OBSTETRICS & GYNECOLOGY

NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

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

Date: Oct 05, 2020
To: "NOEMIE ROLAND" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-2166

RE: Manuscript Number ONG-20-2166

Impact of the COronaVIrus Disease 2019 Lockdown on the Use of Contraceptives and Ovulation Inductors in France

Dear Dr. ROLAND:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 14 days from the date of this letter. If we have not heard from you by Oct 19, 2020, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

Obstetrics and Gynecology
Impact of the COronaVIrus Disease 2019 Lockdown on the Use of Contraceptives and Ovulation Inductors in France

To the Authors:
Overview: This study compares dispensation of oral contraception, emergency contraception, LNG-IUS and ovulation induction agents during coronavirus lockdown and similar time periods in 2018 and 2019. The authors found lower usage of all reproductive health medications. This is an expected finding and of limited value to a general audience so I recommend rejecting the manuscript.

I recommend the following revisions:
1. Title and Precis: The title reflects the subject of the manuscript. Precis is concise and conveys key findings.

2. Introduction: The introduction clearly describes reasoning for answering this clinical question.
Line 5: "hit hard" is informal language and should be deleted.
Include more details about lockdown - e.g. were pharmacies/hospitals/clinics closed? Were any "essential services" allowed to continue unchanged?

3. Methods:
Lines 14-15 - unclear why only 77% of data is accessible. It is also not clear whether extrapolation is appropriate - this will depend on whether there were patterns to missing data, so please clarify. What is the <>?
Line 21 - "first 23 weeks" is unclear. Please include actual included dates (e.g. January 1 - June 1, 2020).
How did you calculated expected use - was this based on 2018/2019 usage, or on 2020 usage prior to lockdown?

4. Results/Tables/Figures:
Figure and table are excellent and very informative. Written text seems to include results at random instead of focusing on key points. Be very clear about your intervals (e.g. "during the 8 weeks of lockdown, 23,080 fewer LNG-IUDs were dispensed than expected") and be very selective about including data on specific weeks.

Discussion:
5. Looking at the Figure, the numbers of dispensations appear to be returning to baseline after lockdown. If possible, compare to other lockdown-type situations (after stocking shortage or natural disasters) to predict behavior.
Line 50: the word "sexual" is duplicated.

6. References: Appear contemporary and appropriate.

Reviewer #2:

This is a research letter reviewing the use of oral contraceptives, emergency contraceptives, hormonal intrauterine systems (LNG-IUS), and ovulation inducers during the COVID-19 lockdown in France. I thank the authors for their contribution and for this interesting paper. I appreciate the editors giving me the chance to review it.

Strengths
* We have need of papers supporting the argument that reproductive health is clearly being affected negatively by the COVID-19 restrictions, and this is a country-wide data system study supporting that claim.
* The majority of the French population is covered under these prescription data, so the majority of the country is captured in this sampling.
* The study is week by week, so you can see more granular trends and the "stockpiling" theory of the authors makes more sense in this week by week data.

Limitations
* As not all patients belong to the general regime, there are some assumptions made to extrapolate to the remainder of the population, and we have no way of knowing if these assumptions are valid or that behavior of the patients with alternative coverage methods are the same as patients with general insurance.
* No description of statistical methods used.

Comments for authors by section:
Introduction:
* Please clearly state and aim and hypothesis in this section at the conclusion of the section.

Methods:
* Thank you for defining when the lockdown occurred and when it began to be lifted.
* It would be helpful to have some description of statistical methods used, particularly as going on week to week basis.

Results:
* Line 26 : Please clarify if "all lockdown long" means from 3/31/20 to 5/11/20 (excluding the first two weeks). Be very specific, as readers will want to know the particular dates in relation to the policy changes in the country of origin (France).
* Line 36: Does this mean "1 month after lockdown ended" or after restrictions were lifted?

Discussion:
* Line 44: The phrasing of a "negative difference" is sort of awkward here; could you rephrase to clarify that you mean dispensations were less than expected?
* Line 50: "Sexual" is written twice. Was this supposed to be a different word? Or just be "negative impact on sexual life"? I assume the latter.
* Line 55: Out of my curiosity, how much have they expanded this limit in gestational age/days?

Reviewer #3:

This is a research letter on the impact of lockdown in France in terms of contraceptives and ovulation induction.

1. The letter reports using 77% of the French population's claims up until July 6, 2020, and they extrapolated to assume the remaining behaved in a similar manner. By virtue of those 23% not submitting claims, is this appropriate? This could be addressed.

2. There appears to be an increase in emergency contraception (EC) at the start of lockdown that is not addressed. While the other categories require provider involvement, EC in France may be purchased over the counter. Were pharmacies open and EC available during the lockdown?

3. The difference in percent change between oral contraception (OC) and EC appears quite large. Given EC may have been more readily available during the lockdown, do the authors have any thoughts on these differences?

STATISTICAL EDITOR COMMENTS:

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

Table 1: Should include data as n(%) and include as supplemental material.

Fig 1: Should indicate along the x-axes the timing of lockdown beginning and end.

General: Is there any reason to think that the extrapolated data (using 1/0.77) may be biased? That is, are those missing likely to be different from those reported?

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. In order for an administrative database study to be considered for publication in Obstetrics & Gynecology, the database used must be shown to be reliable and validated. In your response, please tell us who entered the data and how the accuracy of the database was validated. This same information should be included in the Materials and Methods section of the manuscript.

4. 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 Methods section of the body text, 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 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.

5. To prevent confusion among our readers and reviewers, manuscripts submitted to the journal must be written in grammatically correct formal English.

The journal's publisher, Wolters Kluwer, in partnership with Editage, offers editorial services to help authors prepare a submission-ready manuscript. These editorial services range from a complete language, grammar, and terminology check to intensive language and structural editing of academic papers. They also include translation with editing, plagiarism check, and artwork preparation. For more information regarding Wolters Kluwer Author Services, please visit

http://wkauthorservices.editage.com.

Listed below are other companies that provide language and copyediting services.

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* Editorial Rx: http://www.editorialrx.com
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* ScienceDocs: http://www.sciencedocs.com
* SPI Publisher Services: http://www.prof-editing.com
* The Medical Editor: http://www.themedicaleditor.com
* Textcheck: http://www.textcheck.com

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6. Figure 1: Please cite the figure within the text of the manuscript.

Tables, figures, and supplemental digital content should be original. The use of borrowed material (eg, lengthy direct quotations, tables, figures, or videos) is discouraged. If the material is essential, written permission of the copyright holder must be obtained.

Both print and electronic (online) rights must be obtained from the holder of the copyright (often the publisher, not the author), and credit to the original source must be included in your manuscript. Many publishers now have online systems for submitting permissions request; please consult the publisher directly for more information. Permission is also required for material that has been adapted or modified from another source. Increasingly, publishers will not grant permission for modification of their material. Creative Commons licenses and open access have also made obtaining permissions more challenging. In order to avoid publication delays, we strongly encourage authors to link or reference to the material they want to highlight instead of trying to get permission to reprint it. For example, "see Table 1 in Smith et al" (and insert reference number). For articles that the journal invites, such as the Clinical Expert Series, the journal staff does not seek permission for modifications of material — the material will be reprinted in its original form.

When you submit your revised manuscript, please upload 1) the permissions license and 2) a copy of the original source from which the material was reprinted, adapted, or modified (eg, scan of book page(s), PDF of journal article, etc.).

If the figure or table you want to reprint can be easily found on the internet from a reputable source, we recommend providing a link to the source in your text instead of trying to reprint it in your manuscript.

7. 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.

8. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Research Letters articles should not exceed 2.5 pages (600 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.

9. 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).

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

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

12. 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%").

13. 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.

14. 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).

15. When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should

not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

If the figures were created using a statistical program (eg, STATA, SPSS, SAS), please submit PDF or EPS files generated directly from the statistical program.

Figures should be saved as high-resolution TIFF files. The minimum requirements for resolution are 300 dpi for color or black and white photographs, and 600 dpi for images containing a photograph with text labeling or thin lines.

Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce.

16. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at http://links.lww.com/LWW-ES/A48. The cost for publishing an article as open access can be found at https://wkauthorservices.editage.com/open-access/hybrid.html.

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

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

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

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 Oct 19, 2020, 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

_____

[redacted]

Subject: Revision and resubmission of manuscript Number ONG-20-2166

Dear Dr. John O. Schorge,

Thank you for your letter and the opportunity to revise our manuscript entitled: '**Impact of the COronaVIrus Disease 2019 Lockdown on Use of Contraceptives and Ovulation Inductors in France**' by *Noémie Roland, Jerôme Drouin, David Desplas, François Cuenot, Rosemary Dray-Spira, Alain Weill, Mahmoud Zureik* for publication as a **research letter** in OBSTETRICS & GYNECOLOGY. The suggestions offered by the reviewers have been helpful, and we also appreciate your insightful comments on revising the paper.

I have included the reviewer comments immediately after this letter and responded to them individually, indicating exactly how we addressed each concern or problem and describing the changes we have made. The revisions have been approved by all authors. As you requested, two revised manuscripts are available: one with track changes, and one without track changes.

We add supplementary materials as requested by the statistical editor.

We have made an important change on the basis of the reviewers' comments. When we began our study, claims information was accessible only for the "general regime, which includes 77% of the French population. The vast majority of French employees (but also the unemployed and the most precarious people) belong to the "general regime", that is to say a very large population sample. The others 23% are affiliated to several health insurance schemes depending upon their professions (farmers, public transport, teachers, politics....), and there is a longer delay to access to their data. Claims information about these 23% were not accessible this summer, hence the utilization of a coefficient of 1/0.77 to extrapolate the data to the whole population. Now, claims information are available for all the regimes, and we are glad to present our study with data concerning 99.5% of the population living in France.

We agree to publish our point-by-point response letter. As we underline in the responses, All authors belong to the EPI-PHARE team, a scientific cooperation between The French National Health Insurance Fund (CNAM) and the French National Agency for Medicines and Health Products Safety (ANSM), which has permanent access to the French National Health Data System (SNDS) database. This study has been authorized and

realized according to the decree 2016-1871 from the 26th of December 2016[1]. As permanent user of SNDS, EPI-PHARE team is exempted from IRB approval.

We hope the revised manuscript will better suit OBSTETRICS & GYNECOLOGY but we would be happy to consider further revisions, and we thank you for your continued interest in our research.

Yours Sincerely,

Dr. Noémie Roland

[1] **Décret n° 2016-1871 du 26 décembre 2016 relatif au traitement de données à caractère personnel dénommé « système national des données de santé ».** JORF n°0301 du 28 décembre 2016 texte n° 33. [online]. Available at: **https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000033702840&categorieLien=id**

REVIEWER COMMENTS:

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Obstetrics and Gynecology
Impact of the COronaVIrus Disease 2019 Lockdown on the Use of Contraceptives and Ovulation Inductors in France

To the Authors:
Overview: This study compares dispensation of oral contraception, emergency contraception, LNG-IUS and ovulation induction agents during coronavirus lockdown and similar time periods in 2018 and 2019. The authors found lower usage of all reproductive health medications. This is an expected finding and of limited value to a general audience so I recommend rejecting the manuscript.

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2. Introduction: The introduction clearly describes reasoning for answering this clinical question.
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Include more details about lockdown - e.g. were pharmacies/hospitals/clinics closed? Were any "essential services" allowed to continue unchanged?

3. Methods:
Lines 14-15 - unclear why only 77% of data is accessible. It is also not clear whether extrapolation is appropriate - this will depend on whether there were patterns to missing data, so please clarify. What is the <<general regime>>?
Line 21 - "first 23 weeks" is unclear. Please include actual included dates (e.g. January 1 - June 1, 2020).
How did you calculated expected use - was this based on 2018/2019 usage, or on 2020 usage prior to lockdown?

4. Results/Tables/Figures:
Figure and table are excellent and very informative. Written text seems to include results at random instead of focusing on key points. Be very clear about your intervals (e.g. "during the 8 weeks of lockdown, 23,080 fewer LNG-IUDs were dispensed than expected") and be very selective about including data on specific weeks.

Discussion:
5. Looking at the Figure, the numbers of dispensations appear to be returning to baseline after lockdown. If possible, compare to other lockdown-type situations (after stocking shortage or natural disasters) to predict behavior.
Line 50: the word "sexual" is duplicated.

6. References: Appear contemporary and appropriate.

Authors:

We are grateful and we would like to thank you for your interest and all your remarks. We have responded to your comments using the following table:

Comments	**Answers**
"Hit hard" is informal language and should be deleted.	We replaced this sentence with "In France, nearly 625,000 Covid-19 confirmed cases and 32,000 deaths had been reported so far"
Include more details about lockdown - e.g. were pharmacies/hospitals/clinics closed? Were any "essential services" allowed to continue unchanged?	We added these sentences: "French people were not allowed to leave their homes unless necessary. Health structures and pharmacies remained open

	but much of them had focused on pandemic management."
Lines 14-15 - unclear why only 77% of data is accessible. It is also not clear whether extrapolation is appropriate - this will depend on whether there were patterns to missing data, so please clarify. What is the <<general regime>>?	The SNDS covers the entire French population, i.e. 67 million inhabitants. Most French people (77%) are affiliated to the general health insurance, the "general regime". The vast majority of employees (but also the unemployed and the most precarious people) belong to the "general regime", that is to say a very large population sample. The others 23% are affiliated to several health insurance schemes depending upon their professions (farmers, public transport, teachers, politics....). There is a longer delay to access to their data in comparison to data from regime general. Claims information about these 23% were not accessible this summer, hence the utilization of a coefficient of 1/0.77 to extrapolate the data to the whole population. We have made an important change on the basis of your comments. Now (October 2020), claims information are available for all the regimes for the period under study, and we are glad today to present our study with data concerning 99.5% of the population living in France. We think that using these updating data will be clearer and more appropriate.
Line 21 - "first 23 weeks" is unclear. Please include actual included dates (e.g. January 1 - June 1, 2020).	We replaced this sentence with "We thus screened city pharmacies dispensations concerning 51.6 million French patients during January 1st-June 7th in 2018, 2019 and 2020."
How did you calculated expected use - was this based on 2018/2019 usage, or on 2020 usage prior to lockdown?	We calculated expected use on the basis of 2018 and 2019 usage, taking into account the annual trend between 2018, 2019 and 2020. We cleared this issue in the text: We screened city pharmacies dispensations concerning 51.6 million French patients during January 1st-June 7th in 2018, 2019 and 2020. Numbers of OC, EC, LNG-IUS and OI dispensations have been measured every week and have been compared to the numbers of dispensations expected in 2020 without lockdown, on the basis

	of 2018 and 2019 usage and taking into account the annual trend.
Written text seems to include results at random instead of focusing on key points. Be very clear about your intervals (e.g. "during the 8 weeks of lockdown, 23,080 fewer LNG-IUDs were dispensed than expected") and be very selective about including data on specific weeks.	We tried to be clearer with data and to be more specific in the Results section.
If possible, compare to other lockdown-type situations (after stocking shortage or natural disasters) to predict behavior.	To our knowledge, there is no other study describing hormonal drugs use in such exceptional situations as today's.
Line 50: the word "sexual" is duplicated.	Thank you, we removed one "sexual".

Reviewer #2:

This is a research letter reviewing the use of oral contraceptives, emergency contraceptives, hormonal intrauterine systems (LNG-IUS), and ovulation inducers during the COVID-19 lockdown in France. I thank the authors for their contribution and for this interesting paper. I appreciate the editors giving me the chance to review it.

Strengths

* We have need of papers supporting the argument that reproductive health is clearly being affected negatively by the COVID-19 restrictions, and this is a country-wide data system study supporting that claim.
* The majority of the French population is covered under these prescription data, so the majority of the country is captured in this sampling.
* The study is week by week, so you can see more granular trends and the "stockpiling" theory of the authors makes more sense in this week by week data.

Limitations

* As not all patients belong to the general regime, there are some assumptions made to extrapolate to the remainder of the population, and we have no way of knowing if these assumptions are valid or that behavior of the patients with alternative coverage methods are the same as patients with general insurance.
* No description of statistical methods used.

Comments for authors by section:

Introduction:

* Please clearly state and aim and hypothesis in this section at the conclusion of the section.

Methods:

* Thank you for defining when the lockdown occurred and when it began to be lifted.
* It would be helpful to have some description of statistical methods used, particularly as going on week to week basis.

Results:

* Line 26 : Please clarify if "all lockdown long" means from 3/31/20 to 5/11/20 (excluding the first two weeks). Be very specific, as readers will want to know the particular dates in relation to the policy changes in the country of origin (France).
* Line 36: Does this mean "1 month after lockdown ended" or after restrictions were lifted?

Discussion:

* Line 44: The phrasing of a "negative difference" is sort of awkward here; could you rephrase to clarify that you mean dispensations were less than expected?
* Line 50: "Sexual" is written twice. Was this supposed to be a different word? Or just be "negative impact on sexual life"? I assume the latter.
* Line 55: Out of my curiosity, how much have they expanded this limit in gestational age/days?

Authors:

We are grateful and we would like to thank you for your interest and all your remarks. We have responded to your comments using the following table:

Comments	**Answers**
Please clearly state and aim and hypothesis in this section at the conclusion of the section.	We added the sentence: "We hypothesized that this period could have had a deleterious impact on reproductive healthcare access." at the conclusion of the section.
Thank you for defining when the lockdown occurred and when it began to be lifted.	We gave this information in the sentence: "French lockdown occurred on 03/17/20 and unlocking started from 05/11/2020"
It would be helpful to have some description of statistical methods used, particularly as going on week to week basis.	We measured the consumers' expenditure every week from January 01st to June 7th in 2018, 2019 and 2020 using the SNDS database. Then we calculated the "expected number of hormonal users" on the basis of 2018 and 2019 usage, taking into account the annual trend between 2018, 2019 and 2020 during the first 9 weeks (lockdown occurred after the 11th week in 2020).
Please clarify if "all lockdown long" means from 3/31/20 to 5/11/20 (excluding the first two weeks). Be very specific, as readers will want to know the particular dates in relation to the policy changes in the country of origin (France).	We agreed, we replaced "all lockdown long" by "from 3/31/20 to 5/11/20".
Does this mean "1 month after lockdown ended" or after restrictions were lifted?	This means "1 month after lockdown ended". We added the word "ended" to clarify.
The phrasing of a "negative difference" is sort of awkward here; could you rephrase to clarify that you mean dispensations were less than expected?	We clarified this point. We replaced the first sentence with "Numbers of OC prescriptions increased more than expected during the first two weeks of lockdown, then decreased until the end of lockdown"
"Sexual" is written twice. Was this supposed to be a different word? Or just be "negative impact on sexual life"? I assume the latter.	This was a mistake, you are right: it was supposed to be "negative impact on sexual life".
Out of my curiosity, how much have they expanded this limit in gestational age/days?	The time limit for ambulatory medical abortion has been expanded to 9 weeks of amenorrhea during lockdown (normally the French legal time limit is 7 weeks of amenorrhea).

Reviewer #3:

This is a research letter on the impact of lockdown in France in terms of contraceptives and ovulation induction.

1. The letter reports using 77% of the French population's claims up until July 6, 2020, and they extrapolated to assume the remaining behaved in a similar manner. By virtue of those 23% not submitting claims, is this appropriate? This could be addressed.

2. There appears to be an increase in emergency contraception (EC) at the start of lockdown that is not addressed. While the other categories require provider involvement, EC in France may be purchased over the counter. Were pharmacies open and EC available during the lockdown?

3. The difference in percent change between oral contraception (OC) and EC appears quite large. Given EC may have been more readily available during the lockdown, do the authors have any thoughts on these differences?

Authors:

We are grateful and we would like to thank you for your interest and all your remarks. We have responded to your comments using the following table:

Comments	**Answers**
The letter reports using 77% of the French population's claims up until July 6, 2020, and they extrapolated to assume the remaining behaved in a similar manner. By virtue of those 23% not submitting claims, is this appropriate? This could be addressed.	The SNDS covers the entire French population, i.e. 67 million inhabitants. Most French people (77%) are affiliated to the general health insurance, the "general regime". The vast majority of employees (but also the unemployed and the most precarious people) belong to the "general regime", that is to say a very large population sample. The others 23% are affiliated to several health insurance schemes depending upon their professions (farmers, public transport, teachers, politics....). There is a longer delay to access to their data in comparison to data from regime general. Claims information about these 23% were not accessible this summer, hence the utilization of a coefficient of 1/0.77 to extrapolate the data to the whole population. We have made an important change on the basis of your comments. Now (October 2020), claims information are available for all the regimes for the period under study, and we are glad today to present our study with data concerning 99.5% of

	the population living in France. We think that using these updating data will be clearer and more appropriate.
Were pharmacies open and EC available during the lockdown?	Yes, pharmacies were open and EC was available during the lockdown and after. EC in France can be purchased over the counter, but this practice remains marginal. EC use increased by 3.5% the first week ok lockdown but decreased substantially after, which is far from the numbers of stockpiling of the OC. We changed on sentence in the Discussion section: "Even if lockdown might have had a negative impact on sexual life, and even pharmacies remained open and EC available, we must fear an increase of unplanned pregnancies given the decrease of EC use (during lockdown and after) while access to safe abortion care is more complicated during the pandemic"
The difference in percent change between oral contraception (OC) and EC appears quite large. Given EC may have been more readily available during the lockdown, do the authors have any thoughts on these differences?	We hypothesize that French women had the possibility to stock OC during the lockdown thanks to an exceptional authorization given by French authorities to pharmacists to dispense expired prescriptions. French doctors were also encouraged to propose teleconsultations during lockdown to dispense OC or EC[1], so it was easier for women to access to OC or EC. Finally, lockdown might have had a negative impact on sexual life, and we could have expected a decreased of the need of EC.

STATISTICAL EDITOR COMMENTS:

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

Table 1: Should include data as n(%) and include as supplemental material.

Fig 1: Should indicate along the x-axes the timing of lockdown beginning and end.

General: Is there any reason to think that the extrapolated data (using 1/0.77) may be biased? That is, are those missing likely to be different from those reported?

Authors:

We are grateful and we would like to thank you for your interest and all your remarks. We have responded to your comments using the following table:

Comments	**Answers**
Table 1: Should include data as n(%) and include as supplemental material.	We added tables in "supplementary materials" with n(%) as you requested.
Fig 1: Should indicate along the x-axes the timing of lockdown beginning and end.	We added 2 lines on the x-axes to define the lockdown.
General: Is there any reason to think that the extrapolated data (using 1/0.77) may be biased? That is, are those missing likely to be different from those reported?	The SNDS covers the entire French population, i.e. 67 million inhabitants. Most French people (77%) are affiliated to the general health insurance, the "general regime". The vast majority of employees (but also the unemployed and the most precarious people) belong to the "general regime", that is to say a very large population sample. The others 23% are affiliated to several health insurance schemes depending upon their professions (farmers, public transport, teachers, politics....). There is a longer delay to access to their data in comparison to data from regime general. Claims information about these 23% were not accessible this summer, hence the utilization of a coefficient of 1/0.77 to extrapolate the data to the whole population. We have made an important change on the basis of your comments. Now (October 2020), claims information are available for all the regimes for the period under study, and we are glad today to present our study with data concerning 99.5% of the population living in France. We think that using these updating data will be clearer and more appropriate.

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Authors:

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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.	Yes, please publish my point-by-point response letter.
The database used must be shown to be reliable and validated. In your response, please tell us who entered the data and how the accuracy of the database was validated. This same information should be included in the Materials and Methods section of the manuscript.	SNDS (French National Health Data System) is a national functional database which provides information on health insurance claims for 99% of the population living in France. SNDS is used to monitor the French medical expenditures, and also to conduct epidemiological studies on the health care use[2]. French National Health Insurance Fund for Employees (CNAMTS) is responsible for data recording.
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 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.	All authors belong to the EPI-PHARE team, a scientific cooperation between The French National Health Insurance Fund (CNAM) and the French National Agency for Medicines and Health Products Safety (ANSM), which has regulatory permanent access to the SNDS. EPI-PHARE has been created to conduct pharmaco-epidemiological studies using data from the SNDS to enlighten public authorities in their decision-making. This permanent access is given according the French Decree No. 2016-1871 of December 26, 2016 relating to the processing of personal data called "National Health Data System"22 and French law articles Art. R. 1461-1323 and 1424[3]. As permanent user of SNDS, EPI-PHARE team is exempted from IRB approval.
Figure 1: Please cite the figure within the text of the manuscript.	We cited “figure 1” and “table 1” within the text.

[1]College of the French Gynecologists and Obstetricians Recommandations, March 22th 2020, available et: https://ansfl.org/document/cngof-consultation-pour-contraception-durant-lepidemie-de-covid/

[2] Tuppin P, Rudant J, Constantinou P, Gastaldi-Ménager C, Rachas A, de Roquefeuil L, Maura G, Caillol H, Tajahmady A, Coste J, Gissot C, Weill A, Fagot-Campagna A. Value of a national administrative database to guide public decisions: From the système national d'information interrégimes de l'Assurance Maladie (SNIIRAM) to the système national des données de santé (SNDS) in France. Rev Epidemiol Sante Publique. 2017 Oct;65 Suppl 4:S149-S167. doi: 10.1016/j.respe.2017.05.004. Epub 2017 Jul 27. PMID: 28756037.

[3] Décret n° 2016-1871 du 26 décembre 2016 relatif au traitement de données à caractère personnel dénommé « système national des données de santé **».** JORF n°0301 du 28 décembre 2016 texte n° 33. [online]. Available at: https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000033702840&categorieLien=id