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: Oct 08, 2020
To: "Madeline Sutton" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-2484

RE: Manuscript Number ONG-20-2484

Racial and ethnic disparities in reproductive health services and outcomes, 2020

Dear Dr. Sutton:

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 Oct 22, 2020, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This review is a comprehensive commentary on current racial and ethnic disparities in reproductive health, with highlighting on contraception, maternal mortality, and HIV diagnosis. I appreciate the authors' tackling of this timely topic, and appreciate the chance to review this paper.

Strengths
* This commentary is extremely timely, given the climate of the country right now and the urgency of affordable, universal healthcare for citizens, and I believe it will be cited frequently.
* This commentary is extremely well-written, well-researched, and of appropriate length and complexity for the information that needed to be covered.
* Appropriate emphasis on increasing standardized protocols and measurement parameters, particularly aimed at decreasing maternal mortality, to level the playing field for management of patients of all backgrounds.

Limitations
* This paper takes a strong political stance that may offend some readers, particularly the criticism of the Supreme Court rulings diminishing the ACA in recent years. I found their stance to be evidence-based and justified within the text, but that is only this reviewers' opinion.

Reviewer #2: This is a Current Commentary article that raises awareness of racial and ethnic disparities in different areas of OBGYN and provides suggestions to improve these disparities. Thank you to the authors for submitting this commentary. This is clearly a critical issue that deserves attention from this journal.

Abstract:
1. Lines 43-45: You highlighted several reproductive health measures in the text/tables. How did you determine which measures to address?

2. There is a lot of data presented in the abstract but it would benefit from a clear statement explaining the purpose/objective of the commentary.

Introduction:

3. Lines 77-80: This sentence is difficult to follow as currently written. Consider changing to "… , and improvement of

health for all groups, including reproductive health, an overarching goal for the US.

4. Lines 83-86: This sentence seems redundant and I suggest removing "including women in the US" because I think it is understood by previously writing that the ACA helps facilitate national prevention goals.

5. As suggested in the abstract section. I think a clear statement of the purpose in the Introduction section of the commentary is needed to help guide the reader through the paper.

Focused Strategies

6. Lines 151-152: What type of training do you recommend for pharmacist to improve contraception access?

7. Lines 184-188: Do you have a reference that shows protocols in OB lessen disparate care of minority women?

8. Lines 197-206: This is a very informative paragraph, but I have difficulty connecting it to its section "Maternal Mortality." Are there examples of how the topics of education, employment and legal-justice system issues directly impact maternal mortality? More of an explanation would be helpful.

Reviewer #3: Overall, this represents a great summary of the disparities present in various areas of women's reproductive health. I appreciate the inclusion of health measures in maternal health, family planning, infectious disease, and oncology care. I also appreciate the recognition of the role of implicit biases in health outcomes. I have very few notes for the authors for small edits.

Abstract: Like 52-54 includes a confusing sentence that reads more as a fragment. Separate the things weakening current legislation from what is necessary for equitable care.

You reference differential offering of PrEP in lines 227-9. I wonder if this amongst those accessing care, or all comers. Is this a combination of access to care and provider bias, or purely a bias issue?

In the conclusion, I appreciate that the firs paragraph integrates both medical care and several policy influences. Do you have suggestions for how OB/GYNs (the primary readers in this journal) might influence those policies or other contributors to health?

I would encourage adding into the action items at the conclusion legislative advocacy on the part of providers both locally and nationally as well as outreach activities in our own communities and those most affected by structural racism and these injustices. While we are increasing the diversity of our field, it is important that we do our best to understand and learn from the communities we serve.

EDITOR'S COMMENTS

Thank you for your submission of this substantially and well-revised manuscript.

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 relevant topics. Adherence to these requirements with your revision will avoid delays during the revision process by avoiding re-revisions on your part in order to comply with formatting.

Numbers below refer to line numbers.

48. The AMA style manual, which the Journal uses, asks that “authors provide an explanation of who classified individuals’ race, ethnicity, or both, the classifications used, and whether the options were defined by the investigator or the participant. In addition, the reasons that race/ethnicity were assessed in the study also should be described (eg, in the Methods section and/or in table footnotes).

In addition, the nonspecific “other” as it is sometimes used for comparison in data analysis may also be a “convenience” grouping/label that should be avoided, unless it was a prespecified formal category in a database or research instrument. Also, White and Black, as racial categories, are now capitalized.

On the discussion, please comment on whether race and ethnicity are considered biologic or social variable and whether you were able to study contributors to any differences found, such as racism.

52. Is it just SCOTUS decisions that are drivers here? Some states, for instance where I live, did not expand Medicaid w/ ACA implementation. This state-level decision is also an argument for full comprehensive health insurance coverage, as is the fact that some people don't qualify for even the full ACA coverage prior to SCOTUS chipping away at it. You note this on line 101 of the manuscript: about 11 million women still uninsured after ACA. Your narrow argument here that it is due only to SCOTUS decisions limits the scope of your argument and runs the risk of not being persuasive.

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84. The journal style does not support the use of the virgule (/) except in mathematical expressions. Please remove here and elsewhere.

141. Do you mean consistent use? Not sure what "consistency" refers to here. It is an idiosyncratic fact that at the Journal we tend to avoid the use of the word impact to imply the result of a change, preferring to limit "impact" to mean a physical blow.

142 "and RATES OF unplanned pregnancies".

144. The phrase "patient out of pocket costs…" seems unnecessary but if you want to include it, use a colon instead of a semi-colon. (Sorry, my inner English teacher at work here).

151. "Increased training…" should be a separate sentence. I agree with one reviewer who asks for more information on why /if this works. Could you expand on this?

156-158: It's not obvious that there is a significantly different rate between 64% for Hispanic women and 57% for non-Hispanic White women—does your reference indicate that these are significantly or only numerically different? Did it offer explanations that might be included here?

164. The way the preceding sentence is structured, it sounds like "abuse and eugenics" are also being described as being "due to implicit bias". I would argue that these were more explicit bigotry. Could you restructure the sentence to make sure that the implicit bias causation is being applied only to the LARC issue?

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177-178. Please clarify. You say they have existed for decades but now its an emergency. It should have been an emergency when we first described it. It's now a chronic problem, isn't it? Its considered urgent due to increasing political attention, thank goodness.

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184. Perhaps "Establishment of standardized protocols for the management of conditions…..". Such protocols are necessary in both the inpatient and outpatient arenas, at the hospital or health-care system level, as well as in independent medical practices". { I make this recommendation to emphasize the importance of "medical practices" as I think they often get a "pass" on being involved in these issues and leave it hospitals to focus primarily on inpatient care}

1990-194. It's not clear how the Preventing Maternal Deaths Act ties in to access to family planning and reproductive health serves. Perhaps you could move the reference about access to family planning and reproductive health services relationship to maternal mortality rates to the end of the section on contraception as a lead-in to the section on maternal mortality and use this paragraph to describe the importance of the Preventing Maternal Death Acts. I would also spend a little more word count on explaining what this Act is and its purpose.

197-206. Similar to my comments about lines 170-174, this content seems much more general than a narrow focus on maternal morbidity and mortality and both sections are a bit redundant with other content. I recommend that you reorganize the paper a bit to put all of the content about the role of systemic racism, need for providers to understand and work to overcome this, need to listen to and honor with empathy and solidarity the women we serve—all of them--in one location in your paper rather than in each of the separate parts. Choose the most powerful of your references to highlight. This should likely be in the introductory section.

209. Simplify this: "Black/African American and Hispanic/Latinx women account for 75% of new diagnoses of HIV

infections in women. I don't understand what y our parenthetic numbers mean. What do they refer to? (23.1, 5.2, and 1.7). You could leave them out altogether and the statement would be powerful. It looks like you are doing some ratio between these numbers and your statement that the rates are 20 times higher in Black/African women than non-Hispanic White women. If so, the ratio of 23.1 to 1.7 is about 14, not 20.

216. Convince the skeptic that redlining contributed to this. Just saying so won't be very persuasive. Again, by moving, organizing and editing for brevity content like from 216-222 to a common location the common themes that arise in each of your highlighted topics will be strengthened. If you do so, this section starting on line 216 could read something like "Given that 85.2% of women diagnosed with HIV acquire it through heterosexual contact, comprehensive and accessible gynecologic care, including HIV and STI prevention and treatment programs are essential to decrease the rates of HIV infection. Barriers to accessing such care by Black/African American and Hispanic/Latinx women need to be eliminated by providing high quality, cultural sensitive, accessible care in local communities." Or something like that.

229: perhaps "increasing PrEP uptake among HIV-negative at risk Black women….". As written, it sounds like all Black women should be offered PrEP. Was that your intention and if so, that seems inappropriate.

230. What is meant by improving "lingage and retention"? Linkage to what? Retained in what?

231. What are targeted educational strategies with providers and sexually active women? Are they to be educated together?

232. Do you have evidence that HIV screening is not routinely being done in prenatal care? From what I've read, a bigger issue is the failure to offer STI screening in GYN care to women in a standardized way (rather than only to those perceived to be "at risk" by the provider) such that women with STI's are not then offered HIV screening as well, if not already done.

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

2. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA). 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. 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 data definitions at https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions and the gynecology data definitions at https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

4. 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.

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

6. 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 limit for Current Commentary articles is 250 words. Please provide a word count.

7. 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.

8. 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.

9. ACOG is moving toward discontinuing the use of "provider." Please replace "provider" throughout your paper with either a specific term that defines the group to which are referring (for example, "physicians," "nurses," etc.), or use "health care professional" if a specific term is not applicable.

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. Please review examples of our current reference style at http://ong.editorialmanager.com (click on the Home button in the Menu bar and then "Reference Formatting Instructions" document under "Files and Resources). Include the digital object identifier (DOI) with any journal article references and an accessed date with website references. Unpublished data, in-press items, personal communications, letters to the editor, theses, package inserts, submissions, meeting presentations, and abstracts may be included in the text but not in the reference list.

In addition, 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 at the Clinical Guidance page at https://www.acog.org/clinical (click on "Clinical Guidance" at the top).

12. Figure 1 may be resubmitted as-is.

13. 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 https://wkauthorservices.editage.com/open-access/hybrid.html.

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.

***

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. Do not omit your responses to the Editorial Office or Editors' comments.

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 Oct 22, 2020, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD

2019 IMPACT FACTOR: 5.524
2019 IMPACT FACTOR RANKING: 6th out of 82 ob/gyn journals

[redacted]

October 14, 2020

Nancy C. Chescheir, MD
Editor-in-Chief
Obstetrics and Gynecology
409 12th Street SW
Washington, DC 20024

Dear Dr. Chescheir,

It is with great enthusiasm that we submit this Current Commentary manuscript entitled: "*Racial and ethnic disparities in reproductive health services and outcomes, 2020"* to you for consideration for publication in *Obstetrics and Gynecology* ("The Green Journal"). We've revised our previously submitted manuscript (ONG-20-2484) based on editor and reviewer feedback dated October 8, 2020 and are submitting for your consideration. We are grateful for all the helpful feedback received by the Editorial Board and special expert referees. We have read in detail the Instructions for authors and have prepared this revision based on that guidance.

Here are our detailed responses to each comment in **blue**:

REVIEWER #1:

This review is a comprehensive commentary on current racial and ethnic disparities in reproductive health, with highlighting on contraception, maternal mortality, and HIV diagnosis. I appreciate the authors' tackling of this timely topic, and appreciate the chance to review this paper.

Strengths

* This commentary is extremely timely, given the climate of the country right now and the urgency of affordable, universal healthcare for citizens, and I believe it will be cited frequently.

Thank you so much for this feedback.

* This commentary is extremely well-written, well-researched, and of appropriate length and complexity for the information that needed to be covered.

Thank you so much for this feedback.

* Appropriate emphasis on increasing standardized protocols and measurement parameters, particularly aimed at decreasing maternal mortality, to level the playing field for management of patients of all backgrounds.

Thank you so much for this feedback.

Limitations

* This paper takes a strong political stance that may offend some readers, particularly the criticism of the Supreme Court rulings diminishing the ACA in recent years. I found

their stance to be evidence-based and justified within the text, but that is only this reviewers' opinion.
Thank you so much for this feedback. Yes, our goal was to only mention the Supreme Court in the context of available evidence regarding women's health access. We hope to not offend anyone. We've revised to mention federal and local courts generally and not specify the Supreme Court.

REVIEWER #2: This is a Current Commentary article that raises awareness of racial and ethnic disparities in different areas of OBGYN and provides suggestions to improve these disparities. Thank you to the authors for submitting this commentary. This is clearly a critical issue that deserves attention from this journal.

Abstract:
1. Lines 43-45: You highlighted several reproductive health measures in the text/tables. How did you determine which measures to address?
Thank you for this question. We previously published a repro health disparities paper in 2003 (Anachebe & Sutton, AJOG); our goal was to update the measures discussed in that paper and also add areas which have been highlighted as reproductive health disparities priorities in recent years.
2. There is a lot of data presented in the abstract but it would benefit from a clear statement explaining the purpose/objective of the commentary. **Thank you; we've added clarifying language on line 45.**

Introduction:
3. Lines 77-80: This sentence is difficult to follow as currently written. Consider changing to "… , and improvement of health for all groups, including reproductive health, an overarching goal for the US. **Revised as suggested.**
4. Lines 83-86: This sentence seems redundant and I suggest removing "including women in the US" because I think it is understood by previously writing that the ACA helps facilitate national prevention goals. **Revised as suggested.**
5. As suggested in the abstract section. I think a clear statement of the purpose in the Introduction section of the commentary is needed to help guide the reader through the paper. **Thank you. We've added text (lines 112-113-clean version).**

Focused Strategies
6. Lines 151-152: What type of training do you recommend for pharmacist to improve contraception access? **Thank you. Ideally, reproductive access-focused trainings would help strengthen their awareness; text has been added on line 167-169.**
7. Lines 184-188: Do you have a reference that shows protocols in OB lessen disparate care of minority women? **Yes, I've now added a new reference # 94.**

8. Lines 197-206: This is a very informative paragraph, but I have difficulty connecting it to its section "Maternal Mortality." Are there examples of how the topics of education, employment and legal-justice system issues directly impact maternal mortality? More of an explanation would be helpful.
Thank you for this question. This paragraph is meant to describe the context of historical and modern-day structures which support racism and disproportionate access; these generational factors negatively impact maternal mortality, particularly for Black/African American women in the U.S. References 95 and 96 provide more detail about these historical influences.

REVIEWER #3: Overall, this represents a great summary of the disparities present in various areas of women's reproductive health. I appreciate the inclusion of health measures in maternal health, family planning, infectious disease, and oncology care. I also appreciate the recognition of the role of implicit biases in health outcomes. I have very few notes for the authors for small edits. **Thank you so much for these comments.**

Abstract: Like 52-54 includes a confusing sentence that reads more as a fragment. Separate the things weakening current legislation from what is necessary for equitable care. **Thank you. We've edited that sentence for clarity.**

You reference differential offering of PrEP in lines 227-9. I wonder if this amongst those accessing care, or all comers. Is this a combination of access to care and provider bias, or purely a bias issue? **Yes, this is among those accessing care, so it is believed that there are a combination of factors at play, including challenges with access and provider bias.**

In the conclusion, I appreciate that the firs paragraph integrates both medical care and several policy influences. Do you have suggestions for how OB/GYNs (the primary readers in this journal) might influence those policies or other contributors to health? **Yes, thank you. We believe that advocacy by OB/GYNs will be vital to these efforts. We've added language in lines 245-246 and 264-275.**

I would encourage adding into the action items at the conclusion legislative advocacy on the part of providers both locally and nationally as well as outreach activities in our own communities and those most affected by structural racism and these injustices. While we are increasing the diversity of our field, it is important that we do our best to understand and learn from the communities we serve. **Excellent point. Thank you. I've added language to the Conclusion (lines 250-275).**

Editor's Comments:

Thank you for your submission of this substantially and well-revised manuscript.

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 relevant topics. Adherence to these requirements with your revision will avoid delays during the revision process by avoiding re-revisions on your part in order to comply with formatting.

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In addition, the nonspecific "other" as it is sometimes used for comparison in data analysis may also be a "convenience" grouping/label that should be avoided, unless it was a prespecified formal category in a database or research instrument. Also, White and Black, as racial categories, are now capitalized. **Thank you; these categories have now been capitalized throughout the document.**

On the discussion, please comment on whether race and ethnicity are considered biologic or social variable and whether you were able to study contributors to any differences found, such as racism. **Thank you; we've now added a reference that supports race as a social construct, and we've provided references that support that racism contributes to many of the differences we found.**

52. Is it just SCOTUS decisions that are drivers here? Some states, for instance where I live, did not expand Medicaid w/ ACA implementation. This state-level decision is also an argument for full comprehensive health insurance coverage, as is the fact that some people don't qualify for even the full ACA coverage prior to SCOTUS chipping away at it. You note this on line 101 of the manuscript: about 11 million women still uninsured after ACA. Your narrow argument here that it is due only to SCOTUS decisions limits the scope of your argument and runs the risk of not being persuasive. **You are correct; we've removed SCOTUS from the abstract.**

64. Delete colon. **Done.**

84. The journal style does not support the use of the virgule (/) except in mathematical expressions. Please remove here and elsewhere. **Thank you; we've now corrected.**

141. Do you mean consistent use? Not sure what "consistency" refers to here. It is an idiosyncratic fact that at the Journal we tend to avoid the use of the word impact to imply the result of a change, preferring to limit "impact" to mean a physical blow. **Corrected; thank you.**

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144. The phrase "patient out of pocket costs…" seems unnecessary but if you want to include it, use a colon instead of a semi-colon. (Sorry, my inner English teacher at work here). ☺. **Corrected; thank you.**

151. "Increased training…" should be a separate sentence. I agree with one reviewer who asks for more information on why /if this works. Could you expand on this? **Thank you; additional language was added for clarity.**

156-158: It's not obvious that there is a significantly different rate between 64% for Hispanic women and 57% for non-Hispanic White women—does your reference indicate that these are significantly or only numerically different? Did it offer explanations that might be included here? **Thank you; we've added language to describe that the significant difference was only between Black and White women.**

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170-174: does this content apply only to contraceptive care, where you have placed it, or more broadly to the entire focus of your paper? **Based on the recommendation, we've condensed and moved this content to the Introduction.**

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172. There is a great deal of training on going at academic medical centers and organizations about many of these issues and it is important from a societal and human perspective. Here you make the connection that these will "strengthen patient care" and I know that is the hope. Is there evidence that they actually DO improve patient care? **I haven't seen the evidence yet, but I'm hopeful. For now, many places have paused these trainings due to new federal mandates.**

177-178. Please clarify. You say they have existed for decades but now its an emergency. It should have been an emergency when we first described it. It's now a chronic problem, isn't it? Its considered urgent due to increasing political attention, thank goodness. **Very true; we've corrected the language. Thank you.**

183. Omit 2nd comma **Done. Thank you.**

184. Perhaps "Establishment of standardized protocols for the management of conditions…..". Such protocols are necessary in both the inpatient and outpatient arenas, at the hospital or health-care system level, as well as in independent medical practices". { I make this recommendation to emphasize the importance of "medical practices" as I think they often get a "pass" on being involved in these issues and leave it hospitals to focus primarily on inpatient care} **We agree and have revised the language per your suggestion.**

1990-194. It's not clear how the Preventing Maternal Deaths Act ties in to access to family planning and reproductive health serves. Perhaps you could move the reference about access to family planning and reproductive health services relationship to maternal mortality rates to the end of the section on contraception as a lead-in to the section on maternal mortality and use this paragraph to describe the importance of the Preventing Maternal Death Acts. I would also spend a little more word count on explaining what this Act is and its purpose.

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197-206. Similar to my comments about lines 170-174, this content seems much more general than a narrow focus on maternal morbidity and mortality and both sections are a bit redundant with other content. I recommend that you reorganize the paper a bit to put all of the content about the role of systemic racism, need for providers to understand and work to overcome this, need to listen to and honor with empathy and solidarity the women we serve—all of them--in one location in your paper rather than in each of the separate parts. Choose the most powerful of your references to highlight. This should likely be in the introductory section. **Thank you; we've revised and reorganized this content to the Introduction for flow and clarity.**

209. Simplify this: “Black/African American and Hispanic/Latinx women account for 75% of new diagnoses of HIV infections in women. I don’t understand what y our parenthetic numbers mean. What do they refer to? (23.1, 5.2, and 1.7). You could leave them out altogether and the statement would be powerful. It looks like you are doing some ratio between these numbers and your statement that the rates are 20 times higher in Black/African women than non-Hispanic White women. If so, the ratio of 23.1 to 1.7 is about 14, not 20. **Thank you; we have revised as suggested.**

216. Convince the skeptic that redlining contributed to this. Just saying so won’t be very persuasive. Again, by moving, organizing and editing for brevity content like from 216-222 to a common location the common themes that arise in each of your highlighted topics will be strengthened. If you do so, this section starting on line 216 could read something like “Given that 85.2% of women diagnosed with HIV acquire it through heterosexual contact, comprehensive and accessible gynecologic care, including HIV and STI prevention and treatment programs are essential to decrease the rates of HIV infection. Barriers to accessing such care by Black/African American and Hispanic/Latinx women need to be eliminated by providing high quality, cultural sensitive, accessible care in local communities.” Or something like that. **Thank you; we’ve incorporated your suggestion into this revision.**

229: perhaps “increasing PrEP uptake among HIV-negative at risk Black women….”. As written, it sounds like all Black women should be offered PrEP. Was that your intention and if so, that seems inappropriate. **Absolutely that was not our intention; we’ve corrected the language per your suggestion. Thank you.**

230. What is meant by improving “lingage and retention”? Linkage to what? Retained in what? **We’ve added clarifying language regarding HIV care. Thank you.**

231. What are targeted educational strategies with providers and sexually active women? Are they to be educated together? **We’ve added clarifying language here.**

232. Do you have evidence that HIV screening is not routinely being done in prenatal care? From what I’ve read, a bigger issue is the failure to offer STI screening in GYN care to women in a standardized way (rather than only to those perceived to be “at risk” by the provider) such that women with STI’s are not then offered HIV screening as well, if not already done. **Thank you; we’ve removed “prenatal;” we agree that data show that HIV screening is more uniformly done in prenatal settings. We’ve added a reference (110) regarding the lack of routine HIV screening in the past year among sexually active women at GYN visits.**

EDITOR'S 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.

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

2. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA). 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. **Okay.**

3. 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 data definitions at https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions and the gynecology data definitions at https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

4. 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. **Thank you. To adequately respond to feedback, we currently have 2963/3000 words, which includes title page, precis, abstract, text and excludes references and the supplemental table. We did extensive review for our main table (Table 1) and wanted to be as inclusive as possible in our references.**

5. Provide a short title of no more than 45 characters, including spaces, for use as a running foot. **We've chosen: "Reproductive health disparities," which is 31 characters.**

6. 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 limit for Current Commentary articles is 250 words. Please provide a word count. **The abstract word count is 248.**

7. 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. **Okay.**

8. 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. **Okay; corrected.**

9. ACOG is moving toward discontinuing the use of "provider." Please replace "provider" throughout your paper with either a specific term that defines the group to which are referring (for example, "physicians," "nurses," etc.), or use "health care professional" if a specific term is not applicable. **Thank you; "provider" has been replaced with "clinician."**

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. **Table checklist reviewed; tables are compliant.**

11. Please review examples of our current reference style at http://ong.editorialmanager.com (click on the Home button in the Menu bar and then "Reference Formatting Instructions" document under "Files and Resources). Include the digital object identifier (DOI) with any journal article references and an accessed date with website references. Unpublished data, in-press items, personal communications, letters to the editor, theses, package inserts, submissions, meeting presentations, and abstracts may be included in the text but not in the reference list.

In addition, 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 at the Clinical Guidance page at https://www.acog.org/clinical (click on "Clinical Guidance" at the top).

12. Figure 1 may be resubmitted as-is. **Great. Thank you.**

13. 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 https://wkauthorservices.editage.com/open-access/hybrid.html.

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.

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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. Do not omit your responses to the Editorial Office or Editors' comments.

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.

This manuscript is not under consideration elsewhere and will not be submitted elsewhere unless a final decision is made by the Editors. Each author named (Drs. Sutton, Anachebe, Lee, and Skanes) filled all authorship criteria by contributing substantially to the concept, design, analysis and interpretation of the contents, drafting and reviewing the manuscript carefully for intellectual content, and approving the final version of the paper for submission. The authors have no conflicts of interest to report for this work. The statements and conclusions in this manuscript do not necessarily represent the views of the Morehouse School of Medicine, Department of Obstetrics and Gynecology.

The lead author (Dr. Sutton) affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

Thank you so much for your consideration of this manuscript. We look forward to your feedback.

Sincerely,

Madeline Y Sutton, MD, MPH, FACOG
Assistant Professor
Morehouse School of Medicine
Department of Obstetrics and Gynecology
[redacted]