

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: Sep 12, 2019
To: "Huma Farid" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-1382

RE: Manuscript Number ONG-19-1382

The Hidden Costs of Motherhood in Medicine

Dear Dr. Farid:

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 03, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: Beautifully written perspective on womanhood in training and gender inequality in academic OBGYN practice. The personal account at the beginning of the piece was compelling, organic and relatable, but the transition to gender inequality seemed abrupt. You might wish to handle the transition more concretely- either by sharing your personal anecdote or sharing evidence for denying women leadership role because they had children.

1. Lines 83-85; rather hard transition. Will suggest removing or softening or cite relevant evidence.
2. Line 101; will suggest making this passage impersonal; "it seems that odds are stacked against women" rather than "us". Your message will be better received by avoiding "us versus them" narrative. Plenty of men are strong advocates of women's advancement in academic medicine. And, not all women are as supportive of women as they can be.

Reviewer #2: Overall a nicely written piece about the challenges of residency/work/parenthood. The author used the term "shame" in a specific and overt way which I think is brave and helpful in this discourse. It seems a little "mother" centric and heterocentric instead of parent-centric, but I imagine that is the intention and perspective of the piece.

There are some areas that could use polishing:

Line 32-33: this sentence is clunky, please reword

Lines 35-36: please reword

Lines 46: please the word, "However", at the beginning of the sentence perhaps

Line 47: You mean first draft of a manuscript?

Lines 96-97 This may be true in some households, but some recognition that it is not the case in many. So recognition of this being not universal and heterocentric would be nice.

Overall a nicely written piece, although nothing new or different than much of the literature available in this realm.

Reviewer #3: This commentary is meaningful, addressing important topics that medicine needs to grapple with in order for women to achieve leadership (especially executive leadership) positions in medicine, proportional to rates of female medical students, residents, and junior faculty (all of which fall off) - - i.e. the pipeline is being filled but there are leaks and blockages preventing the desired output on the other end. Obstetrics and Gynecology is a female-dominated profession and one focused on helping women realize their reproductive potential - - thus our specialty in particular has an opportunity, if not an obligation, to lead the way. This piece could be more impactful with two changes:

1 - the author describes her experience during first pregnancy and in motherhood - this could be made more succinct and direct. Some of the details made timing associations etc unclear. Additionally, some statements such as 'Motherhood can be a very isolating experience; we are far from our parents and extended families, and our friends may be scattered throughout the country and have their own career or family obligations'. . . it is not clear if components of the manuscript are part of the personal story or are meant as a generalized statement that should be referenced.

2 - the author titles the work 'the hidden costs of motherhood in medicine' yet addresses more generically addresses challenges women face in achieving leadership positions. Yes - many of these are related to the reproductive imperative placed on women and the time they take off to recover following delivery and in childcare. The article could be strengthened if the focus was more specifically on the role of motherhood, rather than women. It is brought out in some places and falters in others.

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.

- 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. For instance, please note how references are formatted.

- I'm confused by the timing here. Seems that you are introducing your work "post residency" since you are interviewing as a chief resident, but then you talk about being a post partum resident. Can you clarify?

- If you are not a single parent, was there any concern about partnering?

- Fully realizing that there are "obligations" at home, do you want to express some joy as well? Playing devils advocate here since your paper resonates with my experience 35 years ago as a chief resident with a new baby, someone who is not sympathetic to your situation may note that your situation is likely the result of choices you made and if its all "obligation" that may not sit well with them.

- need a reference 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. 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 point-by-point response letter.

B. OPT-OUT: No, please do not publish my point-by-point response letter.

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.

Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Personal Perspectives essays should not exceed 12 typed, double-spaced pages (3,000 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.

5. 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).

6. Provide a short title of no more than 45 characters, including spaces, for use as a running foot.

7. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

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 footnotes. Please incorporate the existing footnotes into the text. For example, as "(1)" and so on, and then list all of the References at the end of the manuscript.

10. 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.

11. If you choose to revise your manuscript, please submit your revision through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded in a word processing format such as Microsoft Word. Your revision's cover letter should include the following:

- * A confirmation that you have read the Instructions for Authors (<http://edmgr.ovid.com/ong/accounts/authors.pdf>), and
- * A point-by-point response to each of the received comments in this letter.

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 Oct 03, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2018 IMPACT FACTOR: 4.965
2018 IMPACT FACTOR RANKING: 7th out of 83 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.

October 2, 2019

Dear Dr. Chescheir:

I sincerely appreciate you and the reviewers' thoughtful and thorough responses to my personal perspective essay, titled "The Hidden Costs of Motherhood in Medicine." I am honored to submit with revisions this piece to *Obstetrics & Gynecology*. I believe that this essay continues to provide a relevant and timely perspective on motherhood in medicine, particularly with the publication of a recent *New York Times* article focused on medicine as a family friendly profession.

In regards to the peer-review process and my revisions, I am choosing to opt-IN.

I have no disclosures and received no funding to write this. In addition, I have read the instructions for authors and amended formatting, particularly for references.

Below, I have addressed each of the reviewers' comments and outlined my responses.

I am incredibly appreciative of the time that was invested to ensure that this piece is well written.

Sincerely,

Huma Farid

A large black rectangular redaction box covering the signature and any accompanying text or contact information.

Responses to Comments:

REVIEWER 1:

Beautifully written perspective on womanhood in training and gender inequality in academic OBGYN practice. The personal account at the beginning of the piece was compelling, organic and relatable, but the transition to gender inequality seemed abrupt. You might wish to handle the transition more concretely- either by sharing your personal anecdote or sharing evidence for denying women leadership role because they had children.

- I would like to thank the reviewer for their suggestions; I have amended the points of transition to appear less abrupt.
1. Lines 83-85; rather hard transition. Will suggest removing or softening or cite relevant evidence
 - Agreed that this seems like a troublesome transition; I removed the sentence starting with “To not even consider a woman...” and instead replaced it with: “It behooves us to ask whether we would mention a man’s parental status or the ages of his children when discussing leadership opportunities.”
 2. Line 101; will suggest making this passage impersonal; "it seems that odds are stacked against women" rather than "us". Your message will be better received by avoiding "us versus them" narrative. Plenty of men are strong advocates of women's advancement in academic medicine. And, not all women are as supportive of women as they can be.
 - Agreed; I changed that passage to read as “against women” to make it more impersonal.

REVIEWER 2:

Overall a nicely written piece about the challenges of residency/work/parenthood. The author used the term "shame" in a specific and overt way which I think is brave and helpful in this discourse. It seems a little "mother" centric and heterocentric instead of parent-centric, but I imagine that is the intention and perspective of the piece.

- I would like to thank the reviewer for these suggestions and comments. I do agree that the piece is mother centric, and while I fully acknowledge that parents in general face challenges, I did want the piece to reflect my personal experiences, which were colored by being a mother in medicine.

There are some areas that could use polishing:

1. Line 32-33: this sentence is clunky, please reword
 - I agreed that the first paragraph was not worded well; in addition, the timing of events was confusing to more than one reviewer. Therefore I removed lines 32-33 and re-wrote the first paragraph.
2. Lines 35-36: please reword

- I agreed that the first two paragraphs were not worded well; in addition, the timing of events was confusing to more than one reviewer. Therefore I removed lines 32-33 as well as 35-36 and re-wrote the first paragraph.
- 3. Lines 46: please the word, "However", at the beginning of the sentence perhaps
 - I changed the wording and moved "However" to the beginning of the sentence.
- 4. Line 47: You mean first draft of a manuscript?
 - I apologize for the inaccuracy; I changed the word from "project" to "manuscript."
- 5. Lines 96-97 This may be true in some households, but some recognition that it is not the case in many. So recognition of this being not universal and heterocentric would be nice.
 - I agree that this piece is heterocentric; my intention was not to marginalize my colleagues who are in same sex relationships or my male colleagues, but simply to present my experience as a woman in a heterosexual relationship. I did add in two lines before these lines about research done by the Organisation for Economic Cooperation and Development that demonstrated gender inequality in caretaking, in order to highlight the data behind this issue. I also changed the wording of these lines to reflect that this is not the case in all families. The sentence now reads: "Not only do women take on the mental load and housekeeping tasks in many families, but at work they are also pigeonholed into those very same tasks."

REVIEWER 3: This commentary is meaningful, addressing important topics that medicine needs to grapple with in order for women to achieve leadership (especially executive leadership) positions in medicine, proportional to rates of female medical students, residents, and junior faculty (all of which fall off) - - i.e. the pipeline is being filled but there are leaks and blockages preventing the desired output on the other end. Obstetrics and Gynecology is a female-dominated profession and one focused on helping women realize their reproductive potential - - thus our specialty in particular has an opportunity, if not an obligation, to lead the way. This piece could be more impactful with two changes:

- I would like to thank the reviewer for their insightful comments.
1. the author describes her experience during first pregnancy and in motherhood - this could be made more succinct and direct. Some of the details made timing associations etc unclear. Additionally, some statements such as 'Motherhood can be a very isolating experience; we are far from our parents and extended families, and our friends may be scattered throughout the country and have their own career or family obligations'. . . it is not clear if components of the manuscript are part of the personal story or are meant as a generalized statement that should be referenced.
 - Due to the timing being unclear for other reviewers, I changed the first paragraph to be more streamlined and to clearly present the timing of this piece, which I thought important (i.e., to discuss transition from motherhood as a resident to motherhood as an attending). I also agreed that the statement cited above did not

flow with the rest of this essay, so I removed it, as it was part of the personal story but was too wordy.

2. the author titles the work 'the hidden costs of motherhood in medicine' yet addresses more generically addresses challenges women face in achieving leaderships positions. Yes - many of these are related to the reproductive imperative placed on women and the time they take off to recover following delivery and in childcare. The article could be strengthened if the focus was more specifically on the role of motherhood, rather than women. It is brought out in some places and falters in others.
 - I agreed that the focus in the essay shifted from women in general to mothers and back again. Unfortunately, there is a dearth of data on the impact of children/families on female physicians and significantly more data on female physicians in general. Therefore, I changed the order of the essay to present a broader view of gender-based discrimination that was peppered throughout the essay and consolidated the data on gender discrimination. I then used the data I found on the specific impact on physician mothers to provide a transition point and focus the essay towards the end on physician mothers.

EDITOR COMMENTS:

1. I'm confused by the timing here. Seems that you are introducing your work "post residency" since you are interviewing as a chief resident, but then you talk about being a post partum resident. can you clarify?
 - This passage was confusing to multiple reviewers. I changed the first paragraph to be more streamlined and to clearly present the timing of this piece, which I thought important (i.e., to discuss transition from motherhood as a resident to motherhood as an attending).
2. If you are not a single parent, was there any concern about partnering?
 - I appreciate the suggestion and it is definitely valid to mention concerns about partnering; however, I wanted the focus of this essay to be on my concerns around my career and the role of women in academia. My concern was that there is so much that goes into partnering that it could be a separate essay in and of itself!
3. Fully realizing that there are "obligations" at home, do you want to express some joy as well? Playing devils advocate here since your paper resonates with my experience 35 years ago as a chief resident with a new baby, someone who is not sympathetic to your situation may note that your situation is likely the result of choices you made and if its all "obligation" that may not sit well with them.
 - Firstly, I would like to thank the editor for the thoughtful comment and for sharing a relatable experience. I agree with the suggestion that I made it sound as though motherhood was all obligation, which I did not feel at all. I changed the beginning of the essay to reflect the joy that I did have as a mother and the small moments that were so significant to me. I amended this line in particular to remove the word "obligations" and reworded it as: "Other women had children and continued to work, but I scaled back at work so I could fulfill my vision of what it meant to be a mother, which I felt was incompatible with being on an intense academic career trajectory."
4. Need a reference here line 109:

- I could not find a reference, and this was meant to reflect my perception of the current state of academia, so I changed that line to read: Despite the same rigorous path and an equivalent number of years spent in graduate education and training, at times it can feel as though women's accomplishments are systematically devalued, professionally and financially.