

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: Jan 31, 2020
To: "Carolyn Sufrin" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-2322

RE: Manuscript Number ONG-19-2322

Pregnancy Prevalence and Outcomes in U.S. Jails: An Epidemiologic Surveillance Study

Dear Dr. Sufrin:

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

REVIEWER COMMENTS:

Reviewer #1: The authors present a largely descriptive study of the prevalence of pregnancy among women who are arrested in jail. This is a very interesting topic and I am not aware of other studies that have examined this. This study is largely descriptive and does not have a clinical outcomes question per se other than to quantify and characterize women who are in jail that are pregnant. While I think there are far more questions that could be answered with this data set (does jail incarceration increase risk of PTL, preeclampsia etc) I think as written this work does describe a previously unanswered question. I don't have specific comments as this is almost purely descriptive in nature without a question requiring statistical analysis.

Reviewer #2: This is a prospective database analysis of limited data on pregnancy outcomes in 5 author-selected jails as documented by a "designated reporter" in REDCap tools. The care of pregnant women incarcerated in jail has been much overlooked, with no articles published in the Green Journal on this topic (pubmed search 1/6/2020) other than the 2011 Committee Opinion (reaffirmed in 2019) entitled: Health Care for Pregnant and Postpartum Incarcerated Women and Adolescent Female. None of the references of this Committee Opinion were articles published in AJOG or the Green Journal. This original research that is a descriptive study without formal analysis but rather serves to lay the foundation for the need for further attention.

Abstract

1. The abstract is representative of the article and adds to the literature by providing new information to direct future strategies for addressing care (or lack thereof) of pregnant women incarcerated in jail
2. Is this a pilot study? Do the authors intend to get information from more jails in the future? Labeling this a pilot study may allow the reader to follow the authors jail selection process and extrapolation to national numbers

Introduction

3. The authors may want to consider summarizing their prior research with PIPS (as references # 7,9,10) to lay the foundation for the importance of this manuscript's findings (knowing some prison data but not jail data).
4. Consider moving Lines 142-150 (under methods) to the introduction as reading it earlier in the manuscript may be helpful for this journal's readers who many not be as familiar with the listed distinctions between jail and prison.
5. Line 89-90 consider clarifying that the pregnancy outcomes are only for those pregnancies that ended while in

custody.

Material and Methods

6. Consider moving lines 104 -109 to the introduction as it seems to be background information and would be helpful to give context earlier in the manuscript.
7. Consider elaborating on "target recruitment" in line 109. Did all recruited jails accept? It would be helpful to have how many jails were contacted (and how), how many accepted, and then how many included.
8. Consider elaborating on the decision listed in line 112 (adding just one small jail)
9. Line 114 and 118-119 state similar points so author may consider combining them as unclear why stated twice in such close proximity in the manuscript.
10. Consider elaborating on the "designated reporter" and "discrepancies" as listed in Line 120 and Line 124 respectively. See next comment.
11. Lines 134-135: how was the data collected? How were the pregnancies dated? Were ultrasounds performed to confirm dating? Please elaborate on how these categories were verified. Consider adding a table of collected data and method of confirmation
12. Lines 152-156 represent study limitation, consider moving to discussion

Results

13. Line 192 - seems to be referencing Table 3 (Table 2 is listed)
14. Lines 190-199- similar to #11 above: how was this confirmed? Elaboration on the designated reporter's role may help clarify. This is the meat of this manuscript for the readers of this journal.
15. The term "abortions" Line 196 (and elsewhere -especially Line 218) may be interpreted by readers of this journal as inclusive of spontaneous and elective. Consideration to terms: spontaneous abortion (miscarriage) vs elective abortion (or terminated pregnancy).

Discussion

16. Line 206 "clinically verified" - please elaborate in methods (as mentioned above)
17. Line 207 - do you have data from the study jails on how many females were not screened? Table 1 reports 1 jail did not perform pregnancy test on medical intake - please elaborate when and if it was done
18. Line 219 - 220 consider introducing prison findings in the introduction, it will have more impact by laying the foundation for comparison
19. Line 222 - do you have average stay for pregnant women in both jail and prison? Would be helpful to see the numbers/Line 227 - do you have average gest age? If so, please include
20. Line 236 - how did you "assess gestational age"? (please see above comments asking for elaboration) as this will be important for readers of this journal
21. 245-259 bring home the importance of this manuscript and encourage the reader to give consideration to this overlooked population

Figures and Tables

22. Tables 1 - consider adding Asterix to explain one jail is dual accredited (it's in text but not in table)
23. Table 1 - please clarify last row, it reads as if one jail releases its pregnant participants prior to due date? Also consider explaining the 1 jail that didn't perform pregnancy test on medical intake did for establishing pregnancy.
24. Table 2- would be helpful to know how many had (or didn't have) pregnancy tests and what day of incarceration the pregnancy test was documented
25. Table 3 -Consider clarifying in the title that pregnancy outcomes listed are only for those that ended while in custody. The numbers seem to be calculated from the n= 224 listed in Line 190 but that isn't clear in the table. A descriptive caption below this table would help with interpretation

References

26. References are comprehensive and pertinent
27. More than 10% references is the authors' prior work - as mentioned above consider elaborating in the introduction

why this prior work is important to this manuscript

28. A similar article by Kelsey et al "An Examination of Care Practices of Pregnant Women Incarcerated in Jail Facilities in the United States" published in Maternal Child Health in 2017 may help authors target readers of this or similar journals (i.e., obstetricians with direct patient care vs public health officials).

Reviewer #3: The topic of the study is timely and relevant given the recent increase in attention to marginalized women and the renewed advocacy regarding the right of pregnant incarcerated individuals. The lack of individual level data regarding race, gender identification, socioeconomic status, pregnancy history and health status makes it harder to put the data collected in its proper contexts. It would also have been helpful to get more insight regarding the healthcare services available in the jail especially since some were accredited and others weren't. As you said this is a good first step but the information is a little bare, and lacking in depth.

STATISTICAL EDITOR COMMENTS:

The Statistical Editor makes the following points that need to be addressed:

Table 2: Should format all %s as n(%) with % rounded to nearest 0.1%, not to 0.01% precision. Also, should clarify the columns "percent admitted females who were pregnant, Dec 2016 and April, 2017. That is, cited the entries as n/N (%), again with uniform rounding. While I agree with the Authors that the data reported should primarily be descriptive, the final row (totals) should include % (I assume that these represent means, but should so state) along with CIs, just as the median admissions per month include ranges.

Table 3: Again, should include CIs to the last row of totals. Should clarify, either in Table or in footnote to Table, how the preterm births and CD were calculated. For example, for Cook County, the total live births and total miscarriages would have a denominator = 40, while the CD have a denominator = 16. Also, for LA county, the total live births and total miscarriages would have a denominator of 68, while PTB has denominator = 32 and CD has denominator = 38.

EDITOR COMMENTS:

We no longer require that authors adhere to the Green Journal format with the first submission of their papers. However, any revisions must do so. I strongly encourage you to read the instructions for authors (the general bits as well as those specific to the feature-type you are submitting). The instructions provide guidance regarding formatting, word and reference limits, authorship issues, and other things. Adherence to these requirements with your revision will avoid delays during the revision process, as well as avoid re-revisions on your part in order to comply with the formatting.

PRESENTATION OF STATS INFORMATION

P Values vs Effect Size and Confidence Intervals

While P values are a central part of inference testing in statistics, when cited alone, often the strength of the conclusion can be misunderstood. Whenever possible, 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.

This is true for the abstract as well as the manuscript, tables and figures.

Please provide absolute values for variables, in addition to assessment of statistical significance.

We ask that you provide crude OR's followed by adjusted OR's for all relevant variables.

Line 43: The précis is a single sentence of no more than 25 words, written in the present tense and stating the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstracts conclusion. Précis should be the "hook" for people who scan the Table of Contents to see what to read. The outcomes you list are of course all of the outcomes possible for a pregnancy (assuming you included stillbirths in the "births" group) so I'm not sure what is gained by listing all of these. What's the "hook" here for the reader?

Line 48: The objective of the abstract should be a simple "To" statement without background information.

Line 56: Do you have the denominator of reproductive age women in jails during this time period? That would give us a sense of the % of jailed women at risk of pregnancy who are pregnant.

Line 58: Perhaps better written as "Pregnancy outcomes for the 224/1622 (13.8%) the ended while the woman was incarcerated included 144 (64%) live births, 41 (18%) miscarriages, and 33 (15%) abortions"

Line 60: include the stillbirth here also.

Conclusions: An important finding of your study is that the majority of women are released before the completion of their pregnancy so that continuity of information from jail to the women's OB provider is a big issue. As well, the outcome rates for preterm birth, cesarean, all are within the expected range for US women. Despite the issues related to inequities which are important, their pregnancy outcomes seem pretty good. Is this worth emphasizing in your conclusion? I'm having a hard time connecting your conclusions about inequities with the actual data shown. The other important issue from this is that the pregnancy outcomes of women who complete their pregnancies after release from jail should be followed.

Line 80: can you provide the average stay in jails for women?

Line 92: Thank you for the very clear description of the role of the funder and authorship.

Line 118: you've already told us the 5% rate on line 113-114, although these are different references. Please consolidate this information and perhaps just pick one of the references.

Line 178: Please clarify here that these data are for the 12 months.

Line 201:-204 is a bit confusing. Perhaps something like "In this study of 6 jails, representing about 5% of the female jail population in the US, about 3% of women were pregnant at admission. If this rate is similar across all jails, there would be more than 30,000 admissions of pregnant women to jails annually. This rate is less than the 5% estimate from 2002..."

Line 215: The rates of miscarriage increase with maternal age. Do you have an age median for the women? If its low, which is suspect it will be, this is even more remarkable.

Line 217: I think it's remarkable that some many women had abortions while in jail. This really needs to be addressed. How does that happen? I would think there would be all sorts of issues about consent, concerns about coercion, payment, etc etc that would make the rate of abortion in jailed women really low.

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. 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. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "The lead author* 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."

*The manuscript's guarantor.

If you are the lead author, please include this statement in your cover letter. If the lead author is a different person, please ask him/her to submit the signed transparency declaration to you. This document may be uploaded with your submission

in Editorial Manager.

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. Please submit a completed STROBE checklist with your revision. If you do not believe STROBE is the correct checklist for your study, please let us know.

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.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Original Research articles, 300 words. Please provide a word count.

9. 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.

10. 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.

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 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 via the Clinical Guidance & Publications page at <https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance>.

14. Figure 1: A figure is referenced in the manuscript; however, no figures are included in the manuscript or uploaded to Editorial Manager. If you wish to include a figure, please upload as a separate figure file on Editorial Manager. If the figure reference was in error, please delete.

15. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <http://edmgr.ovid.com/acd/accounts/ifauth.htm>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

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

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

If you submit a revision, we will assume that it has been developed in consultation with your co-authors and that each author has given approval to the final form of the revision.

Again, your paper will be maintained in active status for 14 days from the date of this letter. If we have not heard from you by Feb 14, 2020, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2018 IMPACT FACTOR: 4.965
2018 IMPACT FACTOR RANKING: 7th out of 83 ob/gyn journals

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/ong/login.asp?a=r>). Please contact the publication office if you have any questions.



February 13, 2020

Dear Dr. Chescheir:

We are submitting for your consideration our revised, original research manuscript, initially titled, Pregnancy Prevalence and Outcomes in U.S. Jails: An Epidemiologic Surveillance Study (ONG-19-2322). We have modified title from the original submission based on reviewer feedback: **Pregnancy Prevalence and Outcomes in U.S. Jails: A Pilot Surveillance Study.**

Thank you and the reviewers for your thorough comments on our manuscript. We are grateful for the reviewers' and editors' detailed assessment of our manuscript and believe that our revised submission is stronger because of those comments. We have revised the manuscript using tracked changes based on these suggestions. This revision has been developed in consultation with all co-authors and they have given approval to the final form of the revision. Our point by point response to reviewers is below. In the comments, new text is identified by being underlined. In the revised manuscript, we have made changes using the tracked change feature, as instructed.

In addition to revisions in response to reviewers, we have made several other minor edits to the manuscript to improve clarity. These are also reflected as tracked changes.

We would like to ask the editor to advise us on a comment from Reviewer#2. Comment number 4 recommends that we move an entire paragraph of the methods section to the introduction. This paragraph provides details about the differences between prisons and jails. Due to the journal preferring a short introduction, we kept our original description in the introduction of the differences between prisons and jails brief (short stays in jail) and then elaborated in the methods, with the paragraph of comment #4. We think it makes sense to leave this as is. However, if the editors support Reviewer #2's comment and are willing to have a longer introduction, we would support moving this paragraph to the introduction.

We have also revised the "disclosure" statement, as Dr. Sufrin recognized that her service on ACOG's Committee for Underserved Women and travel reimbursement she receives to attend the National Commission on Correctional Health Care board meeting on ACOG's behalf should be disclosed.

In response to the editors' efforts to increase transparency around its peer-review process, I confirm with: OPT-IN: Yes, please publish my point-by-point response letter. I have read the instructions for authors.

The lead author, Carolyn Sufrin, the manuscript's guarantor, 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.

We have followed the STROBE guidelines for reporting in observational studies. A checklist with reference to appropriate page numbers is at the end of this response to reviewers.

Thank you for your consideration of this revised manuscript on a timely and important topic of clinical, public health, and health equity significance.

Sincerely,



Carolyn Sufrin, MD, PhD, on behalf of co-authors
Assistant Professor
Department of Gynecology and Obstetrics
Johns Hopkins University School of Medicine
Department of Health, Behavior, and Society
Johns Hopkins Bloomberg School of Public Health

REVIEWER COMMENTS:

Reviewer #1: The authors present a largely descriptive study of the prevalence of pregnancy among women who are arrested in jail. This is a very interesting topic and I am not aware of other studies that have examined this. This study is largely descriptive and does not have a clinical outcomes question per se other than to quantify and characterize women who are in jail that are pregnant. While I think there are far more questions that could be answered with this data set (does jail incarceration increase risk of PTL, preeclampsia etc) I think as written this work does describe a previously unanswered question. I don't have specific comments as this is almost purely descriptive in nature without a question requiring statistical analysis.

Thank you for these comments. We wish that we could use this particular dataset to answer questions about incarceration as a risk factor for various pregnancy associated morbidities. However, there are many potential confounding variables that we were unable to collect. We very much hope to work with a government agency or other entity that can help collect a more detailed dataset from a larger sample of jails in the future.

Reviewer #2: This is a prospective database analysis of limited data on pregnancy outcomes in 5 author-selected jails as documented by a "designated reporter" in REDCap tools. The care of pregnant women incarcerated in jail has been much overlooked, with no articles published in the Green Journal on this topic (pubmed search 1/6/2020) other than the 2011 Committee Opinion (reaffirmed in 2019) entitled: Health Care for Pregnant and Postpartum Incarcerated Women and Adolescent Female. None of the references of this Committee Opinion were articles published in AJOG or the Green Journal. This original research that is a descriptive study without formal analysis but rather serves to lay the foundation for the need for further attention.

Thank you for this comment. A revised Committee Opinion will be published in the coming months. We agree wholeheartedly that these descriptive data lay the foundation for future inquiry, and this was part of our intention in conducting this first study of its kind.

Abstract

1. The abstract is representative of the article and adds to the literature by providing new information to direct future strategies for addressing care (or lack thereof) of pregnant women
2. Is this a pilot study? Do the authors intend to get information from more jails in the future?
Yes. It was our hope that this study would stimulate interest in a study with more detailed variables and a larger sample. But this is what we could do with the resources at our disposal.

Labeling this a pilot study may allow the reader to follow the authors jail selection process and extrapolation to national numbers

That is an interesting descriptor to consider for this study. We did not at the outset think of it as a pilot study, because it was part of a larger study, as described, studying prison pregnancy outcomes at a larger scale. However, the jail component of this study does have characteristics of a pilot study, and it does give some grounding for readers if we call it that. We have changed the title and selected elements of the introduction and discussion to reflect that.

Intro: "This pilot study prospectively collected pregnancy admissions data and outcomes of pregnancies ending in jail from 6 county jails across the U.S, including the 5 largest jails, as a component of our previously reported prison pregnancy study."

Methods: "Given this large number and uncatalogued locations of jails, we designed the jail portion of our study as a pilot study, with a small number of jails to assess feasibility of such data collection from jails. Between May and December 2016, 6 jails housing females enrolled in the study."

Because of this intentionally limited sample size of jails, we wanted to have the largest possible number of women represented.”

Discussion:

In one year, there were over 1600 admissions of pregnant people to our pilot study jails.

A national study is warranted to more fully assess jail pregnancy frequencies and to evaluate the effect of exposure to jail on pregnancy outcomes; our pilot study shows that it is feasible for jails to track such data.

Introduction

3. The authors may want to consider summarizing their prior research with PIPS (as references # 7,9,10) to lay the foundation for the importance of this manuscript's findings (knowing some prison data but not jail data).

The original manuscript submission summarizes the prison results from PIPS, but we did not explicitly call out its connection to this prior study. We agree that it makes sense to flag that connection, especially given the change that we will identify the jail study as a pilot component of this prison study. Therefore, the mention of the PIPS prison result was revised in the introduction, and we also provided the number of births.

In 2019, we published results from a study of pregnancy outcomes in state and federal prisons. We found that 4% of all newly admitted women were pregnant and that 753 people gave birth in custody, representing over 90% of all pregnancies that ended in prison.⁷ Yet we cannot assume similar trends in jails, as jails and prisons are distinct institutions, and the majority of people in jail have short stays.

4. Consider moving Lines 142-150 (under methods) to the introduction as reading it earlier in the manuscript may be helpful for this journal's readers who many not be as familiar with the listed distinctions between jail and prison.

Thank you for this suggestion. We agree that it would be helpful for readers to know more about the jail/prison distinctions up front. However, given that the journal encourages a shorter word count limit for the introduction, we kept this level of detail for the methods, and in the introduction only had a very brief signaling of one of the differences, which is time in custody. See new text in response to comment #3 to how the difference between jails and prisons is introduced in the introduction.

We will ask the editors if we can put this in the introduction, or in the Methods.

5. Line 89-90 consider clarifying that the pregnancy outcomes are only for those pregnancies that ended while in custody.

See response to comment #2.

Material and Methods

6. Consider moving lines 104 -109 to the introduction as it seems to be background information and would be helpful to give context earlier in the manuscript.

We have added new text to the introduction in response to Reviewer 2's comments #2 and #3 and think that this provides the context of the connection of the current study to our prison statistics study.

We have kept the detail from original 104-109 of the methods in its original place.

7. Consider elaborating on "target recruitment" in line 109. Did all recruited jails accept? It would be helpful to have how many jails were contacted (and how), how many accepted, and then how many included.

The original manuscript describes that we targeted the 5 largest jails and all agreed. We further emphasized this strategy and that we had 100% participation from these sites by adding new text:

Thus, we decided to target recruitment on the 5 largest jails in the country: Los Angeles County (CA), Rikers Island (NY), Cook County (IL), Harris County (TX), and Dallas County (TX). We contacted administrators at each of these institutions and all 5 of these recruited large jails agreed to participate.

8. Consider elaborating on the decision listed in line 112 (adding just one small jail)
New text was added, also connecting to the pilot, exploratory nature of the study:
In addition, administrators at a small jail, Western Massachusetts Regional Women's Correctional Center, heard about the study and asked to participate. Since we considered this a pilot study, we thought their participation would be helpful to illuminate if a small jail also could report these data. Therefore, this jail was also included in the study.
9. Line 114 and 118-119 state similar points so author may consider combining them as unclear why stated twice in such close proximity in the manuscript.
We agree that this is an unnecessary duplication. We have deleted the second mention of this estimate.
10. Consider elaborating on the "designated reporter" and "discrepancies" as listed in Line 120 and Line 124 respectively. See next comment.
See new text in response to comment #11.
11. Lines 134-135: how was the data collected? How were the pregnancies dated? Were ultrasounds performed to confirm dating? Please elaborate on how these categories were verified. Consider adding a table of collected data and method of confirmation

Every jail (and prison) had its own system of tracking these data. We could not verify how or whether they confirmed dating, but we did ask jails if they routinely perform pregnancy tests at intake. It is highly variable whether jails routinely obtain ultrasounds for dating, what process they use to confirm if an ultrasound has been done in the community, whether an ultrasound is done on or off site. We provided guidance to site reporters at the beginning on how to track reporting for first and second trimester miscarriages and abortions based on weeks, but each site has its own processes. There was an opportunity for them to indicate that they could not tell us gestational age of miscarriages or abortions.

We determined which variables to collect and the level of detail of the variables based on a 3-month exploratory study (with 4 prisons and one jail) in which we attempted to collect more details on many of these variables. Based on feedback from the jail staff who compiled the data, we determined which variables could be reliably collected and how much detail could be collected. We then did a one-month trial period of data collection with the final dataset, gave feedback to the data reporters to improve quality, and then collected 12 months of the final dataset.

We significantly expanded the methods section to explain all of this. Here is the new text we added to methods:

We determined which monthly variables could be collected and the level of detail of the variables based on a 3-month exploratory study (with 4 prisons and one jail) in 2015. Our final monthly data collection tool was informed by feedback from prison and jail staff who reported data for this exploratory phase. The 6 study jails then reported the following aggregate, de-identified numbers each month: pregnant people admitted and total pregnant people in custody on the last day of the month; live births and stillbirths, stratified by term (>37 weeks), preterm (24-36 weeks, 6 days), and very early preterm (20-23 weeks, 6 days); preterm and cesarean deliveries; miscarriages; induced abortions; ectopic pregnancies; maternal deaths in custody (during pregnancy or within 6 weeks of the pregnancy

ending); and newborn deaths within the first 3 days of life. While the standard definition of neonatal death is within the first 30 days, because jail systems do not have direct contact with the newborns, it was not feasible for sites to consistently know what happened to the infant beyond the time the mother was in the hospital for her postpartum recovery, typically 2-3 days. No specific demographic characteristics about individual women, such as race and age, were gathered. We collected data for 13 months, and the first month was considered a trial period for the pregnancy tracking system at each site. We then analyzed data for months 2-13, a total of 12 months.

In addition, we asked jails to report baseline characteristics about their institutions, including whether their health care services were accredited by a voluntary accreditation program and when they administer urine pregnancy tests.

A designated reporter at each site—whose role varied from medical directors, other medical personnel, gender responsive advocate, and a detention lieutenant—tracked and reported aggregate, de-identified data at the end of each month. Two participating jails were already collecting some of these data before the study and their tracking systems were provided as examples for other jail sites, so that each jail could adapt a tracking system for their institution. Jails have electronic or paper medical records systems for care provided on site; these systems incorporate information from outside clinic visits and hospital admissions occurring while people are in custody. Site reporters used these sources for pregnancy information, although we did not personally verify their internal records systems.

We asked jails to report on the women that their medical system recorded as pregnant; we presumed this was based on urine pregnancy testing, protocols which we asked about in the study, but we did not verify with reporters how each pregnancy was determined. Our study team provided guidance and was available to answer questions for site reporters about how to categorize the different subtypes of pregnancy outcomes, such as term or preterm births. However, since every jail has its own protocols and resources for obtaining dating ultrasounds, we could not verify exactly how the gestational age when someone gave birth was determined; we relied on the systems that each jail had for recording this information in their medical records and other health care tracking systems. Site reporters could indicate that they did not know the gestational age at delivery, but none reported this as an unknown in their monthly reports. Study staff reviewed data monthly to assess for discrepancies, for instance, if the number of preterm and term births did not add up to the total number of births in a given month. If we noted any inconsistencies, our study staff contacted site reporters to discuss and resolve these discrepancies. A final year long report was sent to study sites to confirm the accuracy of the data.

12. Lines 152-156 represent study limitation, consider moving to discussion
*Given the way that we report the results with the unit of analysis as **admissions**, not as **women**, we believe it is most helpful to contextualize this here in the methods, to appropriately prepare readers to interpret the results. We also do not necessarily view this as a study limitation, given that jails have to provide health care to a pregnant person each time she enters a jail, so knowing how frequently those events occur, even if it is sometimes to the same person, is important.*

Results

13. Line 192 - seems to be referencing Table 3 (Table 2 is listed)
Indeed! This has been corrected.
14. Lines 190-199- similar to #11 above: how was this confirmed? Elaboration on the designated reporter's role may help clarify. This is the meat of this manuscript for the readers of this journal.
See new text as outlined in response to comment #11.
15. The term "abortions" Line 196 (and elsewhere -especially Line 218) may be interpreted by readers of this journal as inclusive of spontaneous and elective. Consideration to terms: spontaneous abortion (miscarriage) vs elective abortion (or terminated pregnancy).
We have changed the reporting of abortion to "induced abortion."

Discussion

16. Line 206 "clinically verified" - please elaborate in methods (as mentioned above)

See response to comment #11.

17. Line 207 - do you have data from the study jails on how many females were not screened? Table 1 reports 1 jail did not perform pregnancy test on medical intake - please elaborate when and if it was done
We do not have data on how many females were not screened; given the overall number of admission of women to these large jails, it was not practical for jails to report the number of women who came into jail but then declined a pregnancy test or were otherwise not screened. While this 'non-screened' number might help us gauge how much we might be underestimating pregnancy incidence, it does not detract from the information we can report about the known pregnancies. We do know that 5 of the 6 jails routinely screened all females at intake, though certainly some women could decline. The one jail that did not routinely screen at intake did a test within 2 weeks of admit. We added text:
"The one jail that did not routinely perform pregnancy testing at intake did so for all females within 2 weeks of their arrival to this jail."

This does mean that some women might have been released from this jail prior to their pregnancy being known to the jail, and this corresponds to our speculation that our results could under-estimate. The original manuscript includes this text in the discussion and we have modified with new words:

"Our data may slightly underestimate incidence of pregnancy at admission because some jails do not screen for pregnancy immediately and some individuals may decline or may be released before screening."

18. Line 219 - 220 consider introducing prison findings in the introduction, it will have more impact by laying the foundation for comparison

See response to comment #3.

19. Line 222 - do you have average stay for pregnant women in both jail and prison? Would be helpful to see the numbers/Line 227 - do you have average gest age? If so, please include
 We did not collect information on the length of stay for pregnant women in prison or jail. We have added national statistics for length of stay for all people in jails and prisons in the U.S., as this is the only number that is available.
This difference likely relates to the fact that people are in prison longer than in jail, with an average prison sentence length of 2.6 years versus average jail stay of 26 days.

20. Line 236 - how did you "assess gestational age"? (please see above comments asking for elaboration) as this will be important for readers of this journal

We did not assess gestational age that someone was at when they entered jail, it was tracked by site reporters who then reported to us. See response to comment #11 for how we relied on site reporters to report preterm and term births.

21. 245-259 bring home the importance of this manuscript and encourage the reader to give consideration to this overlooked population

Text in discussion:

The majority of admissions of pregnant people result in people getting released while still pregnant. Community providers should be aware that pregnant patients may have experienced incarceration; in turn, continuity of records from jail is essential for these patients.

Our study data should be viewed through the lens of the structural oppressions that adversely shape incarcerated women's lives. Jails must be understood not as institutions isolated from society, but as

ones that are located within communities, where there is constant flux and unpredictable timing of release, and that are therefore connected to community health systems care for them upon release and community wellbeing.¹⁰ The pregnancy care people do or do not receive in custody will impact them and, for those who give birth, their infants, well after release. Identifying pregnancy outcomes among people in jail is, then, an essential part of broader strategies to address maternal health inequities.

Figures and Tables

22. Tables 1 - consider adding Asterix to explain one jail is dual accredited (it's in text but not in table)
Done.
23. Table 1 - please clarify last row, it reads as if one jail releases it's pregnant participants prior to due date? This was clarified in results text and table's row label
One jail had a program in place to release pregnant women with substance use disorders to a community-based treatment program under the Sheriff Department's supervision.
Table row label:
Jail may release some pregnant women to community-based treatment program
Also consider explaining the 1 jail that didn't perform pregnancy test on medical intake did for establishing pregnancy.
See response to comment #17.
24. Table 2- would be helpful to know how many had (or didn't have) pregnancy tests and what day of incarceration the pregnancy test was documented
We wish we could have ascertained this depth of detail. However, this was not feasible, knowing what we know about how generally challenging it is to correlate timing of medical events with with jail admissions and releases for individual people, we suspect this would be challenging to triangulate for pregnant people in jail. We conducted an exploratory pilot version of the entire PIPS project to help determine what was feasible for them to report and what was too onerous. We explained this in new text in the methods section to answer some questions readers might have about why we didn't collect more pieces of data.
See response to comment #11 for this new text.
25. Table 3 -Consider clarifying in the title that pregnancy outcomes listed are only for those that ended while in custody. The numbers seem to be calculated from the n= 224 listed in Line 190 but that isn't clear in the table. A descriptive caption below this table would help with interpretation
We modified the table title to **Select pregnancy outcomes of pregnancies that ended in U.S jails, 2016-2017**

References

26. References are comprehensive and pertinent
27. More than 10% references is the authors' prior work - as mentioned above consider elaborating in the introduction why this prior work is important to this manuscript
See response to comment #3.
28. A similar article by Kelsey et al "An Examination of Care Practices of Pregnant Women Incarcerated in Jail Facilities in the United States" published in Maternal Child Health in 2017 may help authors target readers of this or similar journals (i.e., obstetricians with direct patient care vs public health officials).
The Kelsey et. al. article from 2017 reports on policies related to pregnancy care at a sample of U.S. jails., though does not report any pregnancy outcomes. It's an excellent paper (and the only one on jail

pregnancy policies) and the reviewer's strategic suggestion of giving readers something related to look to in this dearth of literature is duly noted. Added this reference and linked it to the statement in the discussion about the "variability from jail to jail".

Reviewer #3: The topic of the study is timely and relevant given the recent increase in attention to marginalized women and the renewed advocacy regarding the right of pregnant incarcerated individuals. The lack of individual level data regarding race, gender identification, socioeconomic status, pregnancy history and health status makes it harder to put the data collected in its proper contexts. It would also have been helpful to get more insight regarding the healthcare services available in the jail especially since some were accredited and others weren't.

As you said this is a good first step but the information is a little bare, and lacking in depth.

Studying jails is notoriously difficult. We hope that this pilot study lays the groundwork for future studies. Indeed, we are currently conducting 3 new studies that go into greater depth and breadth regarding various aspects of pregnancy care in jails. We look forward to sharing those results.

AUTHORS' NOTES

1. In our original submission, we stated that 10% of pregnancies ended in miscarriage and cited the National Center for Health Statistics. However, upon further discussion among co-authors, including William Mosher who used to be a lead statistician on the National Survey of Family Growth, we realized that our initial statement was inaccurate and that about 15% of clinically recognized pregnancies end in miscarriage. Further, the NCHS report was cited inappropriately as this one does not contain an estimate of miscarriage. Therefore we updated the text and reference:
Approximately 15% of clinically recognized pregnancies end in miscarriage, similar to the 18% at these jails, which included 6 second trimester losses.
2. A new publication commenting on structural inequities, reproductive inequities, and incarceration was just published last month in the American Journal of Public Health. Reference 9 has been changed to be this more recent publication.

STATISTICAL EDITOR COMMENTS:

The Statistical Editor makes the following points that need to be addressed:

Table 2: Should format all %s as n(%) with % rounded to nearest 0.1%, not to 0.01% precision. Also, should clarify the columns "percent admitted females who were pregnant, Dec 2016 and April, 2017. That is, cited the entries as n/N (%), again with uniform rounding.

We have provided the "n"s for these columns in table 2 and have rounded to nearest 0.1%.

While I agree with the Authors that the data reported should primarily be descriptive, the final row (totals) should include % (I assume that these represent means, but should so state) along with CIs, just as the median admissions per month include ranges.

We have added the "n" for columns 2, 4, 6, and 7. These are not means, but total counts/proportions for all study sites for whom these respective data are available.

We cannot calculate confidence intervals from our data because the numbers for each outcome are complete counts, not sample data, from the participating jails. The error in what we present is due to not all jails participating, not due to sampling error within the reporting jails. Thus, since our data are from a complete count, not from samples, we cannot do CI's. We have noted this in the methods section: Because data represent complete counts from all participating jails, we could not calculate confidence intervals. Larger studies of more jails, based on probability samples, would be able to make formal national estimates with confidence intervals.

In addition, we added a new footnote to Tables 2 and 3:

Numbers and percents are total counts (not samples) in the jails included in this study.

Table 3: Again, should include CIs to the last row of totals.

See response to comment on Table 2 above.

Should clarify, either in Table or in footnote to Table, how the preterm births and CD were calculated. For example, for Cook County, the total live births and total miscarriages would have a denominator = 40, while the CD have a denominator = 16.

We have clarified in the column label that PTB and CD are a proportion of livebirths. To make this easier to follow, we moved PTB and CD columns to be adjacent to livebirths column.

We have also clarified in the table that the denominator for “% of known pregnancy outcomes” includes all pregnancies that ended in custody whether by live birth, miscarriage, stillbirth, induced abortion, or ectopic pregnancy. We have done this both by including a new column that lists the total number of pregnancies that ended in custody as well as a footnote in the table explaining what outcomes that counts.

Also, for LA county, the total live births and total miscarriages would have a denominator of 68, while PTB has denominator = 32 and CD has denominator = 38.

We hope that adding a new column delineating the number of pregnancies that ended in custody per jail will help clarify the denominators.

EDITOR COMMENTS:

We no longer require that authors adhere to the Green Journal format with the first submission of their papers. However, any revisions must do so. I strongly encourage you to read the instructions for authors (the general bits as well as those specific to the feature-type you are submitting). The instructions provide guidance regarding formatting, word and reference limits, authorship issues, and other things. Adherence to these requirements with your revision will avoid delays during the revision process, as well as avoid re-revisions on your part in order to comply with the formatting.

The word count is less than 5500 words and there are fewer than 60 references, in accordance with journal instructions.

PRESENTATION OF STATS INFORMATION

P Values vs Effect Size and Confidence Intervals While P values are a central part of inference testing in statistics, when cited alone, often the strength of the conclusion can be misunderstood. Whenever possible, 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.

This is true for the abstract as well as the manuscript, tables and figures.

Not applicable to this current descriptive study.

Please provide absolute values for variables, in addition to assessment of statistical significance.

Absolute variables were provided, no tests of statistical significance were done.

We ask that you provide crude OR's followed by adjusted OR's for all relevant variables.

Not applicable.

Line 43: The précis is a single sentence of no more than 25 words, written in the present tense and stating the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstracts conclusion. Précis should be the "hook" for people who scan the Table of Contents to see what to read. The outcomes you list are of course all of the outcomes possible for a pregnancy (assuming you included stillbirths in the "births" group) so I'm not sure what is gained by listing all of these. What's the "hook" here for the reader?

The abstract's conclusion and the précis have been revised. Please see response to Editor's comment about line 204 for an explanation of how we re-calculated the pregnancy at admission incidence.

The new abstract text and précis has more of a hook of the most striking finding and then connects the data to a broader context:

Abstract: "About 3% of admissions of females to U.S. jails are of pregnant people; extrapolating study results to national female jail admission rates suggests nearly 55,000 pregnancy admissions in 1 year."

Precis: "There are an estimated 55,000 annual admissions of pregnant people to U.S. jails; incarcerated women must be included in efforts to address pregnancy care inequities"

Line 48: The objective of the abstract should be a simple "To" statement without background information.

Abstract heading changed to "Objective" and text changed to:

To describe the number of admissions of pregnant people to U.S. jails and the outcomes of pregnancies that end in custody.

Line 56: Do you have the denominator of reproductive age women in jails during this time period? That would give us a sense of the % of jailed women at risk of pregnancy who are pregnant.

We certainly wish that such a national statistic was available. Unfortunately this data point has never been collected. What we do know is that 75% of women in prison are younger than 45. Given that people serve long and sometimes life sentences in prison, we can surmise that among people in jail, serving shorter sentences, at least 75% are younger than 45, which is why in the first paragraph of the introduction we mention that majority of women in jail are of reproductive age. But unfortunately we cannot get more specific than that.

Line 58: Perhaps better written as "Pregnancy outcomes for the 224/1622 (13.8%) the ended while the woman was incarcerated included 144 (64%) live births, 41 (18%) miscarriages, and 33 (15%) abortions"

This would not be accurate to pair the 224 with a denominator of 1622 as individuals. The 1622 admissions of pregnant people were not necessarily unique individuals, as someone could have been released from jail and rearrested during the same pregnancy. Furthermore, not all of the 1622 admissions of pregnant people ended while people were in jail. We do not know how many people were released while still pregnant. What we can say is something about the admissions as the unit of analysis. We know that each of the 224 people who had a pregnancy end in jail were counted as at least one of the 1622 admissions. We explained this with the following text:

If we assume that all 224 of these outcomes were to women who were admitted to jail pregnant during the study period, then 1,398 of the 1,622 pregnant admissions (86%) resulted in a pregnant person being released while pregnant. It is possible that some of the pregnancies that ended in custody were to women who were already in jail continuously since the start of the study and therefore would not have been

counted as admissions, which would result in an even higher proportion of admissions resulting in pregnant person getting released.

Discussion:

The majority of admissions of pregnant people result in people getting released while still pregnant. Community providers should be aware that pregnant patients may have experienced incarceration; in turn, continuity of records from jail is essential for these patients.

Line 60: include the stillbirth here also.

Done. Given this suggestion, we also added the number of ectopic pregnancies to the abstract results. Of the 224 pregnancies that ended in jail during the study time period, 144 (64%) were live births, 41 (18%) were miscarriages, 33 (15%) were induced abortions, and 4 were ectopics (1.8%). One-third of the births were cesarean deliveries and 8% were preterm. There were 2 stillbirths, 1 newborn death, and no maternal deaths.

Conclusions: An important finding of your study is that the majority of women are released before the completion of their pregnancy so that continuity of information from jail to the women's OB provider is a big issue.

See response to comment above about "Line 58".

As well, the outcome rates for preterm birth, cesarean, all are within the expected range for US women. Despite the issues related to inequities which are important, their pregnancy outcomes seem pretty good. Is this worth emphasizing in your conclusion?

We do not think it would be accurate to make conclusions about outcomes of pregnancies in jails being good or bad. There are so many other variables and outcomes that we could not assess, such as age, length of incarceration while pregnant, number of times incarcerated during pregnancy. We also could not assess the qualitative care that people received behind bars, whether they were shackled in labor, whether they could bond with their babies afterwards and many other factors that would have to be considered in labelling jail pregnancy outcomes good.

I'm having a hard time connecting your conclusions about inequities with the actual data shown. The other important issue from this is that the pregnancy outcomes of women who complete their pregnancies after release from jail should be followed.

The intention was to connect these study data to what we know more broadly about the inequities embedded in our nation's jail system. This has been clarified with new text.

Our study data should be viewed through this lens of the structural oppressions that adversely shape these women's lives.

We have also emphasized the importance of following pregnancy outcomes from women released from jail.

This study makes it clear that larger and more in-depth studies of pregnant people in jail and upon release from jail, are needed—first to provide estimates at a larger and more diverse sample of jails; second, to give a richer and more detailed understanding of the pregnancy experiences of these people; and third, to assess the impact of jail exposure on pregnancies that end either in the community or in jail.

Line 80: can you provide the average stay in jails for women?

See response to Reviewer 2 comment #19.

Line 92: Thank you for the very clear description of the role of the funder and authorship.

Line 118: you've already told us the 5% rate on line 113-114, although these are different references. Please consolidate this information and perhaps just pick one of the references.

Agreed, see response to Reviewer 2, comment #9.

Line 178: Please clarify here that these data are for the 12 months.

The overall female census data are not for 12 months, but are a one-day count of females. This is how prison and jail population numbers are standardly reported by the Bureau of Justice Statistics, since the daily population number changes every day as people arrive in jail and are released. We have clarified that this is a one day census, and note that the methods explains our intention to follow BJS conventions. “, holding a daily count of 502 to 1781 females per jail,”

Line 201:-204 is a bit confusing. Perhaps something like “In this study of 6 jails, representing about 5% of the female jail population in the US, about 3% of women were pregnant at admission. If this rate is similar across all jails, there would be more than 30,000 admissions of pregnant women to jails annually. This rate is less than the 5% estimate from 2002....”

Thank you for suggesting this clearer language. We have changed the text accordingly. In addition, in revising this section, we realized that we used the wrong denominator in extrapolating the study estimate of pregnant admissions to a national estimate. The 30,000 estimate was based on our study jails census representing 5% of the national female census in jails. Census is a one day count of how many people are housed in jail on a given day, not how many are admitted to jail. In reporting that 3.19%, rounded to 3.2%, of admissions of females in our study were pregnant admissions, this is based on the number of pregnant people admitted divided over the number of females who were admitted. Therefore, to extrapolate to a national estimate, we should use the national number of admissions of females to jail, not something based on a jail census. The FBI’s annual crime statistics provide this national number. In 2017 there were 1714547 arrests of females over age 18. Number of arrests has been shown to correlate to number of jail admissions by BJS statistics. Therefore, if we apply our study result of 3.19% of female jail admits were pregnant to this national number of arrests, we get 54,694, or nearly 55,000 admissions of pregnant people in 1 year.

We regret this oversight in our initial submission but hope our explanation clarifies our correction. The new text reads:

In this study of 6 jails, 3% of women were pregnant at admission. If these jails are representative of all U.S. jails, then based on the over 1.7 million annual admissions of females to jail,¹⁶ we estimate there are nearly 55,000 admissions of pregnant people each year. While some of those admissions may be of the same people, this is a substantial number of times that jails need to provide comprehensive pregnancy care. The majority of admissions of pregnant people result in people getting released while still pregnant. Community providers should be aware that pregnant patients may have experienced incarceration; in turn, continuity of records from jail is essential for these patients.

The jail pregnancy admission incidence of 3% is similar to U.S. general population estimates,¹⁷ though slightly lower than the 5% jail estimate from 2002;⁶ one reason for this difference could be that the 2002 statistic was based on incarcerated people’s self-reports of pregnancy, whereas our study elicited clinically verified pregnancies.

Line 215: The rates of miscarriage increase with maternal age. Do you have an age median for the women? If its low, which is suspect it will be, this is even more remarkable.

Unfortunately there are no available estimates of median age for women in jails. The Bureau of Justice Statistics reports ages of people in prisons, but for jails only reports people who are over 18 or under 18 (and being held in jail instead of a juvenile facility).

Line 217: I think it’s remarkable that some many women had abortions while in jail. This really needs to be addressed. How does that happen? I would think there would be all sorts of issues about consent, concerns about coercion, payment, etc etc that would make the rate of abortion in jailed women really low.

We are glad you find the induced abortion data interesting. We are currently working on a manuscript that goes into deeper analysis of the prison and jail abortions that occurred in this study and also the

institutions' written policies about abortion access. Abortion access and occurrence for incarcerated women is a complex topic and we could not do it justice here in this report of overall pregnancy outcomes and frequencies. Stay tuned!

EDITORIAL OFFICE

4. Please submit a completed STROBE checklist with your revision. If you do not believe STROBE is the correct checklist for your study, please let us know.

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.

This is noted in the cover letter. See checklist at the end of this response to reviewers.

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.

The manuscript is less than 22 double spaced pages and less than 5500 words.

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.

Done

* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.

N/A

* 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.

As noted in the original cover letter, all persons mentioned by name in the acknowledgments have given their written permission.

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.

Done

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Original Research articles, 300 words. Please provide a word count.

Abstract word count provided on title page.

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 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 via the Clinical Guidance & Publications page at <https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance>.

Done

14. Figure 1: A figure is referenced in the manuscript; however, no figures are included in the manuscript or uploaded to Editorial Manager. If you wish to include a figure, please upload as a separate figure file on Editorial Manager. If the figure reference was in error, please delete.

This was an error. There is no figure 1. These words have been deleted.

15. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <http://edmgr.ovid.com/acd/accounts/ifaauth.htm>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

STROBE Statement—checklist of items that should be included in reports of observational studies
PAGE NUMBERS ARE FOR THE REVISED MANUSCRIPT WITH TRACKED CHANGES
ACCEPTED

	Item No	Recommendation	Page No
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	1
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	3
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	4
Objectives	3	State specific objectives, including any prespecified hypotheses	4
Methods			
Study design	4	Present key elements of study design early in the paper	4,5
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	5-8
Participants	6	(a) Cohort study—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up Case-control study—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls Cross-sectional study—Give the eligibility criteria, and the sources and methods of selection of participants	5,7
		(b) Cohort study—For matched studies, give matching criteria and number of exposed and unexposed Case-control study—For matched studies, give matching criteria and the number of controls per case	n/a
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	6,7
Data sources/measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	7,8
Bias	9	Describe any efforts to address potential sources of bias	8
Study size	10	Explain how the study size was arrived at	5
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	6,7,9
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	9
		(b) Describe any methods used to examine subgroups and interactions	9
		(c) Explain how missing data were addressed	8
		(d) Cohort study—If applicable, explain how loss to follow-up was addressed Case-control study—If applicable, explain how matching of cases and controls was addressed Cross-sectional study—If applicable, describe analytical methods taking account of sampling strategy	9

(e) Describe any sensitivity analyses

n/a

Continued on next page

Results

Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	10
		(b) Give reasons for non-participation at each stage	n/a
		(c) Consider use of a flow diagram	n/a
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	15
		(b) Indicate number of participants with missing data for each variable of interest	16
		(c) <i>Cohort study</i> —Summarise follow-up time (eg, average and total amount)	10
Outcome data	15*	<i>Cohort study</i> —Report numbers of outcome events or summary measures over time	10, 16, 17
		<i>Case-control study</i> —Report numbers in each exposure category, or summary measures of exposure	-
		<i>Cross-sectional study</i> —Report numbers of outcome events or summary measures	-
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	10, 11, 16, 17
		(b) Report category boundaries when continuous variables were categorized	16, 17
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	n/a
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	n/a

Discussion

Key results	18	Summarise key results with reference to study objectives	11
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	13
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	12,13
Generalisability	21	Discuss the generalisability (external validity) of the study results	11, 13

Other information

Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	5
---------	----	---	---

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at www.strobe-statement.org.