

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:

obgyn@greenjournal.org.

Date: Jun 14, 2019
To: "Monica Ulhee Hahn" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-771

RE: Manuscript Number ONG-19-771

Submission to Obstetrics & Gynecology: Case Report
Providing patient-centered perinatal care for transgender men and gender diverse individuals: A collaborative multidisciplinary team approach.

Dear Dr. Hahn:

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 Jul 05, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: In this case report, Hanh and colleagues take their readers through the relatively uncomplicated pre-conception, prenatal, delivery and postpartum experience of a transgender man, but highlight the extraordinary care and consideration required to deliver these routine services for a transgender patient. The authors balanced the inclusion of sufficient medical details with the information most useful to the readers, specifics and teaching points of best-practices for clinics and hospital wards as we as a medical community learn this new frontier of culturally-sensitive care. Table 1 serves to reinforce and highlight the specific actions health care systems can adopt to approach similar patients.

On line 118, I was curious about the other options for preferred terminology for anatomical parts and functions. Perhaps this list could be made into Table 2 if the authors believe this is valuable for the readers.

Otherwise, I have no specific edits or suggestions as to the case report or teaching points.

Reviewer #2: Case report on pregnancy in transgender diverse individual. Case is missing information on psychosocial support provided during the pregnancy and if the patient was referred.

Abstract - please move teaching points to end of abstract.

Line 84-86 - please provide a little more detail about TGD people and pregnancy

Line 100-104 and 107-109 - who provided this care? The PCP?

Line 110 - please provide more detail about TransLine - who staffs it, who is it available to, does it provide specific consultations or just general advice?

Line 120-123 - was this training conducted specifically because of this patient or as a general education activity for these staff? Did radiology techs use gender neutral language with all patients or just this patient?

Line 140 - what was sex of infant? Any androgenizing effects from the previous testosterone therapy?

Line 163-164 - please back up this statement with lit search info, etc.

Line 170-171 - reference or is this the author's opinion? Please clarify

Line 184-197 - teaching points should be related specifically to the case presented

EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.

- The précis is a single sentence of no more than 25 words, written in the present tense and stating the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstracts conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Précis should be the "hook" for people who scan the Table of Contents to see what to read. It shouldn't not include statements like "in this study" or "we found". Just state what you found.

- We no longer require that authors adhere to the Green Journal format with the first submission of their papers. However, any revisions must do so. I strongly encourage you to read the instructions for authors (the general bits as well as those specific to the feature-type you are submitting). The instructions provide guidance regarding formatting, word and reference limits, authorship issues, and other things. Adherence to these requirements with your revision will avoid delays during the revision process, as well as avoid re-revisions on your part in order to comply with the formatting.

- Please consult the Instructions for Authors regarding the use of abbreviations, and what constitutes an acceptable abbreviation. This is not an acceptable abbreviation. Please spell out all abbreviations on first use. It is reasonable to not use abbreviations for words that are seldom used in the paper. We try to limit "unique" abbreviations so that readers don't have to frequently refer back to the first notation of the abbreviation to remember its meaning. We realize that this may affect word count but believe it makes it easier in most cases for the reader.

- Seems like this sentence should be rearranged--as written, it seems that the target for what you are seeking is the person who is gender diverse. But the target is the health care team, in caring for gender diverse individuals. Would you consider "There is scant clinical guidance for health care teams providing preconception, prenatal, intrapartum and postpartum care to gender diverse people who desire pregnancy"?

- Just describe it; don't tell us you are describing it. Delete the highlighted and restructure the sentence to do so.

- This is surely not the first gender-diverse person who has delivered at your hospital. what about this person's care resulted in a change in the system?

- again, don't tell us you are summarizing this information, just summarize it.

- "one" is singular (line 79) while "Their identify" is plural (line 80) Can you please align?

- dose the clause after reproductive capacity add anything?

- this is awkward. Do you mean THIS patient's care team? How about just "we share"...?

- what is wrap around care?

- define Latinx

- "Service" is not a person so this should be "which recommended". If you wish to change to to "expert clinical consultant", then "who" would be correct.

- how was this documented in the Med Record to avoid having to revisit it each appointment and from ambulatory to inpatient settings?

- Called sonographers--preferred term.

- during ultrasound appointments. was the training to do this will patients or only for W?

- what would you recommend for hospitals in states where this isn't legal?
- one can only imagine the kerfuffle this caused.
- The Journal style doesn't not use the virgule (/) except in numeric expressions. Please edit here and in all instances.
- perhaps: Testosterone should not be considered a contraceptive?
- you did not address this in your paper. I would either add this to the paper or delete here.

2. 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:

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

3. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

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 has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at <https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Case Reports should not exceed 8 typed, double-spaced pages (2,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

6. Specific rules govern the use of acknowledgments in the journal. Please note 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 response in the journal's electronic author 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: Case Reports, 125 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. 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.

11. The American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG 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 (exceptions could include manuscripts that address items of historical interest). If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found via the Clinical Guidance & Publications page at <https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance>.

12. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <http://edmgr.ovid.com/acd/accounts/ifaauth.htm>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

13. 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 and that each author has given approval to the final form of the revision.

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 Jul 05, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2017 IMPACT FACTOR: 4.982
2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/ong/login.asp?a=r>). Please contact the publication office if you have any questions.

University of California
San Francisco



Department of Family & Community Medicine

7/1/19

Nancy C. Chescheir, MD
Editor-in-Chief
Obstetrics and Gynecology
409 12th Street, SW
Washington, DC 20024
Tel: 202-314-2317
Fax: 202-479-0830
E-mail: obgyn@greenjournal.org

Dear Dr. Chescheir,

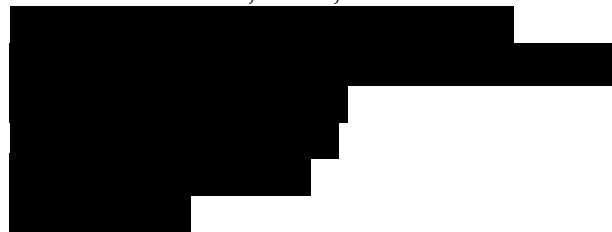
We would like to thank you and your reviewers for your comments and suggestions for improving our submission, and very much appreciate the opportunity to resubmit a revised copy of this manuscript, our case report article entitled "Providing patient-centered perinatal care for transgender men and gender diverse individuals: A collaborative multidisciplinary team approach". Our multidisciplinary clinical team has reviewed the comments carefully and we have revised our manuscript accordingly to address each of the reviewers' comments, which are appended alongside our responses to this letter.

Thank you in advance for your kind consideration of this revised manuscript.

Sincerely,

A handwritten signature in black ink, appearing to read "Monica Hahn".

Monica Hahn MD, MPH, MS



Reviewer comments and authors' responses in italics:

Reviewer 1, Comment 1:

In this case report, Hahn and colleagues take their readers through the relatively uncomplicated pre-conception, prenatal, delivery and postpartum experience of a transgender man, but highlight the extraordinary care and consideration required to deliver these routine services for a transgender patient. The authors balanced the inclusion of sufficient medical details with the information most useful to the readers, specifics and teaching points of best-practices for clinics and hospital wards as we as a medical community learn this new frontier of culturally-sensitive care. Table 1 serves to reinforce and highlight the specific actions health care systems can adopt to approach similar patients.

On line 118, I was curious about the other options for preferred terminology for anatomical parts and functions. Perhaps this list could be made into Table 2 if the authors believe this is valuable for the readers.

Authors' Response:

We thank you for this question and suggestion. The transgender community is quite varied in its use of terminology for their body parts and processes. Mapping out this lexicon of terminology is an active area of research, indeed one of our authors is engaged in a separate project to contribute to this field of inquiry. To acknowledge the current body of literature on this topic we have added two additional citations and edited the sentence to include a few examples (please see Lines 152-154). However, given nascent investigations in this area and space and word count limitations, to not to make another list for this manuscript (Please see Citations 15 and 16 for further information).

Reviewer 1, Comment 2:

Otherwise, I have no specific edits or suggestions as to the case report or teaching points.

Authors' Response:

We thank the Reviewer for their time and care in reviewing.

Reviewer 2, Comment 1:

Case report on pregnancy in transgender diverse individual. Case is missing information on psychosocial support provided during the pregnancy and if the patient was referred.

Authors' Response:

We thank the Reviewer for bringing up this important point. We ensured that psychosocial support and intensive case management was provided throughout the pregnancy by our social worker. We have added this information to the article. (Please see Lines 160-163)

Reviewer 2, Comment 2:

Abstract - please move teaching points to end of abstract.

Authors' Response:

We thank the Reviewer and have restructured abstract to reflect teaching points in appropriate order throughout. (Please see Lines 61-75)

Reviewer 2, Comment 3:

Line 84-86 - please provide a little more detail about TGD people and pregnancy

Authors' Response:

We thank the reviewer for the invitation to augment the description of TGD and pregnancies. We have amended the text to describe a little more of what is known in this area. (Please see Lines 93-117).

Reviewer 2, Comment 4:

Line 100-104 and 107-109 - who provided this care? The PCP?

Authors' Response:

Thank you for requesting this point of clarification. The patient's primary care provider (PCP) provided this care, and to ensure clarity on this point we have edited this line (Please see Lines 131-132).

Reviewer 2, Comment 5:

Line 110 - please provide more detail about TransLine - who staffs it, who is it available to, does it provide specific consultations or just general advice?

Authors' Response:

We thank the reviewer for inquiry into the wonderful resources the TransLine provides. We have added the requested details to the footnote about the TransLine.

Reviewer 2, Comment 6:

Line 120-123 - was this training conducted specifically because of this patient or as a general education activity for these staff? Did radiology techs use gender neutral language with all patients or just this patient?

Authors' Response:

We thank the reviewer for their inquiry about one of the most important parts of our work. The training for the prenatal clinic and labor and delivery providers was initially prompted and conducted specifically for our advocacy on behalf of taking care of this patient. However, in undertaking this training and care for this patient we came to understand the larger purpose of the training was to educate all staff in a durable way. Our ultimate goal here was to benefit all gender diverse patients being cared for at our hospital now and in the future. During the training, we recommended that sonographers use gender neutral language with all patients. To clarify these points, we have added language to reflect the intent of the training throughout the manuscript (Please see Lines 158-160).

Reviewer 2, Comment #7:

Line 140 - what was sex of infant? Any androgenizing effects from the previous testosterone therapy?

Authors' Response:

We thank the Reviewer for requesting this point of clarification. The infant was assigned male sex at birth with typical male genitalia. The care team has not noted any androgenizing effects from previous testosterone noted at birth or subsequent well-infant visits. We have added a statement to clarify this in the manuscript (see Lines 183-184).

Reviewer 2, Comment #8:

Line 163-164 - please back up this statement with lit search info, etc.

Authors' Response:

Thank you for this request. We have added a reference (Citation 2) for this statement. (Please see Line 207-209).

Reviewer 2, Comment #9:

Line 170-171 - reference or is this the author's opinion? Please clarify

Authors' Response:

We thank the Reviewer for this question and the opportunity to clarify. Testosterone is classified by the FDA as Pregnancy category X: Studies in animals or humans have demonstrated fetal abnormalities and/or there is positive evidence of human fetal risk based on adverse reaction data from investigational or marketing experience, and the risks involved in use of the drug in pregnant women at this point outweigh potential benefits. However, there are anecdotal reports and few small studies that include transgender men who were on testosterone or amenorrheic from testosterone when they became pregnant with no adverse reported outcomes. However, at this point to our knowledge there is no specific study that has demonstrated fetal outcomes in the setting of transgender men with perinatal exposure or

exposure during post-partum period. Therefore, we have added a line indicating the FDA classification to clarify. (Please see Lines 217-219 and citation 24).

Reviewer 2, Comment #10:

Line 184-197 - teaching points should be related specifically to the case presented

Authors' Response:

We thank you for this suggestion. We have revised the teaching points to reflect on related material to the case presented. (Please see Lines 236-250).

Editor comments:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

Editor Comment 1:

- The précis is a single sentence of no more than 25 words, written in the present tense and stating the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstracts conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Précis should be the "hook" for people who scan the Table of Contents to see what to read. It shouldn't not include statements like "in this study" or "we found". Just state what you found.

Authors' Response:

Thank you very much for this detailed information and guidelines for creating an effective précis. We have accordingly tailored and shortened the précis to no more than 25 words and we confirmed that the précis now abides by these guidelines.

Editor Comment 2:

- We no longer require that authors adhere to the Green Journal format with the first submission of their papers. However, any revisions must do so. I strongly encourage you to read the instructions for authors (the general bits as well as those specific to the feature-type you are submitting). The instructions provide guidance regarding formatting, word and reference limits, authorship issues, and other things. Adherence to these requirements with your revision will avoid delays during the revision process, as well as avoid re-revisions on your part in order to comply with the formatting.

Authors' Response:

Thank you very much for this reminder and the opportunity to resubmit this revised manuscript. We have reviewed the instructions for authors before resubmitting this manuscript and have taken utmost care in abiding by these instructions.

Editor Comment 3:

- Please consult the Instructions for Authors regarding the use of abbreviations, and what constitutes an acceptable abbreviation. This is not an acceptable abbreviation. Please spell out all abbreviations on first use. It is reasonable to not use abbreviations for words that are seldom used in the paper. We try to limit "unique" abbreviations so that readers don't have to frequently refer back to the first notation of the abbreviation to remember its meaning. We realize that this may affect word count but believe it makes it easier in most cases for the reader.

Authors' Response:

Thank you for pointing out this unique abbreviation, and we completely agree that it would be easier to follow for readers to not have to refer back to the first notation in order to remember its meaning.

Therefore, we have eliminated this abbreviation throughout the manuscript.

Editor Comment 4:

- Seems like this sentence should be rearranged--as written, it seems that the target for what you are seeking is the person who is gender diverse. But the target is the health care team, in caring for gender diverse individuals. Would you consider "There is scant clinical guidance for health care teams providing preconception, prenatal, intrapartum and postpartum care to gender diverse people who desire pregnancy"?

Authors' Response:

Thank you very much for noticing this grammatical inconsistency and for the suggested replacement. We have edited the sentence to reflect the sentence structure suggested (Please see Line 63-64).

Editor Comment 5:

- Just describe it; don't tell us you are describing it. Delete the highlighted and restructure the sentence to do so.

Authors' Response:

Thank you for the suggestion to restructure this sentence. We have edited the sentence to reflect the structure suggested (please see Lines 73-75).

Editor Comment 6:

- This is surely not the first gender-diverse person who has delivered at your hospital. What about this person's care resulted in a change in the system?

Authors' Response:

Thank you very much for this very important question. You are absolutely correct in that we are sure that many transgender and gender-diverse patients have delivered at our hospital before the patient described in our case. However, this was the very first pregnant transgender patient our perinatal team had cared for together, and the experience we had taking care of this patient motivated our multi-disciplinary team to engage in advocacy to call for systems change to benefit all transgender and gender diverse patients that may follow our patient in the future.

Editor Comment 7:

- again, don't tell us you are summarizing this information, just summarize it.

Authors' Response:

Thank you for the suggestion. We have edited the sentence to reflect the sentence structure suggested (please see Lines 77-79).

Editor Comment 8:

- "one" is singular (line 79) while "Their identify" is plural (line 80) Can you please align?

Authors' Response:

Thank you for noticing this grammatical inconsistency. We have accordingly edited the sentence to read "their" for consistency (please see Line 86-87).

Editor Comment 9:

- dose the clause after reproductive capacity add anything?

Authors' Response:

Thank you for bringing up this very important and interesting point. After thinking about and considering this question deeply, we believe that yes, it does add something substantive in regards to clarifying and dispelling common misconceptions about transgender men. The phrase on Lines 89-92 is meant to dispel the often-held belief or assumption that a transgender man taking testosterone therapy does not desire

and/or cannot achieve pregnancy. Therefore we have left that clause in the manuscript to clarify this point.

Editor Comment 10:

- this is awkward. Do you mean THIS patient's care team? How about just "we share"...?

Authors' Response:

Thank you for the suggestion to make this sentence read more smoothly. We have accordingly edited the sentence to read, "we share..." as suggested (please see Line 119).

Editor Comment 11:

- what is wrap around care?

Authors' Response:

Thank you very much for this question and the opportunity to clarify what we meant by this term. Wrap-around care to our team represents a philosophy of care that builds constructive relationships, strengthens support networks, and addresses multiple domains of wellbeing, including social, emotional, and educational needs. After consideration, we made the decision to delete this term to avoid any confusion and in order to keep the focus on the main point we are trying to highlight, which is that we focused on patient-centered care. (Please see Line 123).

Editor Comment 12:

- define Latinx

Authors' Response:

Thank you for the reminder that readers may not be familiar with this term. We have therefore added a footnote defining this term as "common gender-neutral term used to refer to people of Latin American origin or descent" (please see Line 128).

Editor Comment 13:

- "Service" is not a person so this should be "which recommended". If you wish to change to "expert clinical consultant", then "who" would be correct.

Authors' Response:

Thank you for noting this grammatical inconsistency. We have edited the sentence read "which recommended" as suggested (please see Line 145).

Editor Comment 14:

- how was this documented in the Med Record to avoid having to revisit it each appointment and from ambulatory to inpatient settings?

Authors' Response:

Thank you for this important question. Our team utilized the "clinical alert" system in the EMR, and also made it a point to review this information in all pre-clinic huddles with the care team prior to the start of clinic. We have added language describing this in the manuscript (see lines 167-172).

Editor Comment 15:

- Called sonographers--preferred term.

Authors' Response:

Thank you very much for bringing this preferred term to our attention. We have edited line 158 to reflect this preferred term.

Editor Comment 16:

- during ultrasound appointments. was the training to do this will patients or only for W?

Authors' Response:

We thank the editor for asking for this point of clarification on one of the most important parts of our work. The training for the prenatal clinic and labor and delivery providers was initially prompted and conducted specifically due to our advocacy around the time of taking care of this patient. However, in undertaking this training and care for this patient we came to understand the larger purpose of the training was to educate all staff in a durable way. Our ultimate goal here was to benefit all gender diverse patients being cared for at our hospital now and in the future. During the training, we recommended that sonographers use gender neutral language with all patients going forward. To clarify these points, we have added language to reflect the intent of the training throughout the manuscript. (Please see Lines 158-160).

Editor Comment 17:

- what would you recommend for hospitals in states where this isn't legal?

Authors' Response:

Thank you for this very important question that undoubtedly affects the lives of many gender diverse patients around the country. As each state has different laws, this would definitely vary on a case-by-case basis. The TransLine as well as the Transgender Law Center (<https://transgenderlawcenter.org/>) have wonderful legal resources for how to approach this for different states with differing laws. Due to word count and topic breadth limitations, we did not elaborate about different situations in states beyond our own outlined in this case study.

Editor Comment 18:

- one can only imagine the kerfuffle this caused.

Authors' Response:

Yes, thank you very much for acknowledging the multitude of systems challenges we encountered while trying to advocate for the best experience possible for this patient. Indeed, this was a strong motivating factor for writing this article, in order to share our lessons learned from our experience with the hope to improve the care of patients of diverse gender identities.

Editor Comment 19:

- The Journal style doesn't not use the virgule (/) except in numeric expressions. Please edit here and in all instances.

Authors' Response:

Thank you very much for bringing this to our attention. We have taken care to make sure to remove all virgules from the manuscript.

Editor Comment 20:

- perhaps: Testosterone should not be considered a contraceptive?

Authors' Response:

Thank you for this wording suggestion. We have edited the sentence on line 238 to reflect the sentence structure suggested as we agree that it provides more clarity.

Editor Comment 21:

- you did not address this in your paper. I would either add this to the paper or delete here.

Authors' Response:

Thank you for noticing this and for the suggestion. There is so much we wanted to cover in this article, that we just felt we did not have enough space to elaborate on to do justice to the topic. After careful consideration we have deleted this sentence on (Line 247) for consideration of the limitation of scope and word count limits of this article.

Editor Comment 22:

2. 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:

Authors' Response:

A. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.

Remainder of Editor Comments:

3. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

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 has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at <https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Case Reports should not exceed 8 typed, double-spaced pages (2,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

6. Specific rules govern the use of acknowledgments in the journal. Please note 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 response in the journal's electronic author 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: Case Reports, 125 words. Please provide a word count.

Authors' Response:

Thank you very much for the reminders above regarding the guidelines of the Journal of Obstetrics and Gynecology. We are very grateful to have the opportunity to revise and resubmit our manuscript, and have made a concerted effort to do adhere to all of the aforementioned guidelines. Our abstract word count is 125 words.

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. 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.

11. The American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG 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 (exceptions could include manuscripts that address items of historical interest). If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found via the Clinical Guidance & Publications page at <https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance>.

12. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <http://edmgr.ovid.com/acd/accounts/ifauth.htm>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

13. 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 and that each author has given approval to the final form of the revision.

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 Jul 05, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Authors' Response:

We would like to express our sincerest gratitude to the Editor and reviewers for your thoughtful and valuable comments. We have reviewed all guidelines above and confirm that our revised and resubmitted manuscript adheres to these guidelines.