

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains comments from the reviewers and editors generated during peer review of the initial manuscript submission and sent to the author via email.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:
obgyn@greenjournal.org.

Date: Jan 24, 2020
To: "Lori Freedman" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-2296

RE: Manuscript Number ONG-19-2296

Abortion Policies in US Teaching Hospitals – Formal and Informal Parameters Beyond the Law

Dear Dr. Freedman:

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 Feb 14, 2020, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: The purpose of this manuscript is to "evaluate the prevalence and features of policies regulating abortion in US teaching hospitals." The authors performed interviews of residency program directors or abortion training site directors and used this data to develop a survey which was sent electronically (and by paper copy if no response) to all ACGME-accredited Ob-Gyn residency programs. The authors then conducted a second round of interviews to confirm validity and to ensure the themes were maintained over time.

1. The authors note that "some sort of policy that restricted abortion provision beyond state law." In the survey did they include the state law for that respondent?
2. Could the authors expand on their discussion of Atlas.ti and how it is used in qualitative research?
3. Who conducted the interviews? Was there a predetermined set of questions that each interviewer asked the participants? What training did the interviewers receive? Were the interviews recorded and then later transcribed?
4. How was the survey data managed? Was the data from the electronic and paper surveys entered into an electronic database? What was done to ensure accuracy of data entry? What was done if there was missing data?

Reviewer #2: This is a mixed method study evaluating the abortion regulating policies in US teaching hospitals. Several comments / questions for the authors are below:

1. The abstract discussion statements are a bit provocative and not entirely supported by the collected data.
2. The methods section is a bit disjointed and appears biased, perhaps a reflection of the study itself. How were the interviewees in the qualitative section "recruited"? Were all Ryan programs offered the opportunity to complete the survey? The in-depth interviews from 2014 (lines 109 - 117) are not supported by actual facts, just the respondents' opinions. Hospital policies could be obtained and actual hospital procedure numbers could also be acquired to support the author claims. As is, most of these comments are "hear say".
3. The actual number of questions asked in the survey? It would benefit both the authors and the readers if the number and type of each ? were disclosed.
4. The site and respondent characteristics of merely 18 faculty members from 15 programs, although geographically

diverse, does not represent a large enough sample population to support the claims made by the authors.

5. Perhaps "religious - affiliated" can be used. Using the Catholic-affiliated label makes the assumption that all Catholic-affiliations do not support pregnancy interruption and further more neglects other religion or political influences that may be in play at other institutions.
6. Pages 12 - 18 offer the reader interesting respondent stories, but not actual evidence to support the claims made.
7. This manuscript could be made stronger if actual hospital policies and procedure numbers were gathered and correlated with the 18 OB-Gyn respondents claims. As is, this is an interesting novel, not research.

Reviewer #3: Comments to the Author

Abortion Policies in US Teaching Hospitals - Formal and Informal Parameters Beyond the Law (ONG-19-2296)

This Original Research article employs qualitative interviews with directors of Ob-Gyn residency programs in combination with a national survey of Ob-Gyn teaching hospitals to evaluate the prevalence and features of policies that regulate the provision of abortions in US teaching hospitals. The focus and findings of this excellent study shed light on an important but underrecognized component of abortion access in the US. My comments to the authors are below.

1. This study evaluates the abortion policies in teaching hospitals against the legal restrictions on abortion availability enacted by each state. The manuscript doesn't describe how the authors collected and categorized the statutory or regulatory abortion restrictions in each state. What methods and metrics did the authors use to determine whether each hospital's abortion policies were more restrictive than their state's legal restrictions?
2. At lines 67 to 68, the authors state that "US federal law broadly permits abortion and allows states to narrow parameters for provision." I think this sentence is misleading. It would be more accurate to say that under federal constitutional law, states are permitted to regulate the parameters for the provision of abortion but must do so within constitutional limits. States cannot, for example, ban pre-viability abortions. (This is not to say that some states haven't tried mightily to ignore the constitutional limits.)
3. At line 70, "an negative health outcomes" should read "and negative health outcomes."
4. At lines 194 to 195, the authors state that "A majority of survey respondents (57%) reported that their training hospital had some sort of policy that restricted abortion provision beyond state law." I know what the authors mean but the use of the term "beyond" may be confusing; it could suggest policies that go farther than state law. How about " ... some sort of policy that restricted abortion provision beyond what is allowable under their state's laws?"
5. I have a similar question about the use of the term "beyond" at lines 215 to 216 ("policies beyond the state law ..."). Perhaps "policies that were more restrictive than state law?"
6. At lines 219 to 221, when the authors say that "Mental health and rape/incest were the most commonly restricted indications," do they mean that the provision of abortions in cases of maternal mental health and rape/incest were the most restricted under hospitals' policies (i.e., least available)?
7. At lines 306 to 308, I would insert the word "hospital" into the sentence: "In institutions where non-medically indicated terminations were allowed, physicians described seeking approval for complex cases that were beyond the HOSPITAL'S gestational limits." This avoids potential confusion between state legal gestational limits and hospital policies' gestational limits.
8. I think the text at lines 387 to 389 ("Hospital leaders prioritized broad financial and political considerations when creating abortion policies ...") should be tied more closely to the survey responses. As the text now reads, it could be interpreted to reflect the authors' views about the hospital policies rather than the respondents' descriptions. Perhaps: "Hospital leaders were perceived to prioritize ..." or "Interview respondents reported that hospital leaders prioritized broad financial and political considerations ..." Similarly, the authors might consider adding the words "appeared to" or "served to" to the sentence that begins at line 391: "In all their forms, hospital abortion policies appeared to/served to perpetuate a system of value judgments ..." The findings of this study are compelling. If the language can be tied to the empirical findings, it will - in my opinion - be stronger.
9. At lines 395 to 397, the authors state that "... teaching hospital abortion policies undoubtedly reinforced abortion stigma for both patients and medical trainees." Is "undoubtedly" necessary here?
10. At lines 416 to 418, the authors note that many respondents included "unclear" or "don't know" answers. Can these responses be included in the Results section?
11. Could the authors include parenthetical references to the relevant tables in their discussion of the findings?

EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter. 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.
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2. 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.

3. All studies should follow the principles set forth in the Helsinki Declaration of 1975, as revised in 2013, and manuscripts should be approved by the necessary authority before submission. Applicable original research studies should be reviewed by an institutional review board (IRB) or ethics committee. This review should be documented in your cover letter as well in the Materials and Methods section, with an explanation if the study was considered exempt. If your research is based on a publicly available data set approved by your IRB for exemption, please provide documentation of this in your cover letter by submitting the URL of the IRB website outlining the exempt data sets or a letter from a representative of the IRB. In addition, insert a sentence in the Materials and Methods section stating that the study was approved or exempt from approval. In all cases, the complete name of the IRB should be provided in the manuscript.

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

5. 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.

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

7. 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).

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

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11. In your Abstract, manuscript Results sections, and tables, the preferred citation should be in terms of an effect size, such as odds ratio or relative risk or the mean difference of a variable between two groups, expressed with appropriate confidence intervals. When such syntax is used, the P value has only secondary importance and often can be omitted or noted as footnotes in a Table format. Putting the results in the form of an effect size makes the result of the statistical test more clinically relevant and gives better context than citing P values alone.

If appropriate, please include number needed to treat for benefits (NNTb) or harm (NNTh). When comparing two procedures, please express the outcome of the comparison in U.S. dollar amounts.

Please standardize the presentation of your data throughout the manuscript submission. For P values, do not exceed three decimal places (for example, "P = .001"). For percentages, do not exceed one decimal place (for example, 11.1%).

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

13. The Journal's production editor had the following to say about this manuscript:

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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 Feb 14, 2020, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

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