

# OBSTETRICS & GYNECOLOGY



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- 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.*

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[obgyn@greenjournal.org](mailto:obgyn@greenjournal.org).

**Date:** Dec 11, 2020  
**To:** "Howard Minkoff" [REDACTED]  
**From:** "The Green Journal" em@greenjournal.org  
**Subject:** Your Submission ONG-20-3058

RE: Manuscript Number ONG-20-3058

Civil Disobedience and Abortion Services after Roe: Legal and Ethical Considerations

Dear Dr. Minkoff:

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 Jan 01, 2021, we will assume you wish to withdraw the manuscript from further consideration.

#### REVIEWER COMMENTS:

Reviewer #1:

A current commentary that offers counsel to clinicians on how to advise women on reproductive health options in the context of the uncertain fate of Roe V. Wade.

Abstract:

1. Line 35: What is the meaning of "ante" in this sentence?

Commentary:

2. Line 99-104: Could the authors offer more description on "restrictions on abortion due to telemedicine".

References:

3. References seem complete.

Reviewer #2:

This is a well-written paper that addresses issues of potential importance - indeed urgency - should Roe be overturned (indeed, even as it is chipped away). The paper could be strengthened by the following:

1. Some of the language is, though beautifully lyrical, may not be accessible. For instance, what is meant by "the status quo ante" mentioned in the abstract (can you just say something like "current levels of abortion access" or something like that if that is what you mean?). Similarly, what is meant by "parlons"? Moreover, it seems like it would be useful to explicitly define civil disobedience for this non-legal audience.
2. The structure, too, took some work to follow. One possible solution would be to explain in paragraph 2 where the FULL essay is going - not just the steps that could be taken and their consequences, but (since you close with this) the moral contours of a physician's role, ranging from passivity, to advocacy, to civil disobedience.

3. Adding to my thoughts on #2, I would recommend sub-headers - Specific Actions and Legal Consequences; Moral Contours of Professionalism. Something like this - just to be explicit about where we are and where you are going.
4. I also got a little confused about the difference between "providing advice" and "directing patients to sites." How are these different? It seems to me there are three categories: advice/information; prescription; and provision of care. If the authors could be a little more detailed about distinctions that would be helpful.
5. The concluding discussion about conscience, advocacy and civil disobedience is rich and important, but moves a little quickly. There is this gaping hole in the distinction between "heroes" and passive participants (who may have stood by, if not facilitated the holocaust by their silence). The work of Hanna Arendt may be helpful in articulating the nuance - a possibly offer a more direct way to talk about the moral responsibilities entailed by our professional roles.
6. The word "jeopardy" seems to be over-used.

Reviewer #3:

Thank you for bringing this topic forward. At this time, I recommend that this be published in a different venue. As an OBGyn physician with many years of active advocacy in Washington DC as well as in my own home State, I believe that advocacy for reproductive health for women is not only OK but also necessary. I would like to see that your article is published in a forum that can be viewed by physicians and policy makers alike. With regards to your specific article now, I would like to see the political-type references that are more current and more appropriate for the Green Journal audience across the Americas as well as worldwide. Right now, we see that women in the USA are discriminated against in access to reproductive health services. This discrimination is amplified in this current polarized political landscape that deserves to be described: right here, right now.

#### 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 appendices) but exclude references.

5. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

- \* All financial support of the study must be acknowledged.
- \* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
- \* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form verifies that permission has been obtained from all named persons.
- \* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

6. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

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

In addition, the abstract length should follow journal guidelines. The word limit for Current Commentary articles is 250 words. Please provide a word count.

8. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

9. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

10. 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.

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).

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- \* 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 21 days from the date of this letter. If we have not heard from you by Jan 01, 2021, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,  
John O. Schorge, MD  
Associate Editor, Gynecology

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

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Enclosed is a revised version of our manuscript entitled, "Civil Disobedience and Abortion Services after Roe: Legal and Ethical Considerations." We have read the "Instructions for Authors." We appreciate the insights and critiques of the editor and reviewers, which we address below.

Reviewer #1:

Abstract:

1. Line 35: What is the meaning of "ante" in this sentence?

*Status quo ante (the previously existing state of affairs) refers to the time prior to the overturn of Roe v. Wade. We have changed the language to make our meaning clearer (lines 35 and 58).*

Commentary:

2. Line 99-104: Could the authors offer more description on "restrictions on abortion due to telemedicine".

*Mifepristone is not widely available by mail due to restrictions on abortion by telemedicine imposed by state laws. Seventeen states currently require the prescribing clinician to be physically present when medication for abortion is dispensed, effectively banning the use of telehealth, and this number might increase if Roe sunsets. In addition there are FDA restrictions. Mifepristone is subject to an FDA-imposed Risk Evaluation and Mitigation Strategy (REMS), requires the medication to be dispensed only by certified prescribers and only in clinics, medical offices or hospitals. As a result, and unlike most other safe and effective medications, it cannot be sold at pharmacies. Thus even if prescribed by telemedicine it may be difficult to access.*

*We have clarified starting on line 125.*

Reviewer #2:

This is a well-written paper that addresses issues of potential importance - indeed urgency - should Roe be overturned (indeed, even as it is chipped away).

*We appreciate the comment.*

1. Some of the language is, though beautifully lyrical, may not be accessible. For instance, what is meant by "the status quo ante" mentioned in the abstract (can you just say something like "current levels of abortion access" or something like that if

that is what you mean?). Similarly, what is meant by "parlons"? Moreover, it seems like it would be useful to explicitly define civil disobedience for this non-legal audience.

*Per the request of reviewer one we have already altered our use of status quo ante. "Parlous" has been changed to "perilous" (line 69). We have used as our definition of civil disobedience (line 170), "principled refusal to comply with unjust laws."*

2. The structure, too, took some work to follow. One possible solution would be to explain in paragraph 2 where the FULL essay is going - not just the steps that could be taken and their consequences, but (since you close with this) the moral contours of a physician's role, ranging from passivity, to advocacy, to civil disobedience.

*This is a helpful idea, and we have incorporated it into the text (line 60).*

3. Adding to my thoughts on #2, I would recommend sub-headers - Specific Actions and Legal Consequences; Moral Contours of Professionalism. Something like this - just to be explicit about where we are and where you are going.

*We believe that by making the changes you suggested in the second comment, we may obviate the need for subheads. However, we will leave that to the discretion of the editor. If they feel they should be added, we will do so, though we have some concern about their effect on flow.*

4. I also got a little confused about the difference between "providing advice" and "directing patients to sites." How are these different? It seems to me there are three categories: advice/information; prescription; and provision of care. If the authors could be a little more detailed about distinctions that would be helpful.

*The distinction, which we may not have made sufficiently clear, is that posting information (the example used in the manuscript) would not be interpreted as facilitating an illegal act, while directing someone to a site where some illegal activity (as interpreted by those hostile to abortion rights) is occurring, may entail jeopardy since those putatively illegal acts have been facilitated by the referral to the site. We have modified the text accordingly beginning on lines 69 and 107.*

5. The concluding discussion about conscience, advocacy and civil disobedience is rich and important, but moves a little quickly. There is this gaping hole in the distinction between "heroes" and passive participants (who may have stood by, if not facilitated the holocaust by their silence). The work of Hanna Arendt may be helpful in articulating the nuance - a possibly offer a more direct way to talk about the moral responsibilities entailed by our professional roles.

*We agree that the section on conscience was subject to some concision since we wanted our focus to be on providing practical guidance to our colleagues. I also agree*

*that Hanna Arendt has a lot to teach. However, to her chagrin, her “banality of evil” was often misinterpreted, and she was particularly sensitive to the charge that she placed some blame for the holocaust on the passivity of the Jews. While I would enjoy providing an exegesis on the subject, I’m not sure the clinician/reader would be equally fascinated, and unless the editor disagrees, I am content to leave the discussion, which the reviewer so generously described as “rich and important,” as is.*

6. The word "jeopardy" seems to be over-used.

*This is the advantage of having an eagle-eyed reviewer assigned to your paper. They pick up little writing quirks that you are unaware of. I have switched out “jeopardy” on lines, 69, 90, and 147.*

Reviewer #3:

1. Thank you for bringing this topic forward. At this time, I recommend that this be published in a different venue. As an OBGyn physician with many years of active advocacy in Washington DC as well as in my own home State, I believe that advocacy for reproductive health for women is not only OK but also necessary. I would like to see that your article is published in a forum that can be viewed by physicians and policy makers alike.

*While we appreciate your enthusiasm, we believe, and would even venture that the editor will concur, that the Green journal is the go to journal for our colleagues who are the intended audience for the piece.*

2. With regards to your specific article now, I would like to see the political-type references that are more current and more appropriate for the Green Journal audience across the Americas as well as worldwide. Right now, we see that women in the USA are discriminated against in access to reproductive health services. This discrimination is amplified in this current polarized political landscape that deserves to be described: right here, right now.

*Again, we appreciate the comment.*

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.

*We opt in.*

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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.

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5. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

- \* All financial support of the study must be acknowledged.
- \* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
- \* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form verifies that permission has been obtained from all named persons.
- \* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

6. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

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

In addition, the abstract length should follow journal guidelines. The word limit for Current Commentary articles is 250 words. Please provide a word count.

8. Only standard abbreviations and acronyms are allowed. A selected list is available online at [https://urldefense.com/v3/http://edmgr.ovid.com/ong/accounts/abbreviations.pdf;!!K5w6js8nVyXUgQ!ggo1W9 REd1XsMj-ZWsLc0iklZtP4r8HHDTa4XGI27iwEfluj7gV8uJFl-3XB6dWwfzn6Q\\$](https://urldefense.com/v3/http://edmgr.ovid.com/ong/accounts/abbreviations.pdf;!!K5w6js8nVyXUgQ!ggo1W9 REd1XsMj-ZWsLc0iklZtP4r8HHDTa4XGI27iwEfluj7gV8uJFl-3XB6dWwfzn6Q$). 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.

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10. 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.

*We have changed to health professional since in all our uses providers refer to individuals with different sorts of licenses, not only doctors.*

11. Please review examples of our current reference style at [https://urldefense.com/v3/http://ong.editorialmanager.com;!!K5w6js8nVyXUgQ!ggo1W9 REd1XsMj-ZWsLc0iklZtP4r8HHDTa4XGI27iwEfluj7gV8uJFl-3XB6dai47lUw\\$](https://urldefense.com/v3/http://ong.editorialmanager.com;!!K5w6js8nVyXUgQ!ggo1W9 REd1XsMj-ZWsLc0iklZtP4r8HHDTa4XGI27iwEfluj7gV8uJFl-3XB6dai47lUw$) (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://urldefense.com/v3/\\_https://www.acog.org/clinical\\_!!K5w6js8nVyXUgQ!ggo1W9\\_REd1XsMj-ZWsLc0ikIZtP4r8HHDTa4XGI27iwEfluj7gV8uJFl-3XB6cexcj3zg\\$](https://urldefense.com/v3/_https://www.acog.org/clinical_!!K5w6js8nVyXUgQ!ggo1W9_REd1XsMj-ZWsLc0ikIZtP4r8HHDTa4XGI27iwEfluj7gV8uJFl-3XB6cexcj3zg$) (click on "Clinical Guidance" at the top).

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\* A confirmation that you have read the Instructions for Authors ([https://urldefense.com/v3/\\_http://edmgr.ovid.com/ong/accounts/authors.pdf\\_](https://urldefense.com/v3/_http://edmgr.ovid.com/ong/accounts/authors.pdf_);

!!K5w6js8nVyXUgQ!ggo1W9\_REd1XsMj-

ZWslc0iklZtP4r8HHDta4XGI27iwEfluj7gV8uJFl-3XB6cP5K09gw\$ ), 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 21 days from the date of this letter. If we have not heard from you by Jan 01, 2021, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,  
John O. Schorge, MD  
Associate Editor, Gynecology

2019 IMPACT FACTOR: 5.524

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

*We appreciate the comments from the reviewers and editors, and would be willing to consider further modifications if requested by the editor.*