

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: Apr 23, 2021
To: "Sarah Horvath" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-21-736

RE: Manuscript Number ONG-21-736

Resident abortion care training and satisfaction: results from the 2020 CREOG exam survey

Dear Dr. Horvath:

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 as Research Letter.

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

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by May 14, 2021, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

Overview: This manuscript describes residents' satisfaction with abortion training at their institutions based on whether this training is routine, optional, or not available. The authors find that there was significantly higher satisfaction with routine rather than optional or unavailable training.

I recommend the following minor revisions:

1. Title and Abstract: Overall clear and understandable.

In results, line 46, it is unclear what controlling for "program availability" refers to - maybe "program type"?

In conclusion, line 49, need to clarify that the 8% receiving no training are included within the 38% not receiving routine training.

2. Introduction: Clear and concise.

Line 61: "are not be" should read "must not be"

Line 68-70: unclear how this sentence relates to the rest of the manuscript

3. Methods: Clear and understandable

4. Results: Unless you are planning a separate paper, it's also very important to understand program factors correlated with routine abortion training - would be helpful to have a couple of lines about this.

5. Discussion. Clear discussion of importance and implications.

Reviewer #2:

Review of Manuscript ONG-21-736 "Resident abortion care training and satisfaction: results from the 2020 CREOG exam survey"

Horvath and colleagues have submitted results from a survey prior to the 2020 CREOG examination which has an extremely impressive response rate of 97.2%. As note by the authors, the goal was the determine both the "level" of abortion training - routine vs. optional vs. non-available - as well as resident satisfaction with this training, or lack thereof. I have the following questions and comments.

Précis - Line 24, while assumed if space allows please note you are referring to OBGYN residents.

Abstract - Line 49 - Consider noting that this is abortion training you are referring to.

Introduction - Line 73 - Was the solicitation for this information from program directors also associated with the CREOG exam or a different time?

Line 86 - To know if this was truly "optional" did program directors get information about how many of their residents opted out of the survey? Is this common to perform research surveys prior to the CREOG exam?

Methods - Line 97 - You note this was an anonymous survey yet later in line 134 you note the data was deidentified can you please explain this?

Line 99 - Did residents know they were participating in a survey for research purposes?

Results - First paragraph - consider a Table to summarize all of the results and highlight the most common responses in this first paragraph.

Line 166 - Did you perform sensitivity analyses among all the PGY years?

Discussion - Line 188 - Perhaps note that it is also important to receive training and education to manage these issues.

Line 194-5 - Should you have included PGY3 as well (Maybe PGY3/4 vs. ½)?

Reviewer #3:

Thank-you for the opportunity to look at this very interesting, well executed and thought- provoking paper.

This paper assesses resident satisfaction with abortion care training. The survey had an impressively high response rate of 97%, likely because it was tied to the CREOG in-training exam.

* I wondered: is the response rate 97% of all residents, or 97% of residents who wrote this sitting of the CREOG exam? I don't know if 100% of programs/residents participate in the CREOG exam. I don't think it would impact the conclusions, just a point of clarity.

I appreciate the sensitivity analysis done with the PGY4 cohort described in lines 166-167.

* It might also be useful to address the question about whether junior residents are unaware of their program's offerings by doing an analysis to see if type of abortion training program offered varied among PGY cohorts; assuming an even distribution of residents among cohorts as described, one would not expect to see any variation here.

The authors clearly demonstrate how many residents are exposed to routine/optional /no abortion training, and the satisfaction rates associated with each possibility. Their results identify that there are programs that are not in compliance with ACGME guidelines, and more than half of residents in these programs are dissatisfied with this situation. This paper makes an important contribution and contemporary update to the literature about abortion training in residency programs. The data reported should also motivate program directors, their institutions, and accreditors to take action.

STATISTICS EDITOR COMMENTS:

General: In the Abstract and the main text, some p values are cited as "< 0.00". Since a negative probability is statistically and logically not possible, need to format as < some suitable value, e.g., < 0.001. Also, should include at least two tables, one describing the cohort characteristics and one summarizing the results. Should enumerate all missing data in the Tables.

lines 134-141: Should include the threshold used (p-value) for inference testing.

lines 144-145: By completed, does this mean that 5427 out of 5582 completed all the parts of the survey or were there some surveys in which some questions were not answered? Need to clarify meaning of "completed".

EDITOR COMMENTS:

We appreciate your selecting Green Journal for submission and applaud the very impressive 97% response rate. We discussed the reviewers' comments in the context of the similar findings (program directors) reported in 2014. The topic and descriptive nature of the study would be more appropriate for the Research Letter (this was suggested in the reviewer comments to Editors) and request this as the format if you choose to revise and resubmit.

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). Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page. Each of your coauthors received an email from the system, titled "Please verify your authorship for a submission to Obstetrics & Gynecology." Each author should complete the eCTA if they have not yet done so.

3. For studies that report on the topic of race or include it as a variable, authors must provide an explanation in the manuscript of who classified individuals' race, ethnicity, or both, the classifications used, and whether the options were defined by the investigator or the participant. In addition, the reasons that race/ethnicity were assessed in the study also should be described (eg, in the Methods section and/or in table footnotes). Race/ethnicity must have been collected in a formal or validated way. If it was not, it should be omitted. Authors must enumerate all missing data regarding race and ethnicity as in some cases, missing data may comprise a high enough proportion that it compromises statistical precision and bias of analyses by race.

Use "Black" and "White" (capitalized) when used to refer to racial categories. The nonspecific category of "Other" is a convenience grouping/label that should be avoided, unless it was a prespecified formal category in a database or research instrument. If you use "Other" in your study, please add detail to the manuscript to describe which patients were included in that category.

4. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), observational studies using ICD-10 data (ie, RECORD), 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, RECORD, 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 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.

6. 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 600 words. Stated word limits include the title page, précis, abstract, text, tables, boxes, and figure legends, 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).
- * If your manuscript was uploaded to a preprint server prior to submitting your manuscript to Obstetrics & Gynecology, add the following statement to your title page: "Before submission to Obstetrics & Gynecology, this article was posted to a preprint server at: [URL]."

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 limit for Original Research articles is 300 words; Reviews is 300 words; Case Reports is 125 words; Current Commentary articles is 250 words; Executive Summaries, Consensus Statements, and Guidelines are 250 words; Clinical Practice and Quality is 300 words; Procedures and Instruments is 200 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. Your manuscript contains a priority claim. We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

13. 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).

14. 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.

You will be receiving an Open Access Publication Charge letter from the Journal's Publisher, Wolters Kluwer, and instructions on how to submit any open access charges. The email will be from publicationservices@copyright.com with the subject line 'Please Submit Your Open Access Article Publication Charge(s)'. Please complete payment of the Open Access charges within 48 hours of receipt.

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

* A confirmation that you have read the Instructions for Authors (<http://edmgr.ovid.com/ong/accounts/authors.pdf>), and

* A point-by-point response to each of the received comments in this letter. Do not omit your responses to the Editorial Office or Editors' comments.

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

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by May 14, 2021, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

John O. Schorge, MD
Associate Editor, Gynecology

2019 IMPACT FACTOR: 5.524

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

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.

Dear Editors of *Obstetrics and Gynecology*,

Thank you for the thoughtful comments and opportunity to revise our manuscript for consideration of publication. We have edited our paper, “Resident abortion care training and satisfaction: results from the 2020 CREOG exam survey” to the suggested format of Research Letter. Our paper is significantly under the 600 word count limit with tables excluded. The addition of the tables does put our word count at 678. However, we included this data at the direct request of the initial reviewers and find it essential for proper reporting of our results. We are hopeful that you find this acceptable for publication in the current form. Please do let us know if further edits are required.

Our responses to specific queries are below. Given the significant changes to length and format, changes were made iteratively within the team; a “tracked changes” version would be virtually unreadable and was not included. We are proud of this newly formatted manuscript and humbly resubmit it for your review.

Thank you,

Sarah Horvath, MD, MSHP
Nikki Zite, MD, MPH
Jema Turk, MPA, MA, PhD
Tony Ogburn, MD
Jody Steinauer, MD, PhD

REVIEWER COMMENTS:

Reviewer #1:

Overview: This manuscript describes residents' satisfaction with abortion training at their institutions based on whether this training is routine, optional, or not available. The authors find that there was significantly higher satisfaction with routine rather than optional or unavailable training.

I recommend the following minor revisions:

1. Title and Abstract: Overall clear and understandable.

In results, line 46, it is unclear what controlling for "program availability" refers to - maybe "program type"?

We no longer include an abstract, as per the suggestion to convert the paper to a Research Letter.

In conclusion, line 49, need to clarify that the 8% receiving no training are included within the 38% not receiving routine training.

We no longer include an abstract, as per the suggestion to convert the paper to a Research Letter.

2. Introduction: Clear and concise.

Line 61: "are not be" should read "must not be"

Corrected, thank you.

Line 68-70: unclear how this sentence relates to the rest of the manuscript

Removed, thank you.

3. Methods: Clear and understandable

4. Results: Unless you are planning a separate paper, it's also very important to understand program factors correlated with routine abortion training - would be helpful to have a couple of lines about this.

We are planning a separate paper. Also, new analyses are now limited by word count in the Research Letter format.

5. Discussion. Clear discussion of importance and implications.

Reviewer #2:

Review of Manuscript ONG-21-736 "Resident abortion care training and satisfaction: results from the 2020 CREOG exam survey"

Horvath and colleagues have submitted results from a survey prior to the 2020 CREOG examination which has an extremely impressive response rate of 97.2%. As note by the authors, the goal was the determine both the "level" of abortion training - routine vs. optional vs. non-available - as well as resident satisfaction with this training, or lack thereof. I have the following questions and comments.

Précis - Line 24, while assumed if space allows please note you are referring to OBGYN residents.

Edited, thank you.

Abstract - Line 49 - Consider noting that this is abortion training you are referring to.

We no longer include an abstract, as per the suggestion to convert the paper to a Research Letter.

Introduction - Line 73 - Was the solicitation for this information from program directors also associated with the CREOG exam or a different time?

Program Directors were surveyed separately and via an online mechanism. The survey was sent around the time of the CREOG survey, but remained open longer and could be completed at any time. We have removed references to this separate survey given word count restraints.

Line 86 - To know if this was truly "optional" did program directors get information about how many of their residents opted out of the survey? Is this common to perform research surveys prior to the CREOG exam?

Program Directors do not receive this information. The residents receive a disclaimer prior to the survey stating this. There is a survey accompanying the CREOG exam every year, but the topics vary.

Methods - Line 97 - You note this was an anonymous survey yet later in line 134 you note the data was deidentified can you please explain this?

We meant "decoupled" from the CREOG exam. We have removed this for clarity and word count purposes.

Line 99 - Did residents know they were participating in a survey for research purposes?

Yes. The residents receive a disclaimer prior to the survey stating this.

Results - First paragraph - consider a Table to summarize all of the results and highlight the most common responses in this first paragraph.

Line 166 - Did you perform sensitivity analyses among all the PGY years?

Reporting new analyses are now limited by word count in the Research Letter format.

Discussion - Line 188 - Perhaps note that it is also important to receive training and education to manage these issues.

Edited, thank you.

Line 194-5 - Should you have included PGY3 as well (Maybe PGY3/4 vs. 1/2)?

Reporting new analyses are now limited by word count in the Research Letter format.

Reviewer #3:

Thank-you for the opportunity to look at this very interesting, well executed and thought-provoking paper.

This paper assesses resident satisfaction with abortion care training. The survey had an impressively high response rate of 97%, likely because it was tied to the CREOG in-training exam.

* I wondered: is the response rate 97% of all residents, or 97% of residents who wrote this sitting of the CREOG exam? I don't know if 100% of programs/residents participate in the CREOG exam. I don't think it would impact the conclusions, just a point of clarity.

This includes only residents sitting for the exam, which is very nearly, but not all residents. We clarified this by changing the verb in the first line of the last paragraph of the introduction. This was the percentage answering any question reported.

I appreciate the sensitivity analysis done with the PGY4 cohort described in lines 166-167.

* It might also be useful to address the question about whether junior residents are unaware of their program's offerings by doing an analysis to see if type of abortion training program offered varied among PGY cohorts; assuming an even distribution of residents among cohorts as described, one would not expect to see any variation here.

Reporting new analyses are now limited by word count in the Research Letter format.

The authors clearly demonstrate how many residents are exposed to routine/optional /no abortion training, and the satisfaction rates associated with each possibility. Their results identify that there are programs that are not in compliance with ACGME guidelines, and more than half of residents in these programs are dissatisfied with this situation. This paper makes an important contribution and contemporary update to the literature about abortion training in residency programs. The data reported should also motivate program directors, their institutions, and accreditors to take action.

Thank you.

STATISTICS EDITOR COMMENTS:

General: In the Abstract and the main text, some p values are cited as "< 0.00". Since a negative probability is statistically and logically not possible, need to format as < some suitable value, e.g., < 0.001. Also, should include at least two tables, one describing the cohort characteristics and one summarizing the results. Should enumerate all missing data in the Tables.

Two tables have been created, as suggested. Thank you. p-values have been edited appropriately.

lines 134-141: Should include the threshold used (p-value) for inference testing.

Included.

lines 144-145: By completed, does this mean that 5427 out of 5582 completed all the parts of the survey or were there some surveys in which some questions were not answered? Need to clarify meaning of "completed".

Completed any question of interest. Edited to reflect this. Tables clarify that each response had a different rate of response, as did the main analysis in the paper.

EDITOR COMMENTS:

We appreciate your selecting Green Journal for submission and applaud the very impressive 97% response rate. We discussed the reviewers' comments in the context of the similar findings (program directors) reported in 2014. The topic and descriptive nature of the study would be more appropriate for the Research Letter (this was suggested in the reviewer comments to Editors) and request this as the format if you choose to revise and resubmit.

Edited to the new format, as requested.

EDITORIAL OFFICE COMMENTS:

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

A. OPT-IN: Yes, please publish my point-by-point response letter.

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

We OPT-IN.

2. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (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. Each of your coauthors received an email from the system, titled "Please verify your authorship for a submission to Obstetrics & Gynecology." Each author should complete the eCTA if they have not yet done so.

3. For studies that report on the topic of race or include it as a variable, authors must provide an explanation in the manuscript of who classified individuals' race, ethnicity, or both, the classifications used, and whether the options were defined by the investigator or the participant. In addition, the reasons that race/ethnicity were assessed in the study also should be described (eg, in the Methods section and/or in table footnotes). Race/ethnicity must have been collected in a formal or validated way. If it was not, it should be omitted. Authors must enumerate all missing data regarding race and ethnicity as in some cases, missing data may comprise a high enough proportion that it compromises statistical precision and bias of analyses by race.

Included in the manuscript.

Use "Black" and "White" (capitalized) when used to refer to racial categories. The nonspecific category of "Other" is a convenience grouping/label that should be avoided, unless it was a prespecified formal category in a database or research instrument. If you use "Other" in your study, please add detail to the manuscript to describe which patients were included in that category.

Completed.

4. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), observational studies using ICD-10 data (ie, RECORD), 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, RECORD, 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 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.

6. 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 600 words. Stated word limits include the title page, précis, abstract, text, tables, boxes, and figure legends, but exclude references.

Body with title and acknowledgements is well below the word count limit at 546. However, addition of the tables exceeds the word count limit at 678. We feel that the content of the paper would suffer from further edits and included the tables in direct response to editor and statistical editor comments. Please advise if further edits are necessary for acceptance.

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).
- * If your manuscript was uploaded to a preprint server prior to submitting your manuscript to Obstetrics & Gynecology, add the following statement to your title page: "Before submission to Obstetrics & Gynecology, this article was posted to a preprint server at: [URL]."

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 limit for Original Research articles is 300 words; Reviews is 300 words; Case Reports is 125 words; Current Commentary articles is 250 words; Executive Summaries, Consensus Statements, and Guidelines are 250 words; Clinical Practice and Quality is 300 words; Procedures and Instruments is 200 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%).

Edited.

12. Your manuscript contains a priority claim. We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

Removed.

13. 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).

Reformatted.

14. 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.

You will be receiving an Open Access Publication Charge letter from the Journal's Publisher, Wolters Kluwer, and instructions on how to submit any open access charges. The email will be from publicationservices@copyright.com with the subject line 'Please Submit Your Open Access Article Publication Charge(s)'. Please complete payment of the Open Access charges within 48 hours of receipt.