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: Sep 15, 2021
To: "Sarah Horvath" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-21-1614

RE: Manuscript Number ONG-21-1614

Obstetrics and Gynecology Resident Competence in Early Pregnancy Loss Management is Improved by Routine Abortion Care Training

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.

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).

Please be sure to address the Editor comments (see "EDITOR COMMENTS" below) in your point-by-point response.

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 Sep 29, 2021, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

Authors sought to evaluate the association between abortion care training and residents' self-reported competence in providing abortion care and by extension early pregnancy loss. Using a survey with a response rate of 71%, authors reported higher proportions of PGY4 residents who attend routine/opt-out programs compared to those in programs with opt-in or no training. They concluded restricted access to routine programs may adversely impact care of women with early pregnancy loss.

1. The primary outcome measure is entirely subjective; self-reported competence without objective validation is subject to bias; the reported differences may simply reflect an over-inflation of skills in providing abortion care services.

2. Training in abortion care services may well improve care of women with EPL; but, lack of training in abortion care services does not necessarily equate lack of skills in providing EPL care.

3. Lines 26-33; It would be helpful to readers (in providing context) to know exactly how the survey question was framed.

4. Lines 36-41; may be helpful to provide 2- 3 key results from table 1.

Reviewer #2:

This piece is well written and clearly stated. Unfortunately the authors' study results do not support the conclusion that

"opt out" abortion care training has a negative impact on access to EPL care. What the results appear to show is that programs without full abortion training curricula need to bolster their educational programs on EPL. While increased experience may be good for public health, it is not indicated by measures of self-confidence, especially when the results show a curious lack of difference in "management of complications" suggesting a disconnect between procedural confidence and overall management.

The paper can be improved by
1) clarifying the nature of the question and the response type (was this a Yes/No option) from the survey.
2) using either the term self-assessed competence or self-confidence to describe results (since competence must be observed and measured; that is not what this survey does). Also, suggest replacing the titles in the Table with the questions from the survey.
3) Edit the summary to address the gap in potential compliance with ACGME standards; avoid over-extending results to suggest that abortion care be expanded. (which is more a statement of advocacy than a conclusion drawn from this data set)
4) attempt to explain the significant differences between items of self-confidence in counseling and management of complications and items relating to specific surgical techniques.

Reviewer #3:

This research letter highlights an important parallel between abortion care and management of early pregnancy loss. The title and Table 1 should be modified to reflect that this survey assessed perceived competence. This may not translate to actual procedural competence in performing surgical management or counseling. The discussion highlights this but the title is unclear how competence was assessed.
The conclusions drawn in the discussion are too strong. In line 54-55: "Given these findings, legislation that decreases access to "opt-out" abortion care training would likely have a negative impact on access to comprehensive, patient-centered EPL care." Opt-out abortion care MAY have a negative impact on access to comprehensive EPL care. The authors can also consider including in the discussion that EPL education should be included in a comprehensive family planning curriculum that teaching skills and evidence related to induced abortion and early pregnancy loss management, in which there is large overlap.

STATISTICS EDITOR COMMENTS:

Table 1: Need to state what stats test was employed. It appears to be chi-square, which tests the proposition that the data conform to a random distribution across all three strata. That is, the test does not perform a pair wise test nor allow the p-value to be attributed to a particular group. If pair-wise testing were done, then none of the proportions for "no training" va "optional training" were statistically significant for any of the skills or intentions listed. The stats test should be based on using one group (e.g., routine training) as the referent and then calculating odds ratios (with CIs) for the other two groups. That is the only way to attribute the differences in proportions to a specific group comparison. The results will be more nuanced than those stated in the text.

EDITOR COMMENTS:
Please remove the causal language from the submission.

EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology have increased 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. When you submit your revised manuscript, please make the following edits to ensure your submission contains the required information that was previously omitted for the initial double-blind peer review:
* Include your title page information in the main manuscript file. The title page should appear as the first page of the document. Add any previously omitted Acknowledgements (ie, meeting presentations, preprint DOIs, assistance from non-byline authors).
* Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and in the body text. For industry-sponsored studies, the Role of the Funding Source section should be included in the body text of the manuscript.
* Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).
* Name the IRB or Ethics Committee institution in the Methods section (if applicable).
* Add any information about the specific location of the study (ie, city, state, or country), if necessary for context.

3. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA), which must be completed by all authors. When you uploaded your manuscript, each co-author received an email with the subject, "Please verify your authorship for a submission to Obstetrics & Gynecology." Please check with your coauthors to confirm that they received and completed this form, and that the disclosures listed in their eCTA are included on the manuscript's title page.

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 should not exceed 600 words and may include no more than two figures and/or tables (2 items total). 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. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com /ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

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

10. In your 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%").

11. 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.

12. 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 references you are citing are still current and available. Check the Clinical Guidance page at https://www.acog.org/clinical (click on "Clinical Guidance" at the top). If the reference is still available on the site and isn't listed as "Withdrawn," it's still a current document.

If the reference you are citing has been updated and 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.

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

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

If you choose open access, you will receive 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 as a Microsoft Word document. 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 Sep 29, 2021, we will assume you wish to withdraw the manuscript from further consideration.

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

2020 IMPACT FACTOR: 7.661
2020 IMPACT FACTOR RANKING: 3rd out of 83 ob/gyn journals

Dear *Obstetrics and Gynecology* editors,

Thank you for the opportunity to revise our manuscript, now titled “Obstetrics and Gynecology Resident Self-Assessed Competence in Early Pregnancy Loss Management is Increased with Routine Abortion Care Training.” Please see our direct responses to the reviewer comments below in red. We have particularly revised the statistical analyses as suggested and included the exact images of the questions as they appeared on the survey as Figure 1. We hope that this version will be acceptable for publication and look forward to receiving your response.

REVIEWER COMMENTS:

Reviewer #1:

Authors sought to evaluate the association between abortion care training and residents' self-reported competence in providing abortion care and by extension early pregnancy loss. Using a survey with a response rate of 71%, authors reported higher proportions of PGY4 residents who attend routine/opt-out programs compared to those in programs with opt-in or no training. They concluded restricted access to routine programs may adversely impact care of women with early pregnancy loss.

1. The primary outcome measure is entirely subjective; self-reported competence without objective validation is subject to bias; the reported differences may simply reflect an over-inflation of skills in providing abortion care services.

Added “self-assessed” to competence throughout the manuscript for clarity. Thank you.

2. Training in abortion care services may well improve care of women with EPL; but, lack of training in abortion care services does not necessarily equate lack of skills in providing EPL care.

We asked about each EPL skill separately and report the results. See new figure 1, added for clarity.

3. Lines 26-33; It would be helpful to readers (in providing context) to know exactly how the survey question was framed.
See new figure 1, added for clarity.

4. Lines 36-41; may be helpful to provide 2- 3 key results from table 1.
Broad categories listed. Inclusion of details limited by word count.

Reviewer #2:

This piece is well written and clearly stated. Unfortunately the authors' study results do not support the conclusion that "opt out" abortion care training has a negative impact on access to EPL care. What the results appear to show is that programs without full abortion training curricula need to bolster their educational programs on EPL. While increased experience may be good for public health, it is not indicated by measures of self-confidence, especially when the results show a curious lack of difference in "management of complications" suggesting a

disconnect between procedural confidence and overall management.

The paper can be improved by
1) clarifying the nature of the question and the response type (was this a Yes/No option) from the survey.

Please see inclusion of Figure 1. Thank you.
2) using either the term self-assessed competence or self-confidence to describe results (since competence must be observed and measured; that is not what this survey does). Also, suggest replacing the titles in the Table with the questions from the survey.

Added "self-assessed" to competence throughout the manuscript for clarity. Thank you.
3) Edit the summary to address the gap in potential compliance with ACGME standards; avoid over-extending results to suggest that abortion care be expanded. (which is more a statement of advocacy than a conclusion drawn from this data set)

Edited as suggested. Thank you.
4) attempt to explain the significant differences between items of self-confidence in counseling and management of complications and items relating to specific surgical techniques.

See new lines 68-73.

Reviewer #3:

This research letter highlights an important parallel between abortion care and management of early pregnancy loss. The title and Table 1 should be modified to reflect that this survey assessed perceived competence. This may not translate to actual procedural competence in performing surgical management or counseling. The discussion highlights this but the title is unclear how competence was assessed.

Edited as suggested. Thank you.
The conclusions drawn in the discussion are too strong. In line 54-55: "Given these findings, legislation that decreases access to "opt-out" abortion care training would likely have a negative impact on access to comprehensive, patient-centered EPL care." Opt-out abortion care MAY have a negative impact on access to comprehensive EPL care.

Edited as suggested. Thank you.

The authors can also consider including in the discussion that EPL education should be included in a comprehensive family planning curriculum that teaching skills and evidence related to induced abortion and early pregnancy loss management, in which there is large overlap.
Discussion section edited.

STATISTICS EDITOR COMMENTS:

Table 1: Need to state what stats test was employed. It appears to be chi-square, which tests the

proposition that the data conform to a random distribution across all three strata. That is, the test does not perform a pair wise test nor allow the p-value to be attributed to a particular group. If pair-wise testing were done, then none of the proportions for "no training" va "optional training" were statistically significant for any of the skills or intentions listed. The stats test should be based on using one group (e.g., routine training) as the referent and then calculating odds ratios (with CIs) for the other two groups. That is the only way to attribute the differences in proportions to a specific group comparison. The results will be more nuanced than those stated in the text.
Odds ratios calculated with “no training” as the referent. New table and edits in the text reflect this change. Thank you.

EDITOR COMMENTS:
Please remove the causal language from the submission.

Removed.

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

Sincerely,

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

*Corresponding author
Penn State University Hershey Medical Center
[redacted]