful reviews of our manuscript entitled "Obstetrician/Gynecologists' Strategies to Address Vaccine Refusal Among Pregnant Women." I have responded to the editors' and each of the reviewers' comments below.

REVIEWER #1:
1) The authors noted that they administered surveys by email and regular mail. How did the authors assure that duplicate surveys were not received from the same individual (mailed version and emailed version).
We have added a sentence to the methods describing the process to avoid duplicate surveys (lines 219-220).

2) How was the cohort of providers identified from the entire membership of ACOG for this investigation? Does the demographic pattern for those administered the survey (respondents and non-respondents) mirror the general membership of ACOG? The small sampling of OB/GYN providers (ACOG members = 40,000 members) limited potential generalizability. Additional specifics regarding the selection of candidates to participate in the survey should be provided in the revised paper.
We have added further detail to the manuscript describing the process for obtaining a representative sample (lines 171-177).

3) How was the sample size for the study identified? This should be specified in the revised paper.
This information has been added to the manuscript Lines 175-182).

REVIEWER #2:
1) Lines 216-218 - This result leaves me wondering. Is this just an aside, or is there something more specific the authors/researchers are trying to show or do? What's the relevance as a stand-alone question here? Should the Ob-Gyn gain confidence in responding to pregnant patients' questions about infant vaccination?
We chose to include this question and the one referred to in Reviewer 2, comment #3, below, as we felt that it was in the scope of obstetric practice related to vaccination. There is also a great deal of interest among some researchers addressing infant vaccination in interventions in the ob-gyn setting, yet little is known about how often these questions arise for obstetricians, nor about

their comfort level about the infant series. So while there is not room in the discussion to comment on this issue, we would prefer to leave these important data in the manuscript.

2) Line 261 - Comparing the figure 90% here to the equivalent figure in Table 2 of 91%. Please recheck to assure which figure is most accurate.
We thank the reviewer for noticing this error and have edited the text.

3) Line 275 - Is this result related to comment on lines 216-218? Please consider. Should professional associations respond to the need by recommending increased knowledge about infant and childhood vaccines for their pregnant patients?
As above in Reviewer 2, comment #1.

4) Line 326 - I think this is a very good point. I'm not sure it's that surprising that a negatively framed message related to the potential harms to a fetus/newborn would be the tipping point for pregnant women in deciding to receive the vaccines. The bigger issue is why don't positively framed messages and education about the safety and effectiveness of the vaccines achieve the same goal? Can you add anything from your analyses that might address this in the future? I think the clinical and public health implications could be great.
We appreciate the reviewer picking up on this important point. This is an active area of investigation by our research group and others.

5) Line 349 - What are your conclusions?
We have added a conclusions section (lines 403-409). To do so, we needed to cut some words throughout the discussion.

6) Line 355 - Could the number of references be reduced to approximately 30? Please explain.
We have edited the references and reduced the total number to 30.

7) Line 537 - Tables and figures need to stand alone from the text. Please be sure that headings and footnotes provide enough explanation so that the reader can peruse the added information without needing to view the text.
We have edited Table 1 at the reviewer's suggestion. The other table and figures seem complete upon review but we are happy to edit or add additional details if needed.

REVIEWER #3:

1) Recommendations: The authorship team included representatives from ACOG and from CDC. As such, it was confusing why the manuscript does not specifically mention the recommendations themselves and/or "national goals". For example, the second sentence of the introduction says that vaccination against influenza and pertussis is now routinely recommended for all pregnant women in pregnancy. But the references to support this statement are from 2013 and 2004 respectively.

I believe that the latest recommendation from ACIP regarding influenza (which includes the recommendation for pregnant women) is: Grohskopf LA, Sokolow LZ, Broder KR, et al.

Prevention and Control of Seasonal Influenza with Vaccines. MMWR Recomm Rep 2016;65(No. RR-5):1-54. Available from: https://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm . The latest recommended immunization schedule for adults is available at: https://www.cdc.gov/vaccines/schedules/hcp/imz/adult-conditions.html and includes the recommendation for pregnant women. ACOG has issued a committee opinion regarding maternal immunization in their June 2018 issue. CDC has posted on their Pregnancy and Vaccination webpage a letter to providers regarding Tdap and influenza vaccination to pregnant women. This 2017 letter was endorsed by several medical associations. https://www.cdc.gov/flu/pdf/professionals/pregnant-women-letter_september-2017-2018.pdf.

It is unclear what is meant by 'national goals'. Are the authors referring to Healthy People 2020 goals for influenza vaccination among pregnant women (IID-12.14), for example?
We have updated these references as suggested, although rather than referring to the adult immunization schedule, there is a more recent reference regarding pertussis vaccination specifically. In the interest of streamlining our references, we also took out mention of any national goals, as the sentence regarding uptake being suboptimal stands on its own (line 93).

2) Study design: The authors reference citation 36 as justification for the design to pool internet and mail surveys. However, this work was done over a decade ago and survey research has changed considerably. There is a wealth of literature on mixed-mode surveys and their strengths and limitations. It remains unclear how the authors decided to allocate participants to each mode, whether there was an opportunity for crossover on both modes, and whether the authors compared results between modes to determine whether the results could be pooled without missing a mode-effect.
We appreciate the reviewer's attention to these important details. Allocation to mode and opportunity for crossover are detailed in lines 213-218. Regarding a more recent reference for pooling Internet and mail surveys, while we appreciate that there are many studies examining the impact of mode, the vast majority of these are regarding comparing modes to achieve higher response rates, particularly those focused on physicians. The specific reference we cite is a randomized trial comparing modes and is the most recent we are aware of examining whether or not the mode matters for an individual's response. In our case, because the mode was chosen by the study participants, there may be differences because older physicians are well known to more likely prefer mail. However, any differences would not be explained by the mode but by the differences in age of the physicians (or other characteristics related to this choice). We feel that reporting any such differences could distract from the main messages of the manuscript and would prefer not to do so. Results by mode are also generally not reported in similar mixed-mode studies, unless a stated objective is to compare the modes. However, if the editor prefers, we can provide these additional analyses in an online appendix.

3) Questionnaire content: While the authors briefly mentioned pre-testing and piloting the survey before implementing it, it is unclear exactly how the questions were asked. For example, in the results section the authors say "90% of ob-gyns reported that their practice administered at least one vaccine to pregnant women." What is the time frame? Ever? Past month? The authors go on

to talk about "recommending Tdap vaccine to household contacts of pregnant women." What do the authors mean here? Why would you be talking to a household contact vs. the woman herself? Ultimately, a limitation of this analysis is that providers are asked very subjective questions about their practice and perceived reasons for refusal. The approach is less rigorous and thus, is less generalizable. If you want to know why women refuse vaccines during pregnancy, ask the women directly vs. asking the provider what they perceived to be the barrier.
The reviewer brings up several points here, some of which surround the way the questions were asked. We therefore have added a sentence to the methods stating that the survey instrument is available as supplemental digital content (line 210). We have also edited certain sentences in the text of the results to clarify these questions (lines 236-237, lines 239-241).
Regarding the broader point of asking ob-gyns these questions as opposed to pregnant women, both perspectives are important. The focus of this manuscript is the perspective of the ob-gyn, and we highlight the importance of the perspective of pregnant women in the discussion (lines 372-373, lines 406-409).

4) Citations: As mentioned earlier, some citations seem quite out of date or not the best reference to support a given statement. In some areas, the authors repeatedly cite different years of the same document (so various updates of a particular standard CDC report). Ultimately, if the authors need to reference a particular estimate from a particular year, then it would make sense to cite the different reports. However, this does not appear to be the case.
We have edited the references as suggested by Reviewers 2 and 3.

REVIEWER #4:
Reviewer #4 had primarily complimentary or observational comments which we have included in this letter.
1) I found the description of refusal of vaccination data to be confusing as written and wonder whether a table could be used instead.
We have created a table for these data at the reviewer's suggestion (Table 2).

STATISTICAL EDITOR'S COMMENTS:

1) General: Most of the results, (apart from comparison of responders vs non-responders in Table 1) are in the form of lists of numerical order. Some concise description of the important statistical comparisons should be included. Another approach might be to report key findings as proportions, but with CIs, in order to put the findings in context.
We have added text to the methods regarding the analysis (lines 227-228). In addition, we have provided an online appendix showing confidence intervals for the response. While many of the confidence intervals overlap, we would prefer to show them in the order as presented in the figures for simplicity of interpretation. Our preference is to have this information as supplemental digital content for interested readers, but if the editor prefers, we are happy to include this information in the main manuscript.

2) lines 215-216: Unclear what is being compared and what stats test is being used.
We have edited this sentence for clarification (lines 239-242).

3) lines 343-345: Another limitation is implied by Table 1, in that the respondents were more often male and more often practicing within larger groups of providers. There might not only be differences by gender, but also by group size and possibly intraclass correlation of practices, experience and attitudes clustered within a group.
None of our respondents are from the same practice. We have added a sentence clarifying this to the methods (lines 181-182).

4) Table 2: Alternatively, could format this as median (IQR) scores on Likert scale, which would be easily compared statistically, rather than citing numerical differences as to which strategies were more often used or thought to be effective. This Table could be seen as on-line supplemental.
After consultation with our biostatistician, because these responses on the Likert scale are categorical rather than continuous we would prefer to present this table as is. However, if the editor prefers, we can create this for an online appendix.

5) Figs 1, 2, 3, 4: Again, rather than citing numerical differences or showing in order of % major barrier, some statistical comparisons might be useful.
As above under Statistical Editor comment 1.

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.

OPT-IN.

2) 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. Variance is needed in the following sections:

a. Was this presented at Infectious Disease Week? If so, please disclose this information on your title page.
We apologize for this oversight and have added this information to the title page.

b. Please add variance to lines 343-345 (nearly verbatim from previous article by the same authors; "This study has…and practices").
We have edited this sentence as suggested (lines 387-388).

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 have completed the STROBE checklist for observational studies and included it in the attachments.

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 reviewed these data definitions.

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 have followed all recommended word limits and noted these in the title page (line 49).

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). Financial support is acknowledged on the title page (Lines 33-35).

7) Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.
We have edited the Short Title (line 31).

8) 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 reviewed the abstract for consistency and added the word count to the title page (line 49).

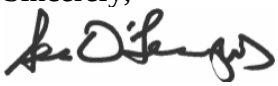
9) Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com/ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.
We have reviewed the abbreviations used in the manuscript with a legend on the title page (lines 27-29).

10) 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.
We have removed the virgule symbols from the manuscript.

11) 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.
We have reviewed the Table Checklist and our tables appear to conform to journal style.

Again, we thank you for your thoughtful review and are happy to answer any further questions.

Sincerely,



Sean O’Leary, MD, MPH

[redacted]

Daniel Mosier

From: O'leary, Sean [redacted]
Sent: Wednesday, October 10, 2018 5:30 PM
To: Daniel Mosier
Subject: Re: Manuscript Revisions: ONG-18-1380R1
Attachments: 18-1380R1 ms (10-10-18v2)_edits.docx; Author Declaration of Transparency_OLeary.pdf; Alison agreementform2[1].pdf; Albert agreementform[2].pdf

Hi Daniel,
Below are my responses to the queries, and attached are the manuscript and accompanying files. Let me know of any other questions.

Thanks!
Sean

From: Daniel Mosier <dmosier@greenjournal.org>
Date: Wednesday, October 10, 2018 at 12:03 PM
To: "O'leary, Sean" [redacted]
Subject: Manuscript Revisions: ONG-18-1380R1

Dear Dr. O'Leary,

Thank you for submitting your revised manuscript. It has been reviewed by the editor, and there are a few issues that must be addressed before we can consider your manuscript further:

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes. *These all look good.*
2. LINE 4: Please submit an Author Agreement form for Mandy A. Allison with both the "Disclosure of Potential Conflicts of Interest" and "Authorship" sections completed. *Attached.*
3. LINE 5:
   a. Please provide a completed author agreement forms for Alison P. Albert using the latest version of our author agreement form, which can be found at http://edmgr.ovid.com/ong/accounts/agreementform.pdf. Note that both the "Authorship" and "Disclosure of Potential Conflicts of Interest" sections need to be completed, along with providing a signature. Please read the form carefully. *Attached.*
   b. Please ask the following authors to respond to their authorship confirmation email. We emailed them at the email addresses listed below. The email contains a link that needs to be clicked on. The sender of the email is EM@greenjournal.org. *We have reminded them. Please let us know if this is not taken care of immediately and we will continue to remind them.*

      Allison Fisher
      [redacted]

      Lori A Crane
      [redacted]

      Allison Kempe
      [redacted]

4. LINE 25: Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained." *The manuscript's guarantor. Please provide a signed version of this statement. *Statement attached.*
5. LINE 59: Please be sure all the required information is included in this paragraph. The Methods should include "Study design, participants, outcome measures, and, in the case of a negative study, statistical power." All info. in the abstract must also be stated elsewhere in the paper. *Response is in attachment. This is complete as is since this is a descriptive study.*
6. LINE 72: Line 239 says 96%. Which is correct? *96% is correct and we have edited the abstract.*
7. LINE 180: Please substantially shorten text that relates to Figures 1, 2, 3 and 4 as it seems largely duplicative. If the same is true for the Tables, do the same please. *These have been shortened.*
8. LINE 183: Please throughout replace the virgule with "or" *We have deleted what we believe was the last one in the manuscript, with the exception of showing the numerator and denominator for the response rate in the abstract and results. If the journal style is such that a virgule should not appear there either, we would suggest "331 out of 477" instead.*
9. LINE 205: Please express this p-value and all the p-values in your paper to no more than three decimal places. *We have eliminated the extra zeros from the p values.*
10. LINE 215: The abstract says 95%. *As above.*

Each of these points are marked in the attached manuscript. Please respond point-by-point to these queries in a return email, and make the requested changes to the manuscript. When revising, please 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 **Friday, October 12th.**
Sincerely,
-Daniel Mosier

Daniel Mosier
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Obstetrics & Gynecology
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From: [redacted]
To: Stephanie Casway
Subject: Re: O&G Figure Revision: 18-1380
Date: Wednesday, October 10, 2018 4:11:33 PM

Hi Stephanie,
Thank you for making our figures look pretty!

In Figure 1, at the bottom, it says “Not at all of a barrier.” Should be “Not at all a barrier.”

For Figure 2, under where it says “Attitudes” at the top, it should be “(percentage strongly agree [95% CI])”.

For Figure 3, under “Perceptions” at the top, it should read “(percentage reporting ‘a lot’ [95% CI])”. Also, it will make more sense if at the bottom of the figure where the box has “A lot,” “Some,” and “A little,” if at the top of that box it says “Perceived level of contribution to vaccine refusal.” It also might be better to switch “Some” and “A little” since that was the order of the question and the order in the figure.

For Figure 4, there is a typo at the top (“Bariers” is missing an r).

Thanks!
Sean

From: Stephanie Casway <SCasway@greenjournal.org>
Date: Wednesday, October 10, 2018 at 12:43 PM
To: "O'leary, Sean" [redacted]
Subject: O&G Figure Revision: 18-1380

Good Afternoon Dr. O’Leary,

Your figures and legend have been edited, and PDFs of the figures and legend are attached for your review. Please review the figures CAREFULLY for any mistakes. In addition, please see our query below.

AQ1: Note that we combined the information from the confidence intervals appendix file into each figure. If you would prefer for it to appear differently, just let me know.

PLEASE NOTE: Any changes to the figures must be made now. Changes at later stages are expensive and time-consuming and may result in the delay of your article’s publication.

To avoid a delay, I would be grateful to receive a reply no later than Friday, 10/12. Thank you for your help.

Best wishes,

Stephanie Casway, MA
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