

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: Nov 01, 2019
To: "Emily C. Cleveland Manchanda" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-1846

RE: Manuscript Number ONG-19-1846

Best practices for lactation support: a short guide for conference organizers and standardized testing centers

Dear Dr. Cleveland Manchanda:

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 14 days from the date of this letter. If we have not heard from you by Nov 15, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This is a well written piece and very timely. The strategies are simple and straight forward, and the authors make a cogent argument for why change is needed. A few recommendations:

1. Lines 53-55 with reference #8. Is there a reference (such as an editorial or op-ed) instead of a Facebook post? I believe that this statement would be more powerful if the reference were an editorial that was written about this experience rather than a Facebook post. I would encourage you to see if there was anything published in the media that you could reference instead.
2. Lines 131-133: Would women really want to pump while taking an exam? I think the better argument to make is for test-takers to provide accommodation for longer and more frequent breaks so that mothers are not stressed about milk production while simultaneously pumping and taking an exam. It would be better to have longer/more frequent breaks so that they could put the stress of test taking aside to focus completely on pumping.
3. Lines 134-138: in terms of equipment at the testing center, I would also recommend advising that a small fridge be placed if possible, as many of these exams are hours long and keeping the breast milk cool would be important.

Reviewer #2: This manuscript addresses an important issue for women who are seeking to pursue both their professional and reproductive work. The authors lift up several practical steps that can be taken by both conference organizers and testing centers to enable professional women to maintain breastfeeding.

The manuscript focuses on accommodations for pumping, and would be strengthened by a brief discussion of supporting mothers to have babies-in-arms at conferences. Signage indicating that "breastfeeding is welcome here," ensuring that policies allow strollers in exhibit halls and conference spaces, and a designated room with streaming video in case a fussy baby requires a parent to exit the plenary lecture hall are some ideas to consider. Streaming video into the pumping room is also an option that can enables lactating women to avoid missing conference events.

The authors mention availability of a refrigerator to store milk in hotel rooms. Some hotels charge a considerable amount for this service - negotiating contracts that ensure free in-room refrigerators, as well as free cribs, for families attending the conference, can mitigate a financial barrier for mothers of young infants.

With respect to pumping, the availability of a private space is essential, as described in the manuscript; however, some women may feel comfortable pumping in a conference session. A conference can facilitate this by posting signs and stating in the conference program that women may use designated lactation spaces or pump in any location that they feel comfortable. This can help ensure that lactating attendees do not miss conference content to go to the lactation room.

Another option for conferences is to facilitate donations to a milk bank for mothers attending the meeting who do not wish to transport expressed milk home with them. The authors might also consider referencing the AAP Donor Milk Drive tool kit, available at <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/NCEMilkDrive.aspx>

In line 36, the authors reference the WHO recommendations for exclusive breastfeeding for 6 months. They may want to also note that WHO recommends continued breastfeeding for 2 years, and longer as mutually desired. It may also be useful to cite ACOG guidance given the audience for this publication.

Lines 57-58: "make conferences and testing centers more accessible for lactating women" The authors may want to consider taking a stronger stance. The issue in my view is not that these professional activities should be "more accessible," but that women who happen to be lactating have equal access to these activities. Consider rephrasing as "ensure access to conferences and testing centers for lactating women."

Lines 95-97, the authors name a single pump company. Consider not naming a specific pump manufacturer, as there are a number of companies that might be interested in sponsoring.

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Regarding the testing centers, it might be reasonable to provide a bit more detail as to the length of the various exams and the general interval/range of time needed between pumping/expressing periods.

Finally, it might be reasonable to also include the impact that providing these stations might have. Besides for convenience, describing the impact that providing stations in other areas (and the frequency of use, etc) has had will further support the need for these situations. The impact might not be measurable in metrics, though, but better detailing how this would longterm impact a health professional's academic/professional career would be helpful.

EDITOR'S COMMENTS

1. Specific manuscript comments:

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, the Current Commentary format requires an abstract.

While you primarily seem focused on expressing milk, rather than breastfeeding, I do agree with one reviewer who

suggests you include content related to making accommodations for those women who have the baby with them and wish to breastfeed.

Line 55: One reviewer felt that the Facebook post you reference should be supplanted by a different type of reference. I'm fine w/ you keeping this reference, which you introduce as part of social media attention so it seems reasonable to include. I do think that if an additional published reference such as the reviewer recommends is available, it would be good to include.

Line 79: Can you provide some sort of estimate of how many stations/ likely women attendees are needed?

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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. 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: Current Commentary articles 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.

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

8. 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."

9. 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: Current Commentary articles, 250 words. Please provide a word count.

10. 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.

11. 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.

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 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 14 days from the date of this letter. If we have not heard from you by Nov 15, 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.

November 7, 2019

Nancy C. Chescheir, MD, Editor-in-Chief, *Obstetrics & Gynecology*

Best practices for lactation support at conferences and standardized testing centers

Dear Dr. Chescheir,

Thank you for your review of our aforementioned article. We sincerely appreciate the thoughtful feedback from you and your reviewers. We have also read and reviewed the Instructions for Authors. Please find below our responses (in green) to each reviewer's comments. Our revised manuscript has been uploaded along with this letter. We look forward to hearing from you soon.

Thank you again,



Emily C. Cleveland Manchanda, MD, MPH



REVIEWER COMMENTS:

Reviewer #1: This is a well written piece and very timely. The strategies are simple and straight forward, and the authors make a cogent argument for why change is needed. A few recommendations:

1. Lines 53-55 with reference #8. Is there a reference (such as an editorial or op-ed) instead of a Facebook post? I believe that this statement would be more powerful if the reference were an editorial that was written about this experience rather than a Facebook post. I would encourage you to see if there was anything published in the media that you could reference instead.

As noted by Dr. Chescheir below, one of our goals in citing this informal source is to highlight the different spaces in which discussions related to lactation support are occurring. While we would prefer to keep this Facebook citation, we have also added an editorial by Dr. Rebeca Calisi, published in Science last year, to support this segment.

2. Lines 131-133: Would women really want to pump while taking an exam? I think the better argument to make is for test-takers to provide accommodation for longer and more frequent breaks so that mothers are not stressed about milk production while simultaneously pumping and taking an exam. It would be better to have longer/more frequent breaks so that they could put the stress of test taking aside to focus completely on pumping.

We completely agree that the most supportive strategy would be for testing centers to allow for real accommodations, including longer and more frequent breaks for lactating test-takers. To clarify this, we have added the following sentences to the beginning of the “timing” section:

Lactating women require additional time during testing to allow for pumping. Increasing the length and/or frequency of breaks can help to support lactating women as they take standardize tests.

However, we also want to acknowledge the personal nature of this choice. Much as some women prefer to pump while seeing patients in the office or in the ED using hands-free, wireless pumps rather than leaving the clinic/department to pump, some women may prefer to pump while taking a test, rather than taking an additional or more lengthy break. We have edited the end of this section to reflect this.

3. Lines 134-138: in terms of equipment at the testing center, I would also recommend advising that a small fridge be placed if possible, as many of these exams are hours long and keeping the breast milk cool would be important.

Thank you for pointing this out. We have added the sentence below to the “equipment” section.

In addition, testing centers should provide access to a refrigerator for lactating women who are taking exams to store breastmilk throughout their testing day(s).

Reviewer #2: This manuscript addresses an important issue for women who are seeking to pursue both their professional and reproductive work. The authors lift up

several practical steps that can be taken by both conference organizers and testing centers to enable professional women to maintain breastfeeding.

The manuscript focuses on accommodations for pumping, and would be strengthened by a brief discussion of supporting mothers to have babies-in-arms at conferences. Signage indicating that "breastfeeding is welcome here," ensuring that policies allow strollers in exhibit halls and conference spaces, and a designated room with streaming video in case a fussy baby requires a parent to exit the plenary lecture hall are some ideas to consider. Streaming video into the pumping room is also an option that can enable lactating women to avoid missing conference events.

Thank you for making this very important point. We've added the following paragraph below our recommendations for pumping support:

While the aforementioned recommendations are focused on support for expressing milk while away from young infants, the most comprehensive lactation support also includes providing accommodations for mothers who prefer to bring their infants with them to conferences and other events. Very young infants are rarely disruptive, and conferences should allow mothers to bring them into sessions. Signage that includes statements such as "breastfeeding is welcome here" is empowering to women who prefer to breastfeed rather than pump. Similarly, many women feel comfortable pumping in public with either "wearable" wireless pumps or with a cover. As pumps become quieter and more discrete, this often goes unnoticed by others sitting even very close by. Posting signage indicating that pumping in any location is welcome can further support women who prefer not to leave the event space while pumping. Remote viewing options are also a valuable consideration: providing a separate room where the conference content is live-streamed can allow parents with fussy babies to keep their infant(s) with them and breastfeed without disturbing other attendees. Streaming video into lactation rooms should also be considered to allow lactating women to access all conference content while still providing for their infant. It should also be noted that allowing small infants to attend public conferences will impact all early parents, not only lactating women.

The authors mention availability of a refrigerator to store milk in hotel rooms. Some hotels charge a considerable amount for this service - negotiating contracts that ensure free in-room refrigerators, as well as free cribs, for families attending the conference, can mitigate a financial barrier for mothers of young infants.

We appreciate you bringing this to our attention, and have edited this section to acknowledge the importance of ensuring refrigeration is provided free of charge:

Ensure that the main conference hotel can place a small refrigerator in each guest's room for storing milk, free of charge, even if this is not regularly available.

With respect to pumping, the availability of a private space is essential, as described in the manuscript; however, some women may feel comfortable pumping in a conference session. A conference can facilitate this by posting signs and stating in the conference program that women may use designated lactation spaces or pump in any location that they feel comfortable. This can help ensure that lactating attendees do not miss conference content to go to the lactation room.

Thank you for this addition. We included a sentence to this effect in the above paragraph about infants-in-arms and signage supporting lactation throughout conference spaces:

While the aforementioned recommendations are focused on support for expressing milk while away from young infants, the most comprehensive lactation support includes providing

accommodations for mothers who prefer to bring their infants with them to conferences and other events. Signage that includes statements such as “breastfeeding is welcome here” is empowering to women who prefer to breastfeed rather than pump.

Another option for conferences is to facilitate donations to a milk bank for mothers attending the meeting who do not wish to transport expressed milk home with them. The authors might also consider referencing the AAP Donor Milk Drive tool kit, available at <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/NCEMilkDrive.aspx>

This is great! Thanks for bringing this to our attention. We’ve included this as a separate bullet point in the additional accommodations section, with a link to the downloadable toolkit in the citation.

Consider facilitating donation of expressed milk that conference attendees do not wish to transport home with them. The American Academy of Pediatrics has a Donor Milk Drive tool kit available to those interested in organizing this.¹⁶

In line 36, the authors reference the WHO recommendations for exclusive breastfeeding for 6 months. They may want to also note that WHO recommends continued breastfeeding for 2 years, and longer as mutually desired. It may also be useful to cite ACOG guidance given the audience for this publication.

This is a great suggestion. We’ve added the following sentence and cited the most recent ACOG committee opinion.

Continued breastfeeding for two years, and longer as mutually desired, is also an evidence-based WHO and ACOG recommendation.

Lines 57-58: "make conferences and testing centers more accessible for lactating women" The authors may want to consider taking a stronger stance. The issue in my view is not that these professional activities should be "more accessible," but that women who happen to be lactating have equal access to these activities. Consider rephrasing as "ensure access to conferences and testing centers for lactating women."

We wholeheartedly agree, and have edited this sentence to read:

In this article, we provide recommendations for how to ensure lactating women have equal access to conferences and testing centers.

Lines 95-97, the authors name a single pump company. Consider not naming a specific pump manufacturer, as there are a number of companies that might be interested in sponsoring.

We edited this sentence to suggest that organizers consider asking pump manufacturers to support their conference, without specifically suggesting a single company. We did leave the name Medela in the preceding sentence, as we felt that providing a specific suggestion for a widely-used multi-user pump would be helpful to organizers not familiar with this space.

Reviewer #3: I really appreciate your thoughts on this important subject and the clear and researched points that you make. My only comment is that I would consider adding

in a paragraph about allowing infants under a certain age at conferences when with mother for purposes of exclusive breastfeeding. These accommodations would apply to them as well. Especially very small infants are rarely a disturbance and many mothers would rather not be separated from their children in the first few months.

Thanks so much for this! We've added content based on your suggestion and that of another reviewer:

While the aforementioned recommendations are focused on support for expressing milk while away from young infants, the most comprehensive lactation support also includes providing accommodations for mothers who prefer to bring their infants with them to conferences and other events. Very young infants are rarely disruptive, and conferences should allow mothers to bring them into sessions. Signage that includes statements such as "breastfeeding is welcome here" is empowering to women who prefer to breastfeed rather than pump.

Reviewer #4: This commentary provides recommendations for conference organizers and testing centers regarding accommodations for lactating mothers. It is thoughtful and complete, and makes a sound argument for this need. The recommendations are clear. It would be helpful to provide additional background information, or an estimate, as to the number of women this might affect - can that be known? Maybe more background data on the number of breast feeding women in general (or increase over the past 10 years), number of health care professionals who are lactating, or increase in women having pregnancy and breast feeding in the health professions. Or, to provide a general sense of the number of conferences or specialty types this might impact, or the number of times this might affect a unique person. It is difficult to estimate the significance of this problem. Having said that, it may not be critical to detail the extent of the problem.

This is such a great point, but unfortunately also very difficult to know! We've added the following information from the most recently available CDC data:

Rates of breastfeeding in the US have steadily increased over the past decade.⁵ Based on the most recent available data, while more than 80 percent of babies in the US are breastfed initially, fewer than half are still exclusively breastfed at 3 months and only a third continue to breastfeed at 12 months of age.⁶

More difficulty to answer, though, is how many women who attend conferences are lactating, and/or how many who are lactating choose not to attend conferences during their child's first year (or two)? And for those who choose not to attend, is this because of the difficulty pumping and breastfeeding, or other factors related to early-stage parenting? Unfortunately, there is no data on the scope of the problem.

Regarding the testing centers, it might be reasonable to provide a bit more detail as to the length of the various exams and the general interval/range of time needed between pumping/expressing periods.

Thank you for this suggestion. We have added the following within the "Timing" section to clarify the needs related to testing breaks:

Given that lactating women need to pump every 3-4 hours, any test with a duration longer than 3 hours should provide test-takers with the ability to take breaks of sufficient length (30min) to accommodate pumping. Longer exams will need to accommodate multiple breaks, e.g. an 8-hour exam would need to allow for at least two lactation breaks.

Finally, it might be reasonable to also include the impact that providing these stations might have. Besides for convenience, describing the impact that providing stations in

other areas (and the frequency of use, etc) has had will further support the need for these situations. The impact might not be measurable in metrics, though, but better detailing how this would longterm impact a health professional's academic/professional career would be helpful.

We appreciate your recognition of the broad, if not measurable impact that supporting lactation can have. To that end, we've added the following sentence to our conclusion:

Equal access to conferences and testing centers helps women with young children access the same speaking, networking, and professional advancement opportunities as their peers.

EDITOR'S COMMENTS

1. Specific manuscript comments:

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, the Current Commentary format requires an abstract.

Thank you for bringing this to our attention. We have added an abstract and reviewed the other guidelines.

While you primarily seem focused on expressing milk, rather than breastfeeding, I do agree with one reviewer who suggests you include content related to making accommodations for those women who have the baby with them and wish to breastfeed.

Thank you – we've added a paragraph to this effect:

While the aforementioned recommendations are focused on support for expressing milk while away from young infants, the most comprehensive lactation support also includes providing accommodations for mothers who prefer to bring their infants with them to conferences and other events. Very young infants are rarely disruptive, and conferences should allow mothers to bring them into sessions. Signage that includes statements such as "breastfeeding is welcome here" is empowering to women who prefer to breastfeed rather than pump. Similarly, many women feel comfortable pumping in public with either "wearable" wireless pumps or with a cover. As pumps become quieter and more discrete, this often goes unnoticed by others sitting even very close by. Posting signage indicating that pumping in any location is welcome can further support women who prefer not to leave the event space while pumping. Remote viewing options are also a valuable consideration: providing a separate room where the conference content is live-streamed can allow parents with fussy babies to keep their infant(s) with them and breastfeed without disturbing other attendees. Streaming video into lactation rooms should also be considered to allow lactating women to access all conference content while still providing for their infant. It should also be noted that allowing small infants to attend public conferences will impact all early parents, not only lactating women.

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introduce as part of social media attention so it seems reasonable to include. I do think that if an additional published reference such as the reviewer recommends is available, it would be good to include.

Thank you – we've added one additional reference to include an editorial published in *Science* on this topic last year.

Line 79: Can you provide some sort of estimate of how many stations/ likely women attendees are needed?

This is difficult to know without asking attendees to self-report whether they will use these services. We've added the suggestion that organizers solicit from attendees whether they would use lactation stations during the conference, as well as estimated frequency and duration of each pumping session, to allow organizers to estimate how many stations to create:

In order to create sufficient space for all attendees to use lactation spaces, organizers should ask attendees to inform them at the time of registration as to whether they anticipate using lactation support services. Having a single checkbox on the registration form asking, "Will you use lactation or breastfeeding support services, including a lactation room, during the conference?" can allow organizers to estimate the number of attendees who will benefit from these accommodations. This also allows organizers to send follow-up information regarding the availability and extent of support available, thereby mitigating significant anxiety among lactating attendees. For planning purposes, organizers can reasonably estimate that each woman would use a lactation station for 20-30 minutes every 3-4 hours during the conference day. These estimations should allow organizers to determine the number of lactation spaces required for their attendees.

Line 126: Can you comment on length of exam and need to have these accommodations which will increase cost, administrative burden for the centers. If a test is 3 hours long, it seems that for most women, if they can pump immediately before the exam, that it would be unnecessary for her to get extra time, etc (obviously exceptions exist) vs an 8 hour exam during which a woman may need to pump 2 or 3 times.

Thank you for this. We have added the following content to the "Timing" section to this effect.

Given that lactating women need to pump every 3-4 hours, any test with a duration longer than 3 hours should provide test-takers with the ability to take breaks of sufficient length (30min) to accommodate pumping. Longer exams will need to accommodate multiple breaks, e.g. an 8-hour exam would need to allow for at least two lactation breaks.

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:

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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. 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: Current Commentary articles 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.

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. N/a

- * 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. N/a

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

Best practices for lactation support

8. 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."

We have added the following précis: "To further gender equity and ensure lactating women have equal access to conferences and testing centers, we present guidelines for lactation support at these events."

9. 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.

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Editor-in-Chief