

# OBSTETRICS & GYNECOLOGY



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

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

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

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

**Date:** Oct 15, 2021  
**To:** "Elizabeth Critchlow" [REDACTED]  
**From:** "The Green Journal" em@greenjournal.org  
**Subject:** Your Submission ONG-21-1958

RE: Manuscript Number ONG-21-1958

"We Have No Back Up Plan": A Qualitative Study of Experiences of New Mothers During COVID-19

Dear Dr. Critchlow:

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

#### REVIEWER COMMENTS:

Reviewer #1: ONG 21-1758

In the manuscript under review, we evaluate the results of a qualitative study aimed at exploring and describing the experiences of postpartum women during COVID-19 pandemic. Using interviews supplemented by photo-elicitation, the authors examined 30 women from diverse backgrounds and discovered important stressors for new mothers.

A few comments on the manuscript are as follows:

#### ABSTRACT

1. No major issues identified.

#### INTRODUCTION

2. I would recommend making a stronger argument for the need for this research. Emphasizing the link between COVID-19 and stress as well as the link between stress and adverse pregnancy outcomes may strengthen the introduction

#### METHODS

3. Line 103 -106 Was there any consideration in analyzing the two study groups, private or public insurance, individually? Patients with private insurance would theoretically have more access to additional resources and would be more likely to be able to work from home during pandemic. These 2 factors could significantly change the responses given by the participants.
4. Line 109-110 wouldn't the use of snowball sampling, in this case, lead to possible overrepresentation of a subgroup of patients?
5. As an overall observation, an interview conducted during a peak in the cases of COVID may elicit very different answers from the same patient had you conducted this interview during a lull in the number of cases
6. Was any consideration made to using a structured interview template? Although the current approach would allow for participants to answer more freely, it also does not guarantee that all interviewers broached the same stressors with every participant they interviewed.

#### RESULTS

7. Line 173-181 this explanation seems more appropriate for the methods section of the paper.

8. How does the data presented here differ from stressors reported by postpartum women prior to the pandemic? Although I understand that this category of research is more aimed at generating hypotheses and discovering trends among the population of interest, reporting some quantitative measures (i.e. % of women reporting roadblocks to child care as a major stressor) may be of interest to the reader.

#### DISCUSSION

9. Line 630-638 One additional limitation that has to be addressed is the fact that the pandemic varied significantly throughout the different geographical areas. The number of cases, deaths, bed availability, presence of mask mandate and social distancing, State governor's general attitude towards the disease, etc. could lead to a very different set of answers if the patient was in one state (or city) versus another.

Reviewer #2: Thank you for the opportunity to review this qualitative study regarding the experiences of postpartum women in the face of the COVID-19 pandemic. This is a very well-written and very well-executed qualitative study. The authors did a good job recruiting a diverse and sufficient sample in order to inform themes. They did a good job ensuring themes were specific to COVID-19 postpartum care. Further they took important steps to ensure reliability and validity of their findings. I appreciated their conceptual Swiss cheese framework and table 2 which included action items in response to their findings.

A few minor comments:

1. I am new to photo-elicitation as a qualitative technique but appreciated the explanation of it. My questions is whether all of the photos are needed? to me only figures 4 and 6 seemed specific to COVID-19.
2. Limitations needs to include that you did not query women in rural settings or those that are primarily spanish speaking. Also participants likely had access to wi-fi which makes your proxy for low SES somewhat inadequate.
3. Table 1- race and ethnicity should be considered separately or at least label it as "Race/ethnicity" given your inclusion of Hispanic.

Reviewer #3: Manuscript ONG-21-1958

Summary: This work utilized qualitative methods to better understand the postpartum experience. The data gained from this research is important for understanding how people's lives were impacted by the pandemic. Moreover, it highlights areas of growth in postpartum support for the future. The use of photo elicitation was a novel method for guiding interviews. Throughout I wanted more information on the family support structures of participants—are they living with partners, extended families, in-home childcare? Such information would be extremely beneficial for contextualizing the data gathered here. I recommend the authors comment more on this in the methods (as able) or discussion. Additionally, I strongly recommend that the authors link this study and its findings more closely to clinical implications with a clearer link to postpartum health - mental and/or physical. How did participants feel that the barriers and supports encountered during this study period impacted their medical outcomes? Tying this study in more closely to clinical outcomes/health outcomes will help underscore the study's implications.

#### Introduction

The authors acknowledge that many people carry and deliver children, but we must also acknowledge that this work only reflects on the experiences of cisgender women.

#### Methods

Line 101-102—Were age, language spoken, and gender inclusion criteria? Were there any exclusion criteria? If so, explicitly state.

Line 134—How as the choice of 2 transcripts arrived at?

Line 136—What number of transcripts were team coded? Were the insurance strata equally reflected in this number?

#### Results

Please explain in more detail what snowball sampling is and why it is valuable in this work.

Given that a great deal of importance is placed on the stress of childcare responsibilities, it would be valuable to

understand household size or marital status. Was information collected on such? If not, I recommend this is addressed in the discussion.

Table 1—The way age is reported in the table is confusing as the header demonstrates all values are number (%) but this does not pertain to age. Please clarify.

Line 207—Replace COVID with COVID-19 to match use throughout the manuscript

Line 369—What proportion of participants identified as healthcare workers? Was there a large number? Seems a large presumption to make without adequate representation.

#### Discussion

Selection bias is also a risk in this study given how patients were recruited. Patients who did not engage in prenatal or postpartum care were not eligible for recruitment. The exclusion of non-English speaking and only cisgender women also lends a degree of bias.

As above, I recommend a discussion of the importance of familial/partner support and how collecting such information could be valuable in this work.

#### EDITOR COMMENTS:

1. Thank you for submitting this work to Obstetrics and Gynecology. If you opt to submit a revision for consideration, please change the title to simply "Experiences of New Mothers during the Coronavirus Disease 2019 Pandemic".
2. The precis needs to focus on the findings of this study rather than future work.
3. Table 1. Is age a mean with standard deviation? The header says n(%). Please correct/clarify.
4. 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.
5. 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.
6. 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.
7. 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.

8. 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.

9. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 5,500 words. Stated word limits include the title page, précis, abstract, text, tables, boxes, and figure legends, but exclude references.

10. 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]."

11. 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. Please provide a word count.

12. 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.

13. 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.

14. ACOG avoids using "provider." Please replace "provider" throughout your paper with either a specific term that defines the group to which are referring (for example, "physicians," "nurses," etc.), or use "health care professional" if a specific term is not applicable.

15. 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](http://edmgr.ovid.com/ong/accounts/table_checklist.pdf).

16. 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.

17. Each supplemental file in your manuscript should be named an "Appendix," numbered, and ordered in the way they are first cited in the text. Do not order and number supplemental tables, figures, and text separately. References cited in appendixes should be added to a separate References list in the appendixes file.

#### 18. Figures

Figure 1: Please provide a letter of permission to use this in print and online formats.

Figure 2-6: Has permission been obtained to include these photos?

All figures: Please upload as figure files on Editorial Manager.

19. 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](mailto: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.

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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 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 14 days from the date of this letter. If we have not heard from you by Oct 29, 2021, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Torri Metz, MD, MS  
Associate Editor, Obstetrics

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

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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.

October 28, 2021

Dear *Obstetrics & Gynecology* Editors,

We wish to resubmit our revised manuscript now entitled “Experiences of New Mothers during the Coronavirus Disease of 2019 Pandemic” for consideration for publication in *Obstetrics & Gynecology*. We appreciate the comments that the editors and reviewers have provided and have addressed them in this revised manuscript.

We thank the editors for the opportunity to revise our manuscript. We appreciate the constructive suggestions provided after submission to *Obstetrics & Gynecology*, and it is our belief that the manuscript is substantially improved after making the suggested edits. Following this letter are the editor’s and reviewers’ comments with our responses and references to where the text was modified in the manuscript. To keep the manuscript below the total word limit, minor wording changes were made throughout that do not change the substance of the paper.

We confirm that this research is original and has not been published elsewhere nor is it currently under consideration for publication elsewhere. This revision was performed in consultation with all coauthors, and they have approved the publication and submission of this manuscript *Obstetrics & Gynecology*. To my knowledge, no conflict of interest, financial or other, exists. Departmental funds within the College of Population Health at Thomas Jefferson University were used to reimburse participants, and there was no other source of funding for this study. Thank you for your consideration of this revised manuscript.

Sincerely,

Elizabeth Critchlow, BS

## **Reviewers' Comments and Corresponding Responses:**

### **REVIEWER #1**

In the manuscript under review, we evaluate the results of a qualitative study aimed at exploring and describing the experiences of postpartum women during COVID-19 pandemic. Using interviews supplemented by photo-elicitation, the authors examined 30 women from diverse backgrounds and discovered important stressors for new mothers.

A few comments on the manuscript are as follows:

#### **REVIEWER 1, ABSTRACT, POINT 1**

- A. **Reviewer's Comment:** No major issues identified.
- B. **Authors' response:** Thank you for your time reviewing our manuscript and for your feedback on the abstract.
- C. **Citation:** N/A
- D. **Textual change:** N/A

#### **REVIEWER 1, INTRODUCTION, POINT 2**

- E. **Reviewer's Comment:** I would recommend making a stronger argument for the need for this research. Emphasizing the link between COVID-19 and stress as well as the link between stress and adverse pregnancy outcomes may strengthen the introduction.
- F. **Authors' response:** Thank you for this suggestion. We have included additional information in the introduction about the relationships between COVID-19, stress, and adverse pregnancy and postpartum outcomes to further emphasize the need for this research. We believe this addition strengthens the rationale for this research.
- G. **Citation:** Lines 119-123, Introduction
- H. **Textual change:** "Postpartum depression has important negative effects on both parent, including increased risk of suicide, and child, including impaired cognitive development and infant health concerns.<sup>11</sup> Additionally, the stress of delivering during the COVID-19 pandemic has been linked to post-traumatic stress and impaired bonding and breastfeeding, hindering infant development.<sup>12</sup>"

#### **REVIEWER 1, METHODS, POINT 3**

- A. **Reviewer's Comment:** Line 103 -106 Was there any consideration in analyzing the two study groups, private or public insurance, individually? Patients with private insurance would theoretically have more access to additional resources and would be more likely to be able to work from home during pandemic. These 2 factors could significantly change the responses given by the participants.
- B. **Authors' response:** We thank the reviewer for this insightful comment. We agree that socioeconomic status certainly afforded women more resources during the pandemic which influenced their experience, and for this reason chose to recruit two groups based on insurance as a proxy for SES to ensure that our sample covered a wide range of experiences. We deployed a constant comparison



approach throughout data collection to compare the two groups. We did not find thematic differences with this approach between these two groups and instead found that the shared challenges between the groups resonated most through data collection and analysis. We therefore chose to formally analyze the two groups together with a single codebook. We have added information on the use of the constant comparison approach to our methods. There were differences in the impact of the pandemic on the “holes” in support depicted by our explanatory model between participants based on certain factors (such as access to paid parental leave, assistance with childcare, or having a supportive partner), which are notable and reviewed in our discussion. Future research is needed to further compare the experiences of postpartum women during the pandemic based on various socioeconomic factors, which has been noted in the discussion.

C. **Citation:** Lines 178-180, Methods; Lines 448-452, Discussion

D. **Textual Change:**

- a. Lines 178-180, Methods: “A constant comparison approach was deployed throughout data collection to compare themes between the two groups. While we had adequate participants in each group, the shared challenges between them predominated, and the sample was analyzed as one unit.”
- b. Lines 448-452, Discussion: “These findings also inform avenues of future research, including interviews or surveys that inquire explicitly about the stressors and supports that emerged from this study and their relationship to clinical outcomes. Future research is needed to compare the experiences of postpartum women during the pandemic based on various socioeconomic factors.”

#### REVIEWER 1, METHODS, POINT 4

- A. **Reviewer’s Comment:** Line 109-110 wouldn't the use of snowball sampling, in this case, lead to possible overrepresentation of a subgroup of patients?
- B. **Authors’ response:** We appreciate this comment and acknowledge that the use of snowball sampling has the potential to cluster perspectives of participants within certain communities. However, only five participants (less than 20% of our sample) were recruited via snowball sampling. Additionally, all snowball participants were referred by different participants (in other words, no two snowball participants were referred by the same original participant), which decreases the risk of overrepresentation of specific subgroups of patients. This has been noted in the Results section as below. Another reviewer asked for more detail about the use of snowball sampling, and the changes to the Methods section in response to this comment are listed below as well.
- C. **Citation:** Lines 155-158, Methods ; Lines 199-201, Results.
- D. **Textual change:**
  - a. Lines 155-158, Methods: “Participants were recruited in-person by the primary author at the inpatient postpartum unit of a large academic hospital in Philadelphia, or via snowball sampling (participants were asked if they had eligible peers who might be interested in participating), often used in studies when participants may be difficult to reach or engage.”

- b. Lines 199-201, Results: “Twenty-five participants (83.3%) were recruited in-person, while five (18.7%) were each referred by different participants (i.e., no two participants were referred by the same individual).”

REVIEWER 1, METHODS, POINT 5

- A. **Reviewer’s Comment:** As an overall observation, an interview conducted during a peak in the cases of COVID may elicit very different answers from the same patient had you conducted this interview during a lull in the number of cases.
- B. **Authors’ response:** Thank you for this comment, as this represents an important challenge in much of the research around COVID-19, particularly involving patient perspectives and experiences. Our methodology of providing a week of photo taking and reflection prior to interviews may have helped to reduce the impact of daily fluctuations in number of COVID-19 cases. Nonetheless, this is a limitation of our study which should be addressed, and we have added language to our limitations to reflect this.
- C. **Citation:** Lines 461-464, Discussion
- D. **Textual Changes:** “Despite its strengths, it is important to consider the limitations of this study. Our findings should be understood in context of the timing of the interviews (December 10, 2020 to April 1, 2021) and their location given that fluctuating case numbers and local social distancing and mask regulations likely impacted participants’ experiences.”

REVIEWER 1, METHODS, POINT 6

- A. **Reviewer’s Comment:** Was any consideration made to using a structured interview template? Although the current approach would allow for participants to answer more freely, it also does not guarantee that all interviewers broached the same stressors with every participant they interviewed.
- B. **Authors’ response:** We used an approach commonly deployed in photo-elicitation called the “SHOWeD” framework (developed by Wang & Pies, 2004) to develop our interview guide. Interviews began with a broad question about the photograph (“tell me what is going on in this picture”); then, where relevant, participants were asked questions including what was happening in the photograph and how the photograph helped to explain their daily life as a new mother during COVID-19 as well as relevant follow-up questions to participant statements. Our interview guide also included general probes about participants’ experience of stressors, support systems, and coping if those topics were not broached already through the course of the interview. Photo-elicitation is a primarily participant-driven method, and given that our research aim was to explore this topic at a time when little research had been published about the direct experience of postpartum individuals, we purposely chose this approach to allow participants to shed light on aspects of their experience that were most salient to them. In this way, our study illuminates stressors that can then be studied more systematically in subsequent research, such as follow-up interviews or surveys that ask more explicitly about stressors and supports that emerged from this study. A note about these avenues for further research has been added to the discussion as below.

- C. **Citation:** Lines 448-450 Discussion
- D. **Textual Changes:** Lines 448-450, Discussion: “These findings also inform avenues of future research, including interviews or surveys that inquire explicitly about the stressors and supports that emerged from this study and their relationship to clinical outcomes.”

#### REVIEWER 1, RESULTS, POINT 7

- A. **Reviewer’s Comment:** Line 173-181 this explanation seems more appropriate for the methods section of the paper.
- B. **Authors’ response:** Thank you for your comment. In structuring our manuscript, we referred to other qualitative papers that have deployed this approach. In conforming to the conventions of this qualitative literature, we introduce the way the explanatory model was conceived in the Methods section (cited below) and explain more about the components of the model in the Results, as the actual development of the model emerged from discussion of the data.
- C. **Citation:** Lines 189-190, Methods
- D. **Textual Changes:** N/A

#### REVIEWER 1, RESULTS, POINT 8

- A. **Reviewer’s Comment:** How does the data presented here differ from stressors reported by postpartum women prior to the pandemic? Although I understand that this category of research is more aimed at generating hypotheses and discovering trends among the population of interest, reporting some quantitative measures (i.e. % of women reporting roadblocks to child care as a major stressor) may be of interest to the reader.
- B. **Authors’ response:** Thank you for this question and suggestion. Our qualitative study design was intended to elicit open-ended responses and is therefore not quantifiable. This statement with relevant citation has been added to our Methods section for clarity. We acknowledge that postpartum women in our society with a thin social safety net often face stressors, many of which predate the pandemic. The goal of our study was to investigate that particular impact of the pandemic on this vulnerable population. We have made some changes to the discussion as described below that we hope better illuminate this particular focus as well as avenues for important future research.
- C. **Citation:** Lines 143-144, Methods ; Lines 421-427, Discussion ; Lines 440-444, Discussion ; Lines 448-452, Discussion
- D. **Textual Changes:**
  - a. Lines 143-144, Methods: “This qualitative design was intended to elicit open-ended responses rather than quantifiable data.<sup>17,20</sup>”
  - b. Lines 421-427, Discussion: “Similar to findings from the literature, participants described stressors exacerbated by the pandemic, including fewer options for newborn childcare<sup>16</sup> and feelings of isolation<sup>27</sup> compounding poor mental health,<sup>16</sup> which can predispose to serious conditions like postpartum depression. While most participants relied upon partners living with them for childcare, 4 participants had no other

adults in the home to help. Inquiring about patients' living situations can help to understand their childcare needs and supports postpartum."

- c. Lines 440-444, Discussion: "Challenges within the healthcare system during the pandemic included feeling unsupported via telehealth and restrictions on visitors such as partners and doulas for delivery and doctors appointments. Visitors provide emotional support and advocacy, and restrictions disproportionately disadvantage women of color, particularly Black women, contributing to existing disparities in maternal morbidity and mortality.<sup>28</sup>"
- d. Lines 448-452, Discussion: "These findings also inform avenues of future research, including interviews or surveys that inquire explicitly about the stressors and supports that emerged from this study and their relationship to clinical outcomes. Future research is needed to compare the experiences of postpartum women during the pandemic based on various socioeconomic factors."

#### REVIEWER 1, DISCUSSION, POINT 9

- A. **Reviewer's Comment:** Line 630-638 One additional limitation that has to be addressed is the fact that the pandemic varied significantly throughout the different geographical areas. The number of cases, deaths, bed availability, presence of mask mandate and social distancing, State governor's general attitude towards the disease, etc. could lead to a very different set of answers if the patient was in one state (or city) versus another.
- B. **Authors' response:** Thank you for this important point. We have added language describing the impact of regional variation in COVID-19 cases and regulations.
- C. **Citation:** Line 461-464, Discussion
- D. **Textual Changes:** "Our findings should be understood in context of the timing of the interviews (December 10, 2020 to April 1, 2021) and their location given that fluctuating case numbers and local social distancing and mask regulations likely impacted participants' experiences."

#### REVIEWER #2

Thank you for the opportunity to review this qualitative study regarding the experiences of postpartum women in the face of the COVID-19 pandemic. This is a very well-written and very well-executed qualitative study. The authors did a good job recruiting a diverse and sufficient sample in order to inform themes. They did a good job ensuring themes were specific to COVID-19 postpartum care. Further they took important steps to ensure reliability and validity of their findings. I appreciated their conceptual Swiss cheese framework and table 2 which included action items in response to their findings.

A few minor comments:

#### REVIEWER 2, POINT 1

- A. **Reviewer's Comment:** I am new to photo-elicitation as a qualitative technique but appreciated the explanation of it. My questions is whether all of the photos are needed? to me only figures 4 and 6 seemed specific to COVID-19.
- B. **Authors' response:** Thank you for this comment. We chose these specific photos as we felt they illustrated specific aspects of the postpartum period during COVID-19 on their own (such as Figures 4 and 6), or they significantly enhanced the participant's quotations (in the cases of Figures 2, 3, and 5). We are open to final editor input as to what photos would be most illustrative and worth space in the final version, if the paper is accepted for publication.
- C. **Citation:** N/A
- D. **Textual change:** N/A

#### REVIEWER 2, POINT 2

- A. **Reviewer's Comment:** Limitations needs to include that you did not query women in rural settings or those that are primarily spanish speaking. Also participants likely had access to wi-fi which makes your proxy for low SES somewhat inadequate.
- B. **Authors' response:** We thank the reviewer for raising this point, as these are important limitations of our study. We have added language to reflect these limitations in our discussion as cited below. We appreciate the reviewer's comment regarding the likely access to wi-fi impacting our distribution of SES, however Internet connection was not a requirement for study participation, as we offered the option of phone interviews to all participants, and conducted one interview via phone call, where texting was an option to share photographs. Participants were not asked or required to disclose whether they were utilizing public or private Internet connections for Zoom interviews. Additionally, we did not find that access to a phone or any kind of Internet connection was a barrier for any participant otherwise eligible during recruitment.
- C. **Citation:** Lines 466-469, Discussion
- D. **Textual change:** "Our sample was limited to English-speaking, cisgendered women with term or late preterm deliveries primarily in the Philadelphia metropolitan area, and we acknowledge that the perspectives of those falling outside of this group are not reflected by our results."

#### REVIEWER 2, POINT 3

- A. **Reviewer's Comment:** Table 1- race and ethnicity should be considered separately or at least label it as "Race/ethnicity" given your inclusion of Hispanic.
- B. **Authors' response:** Thank you for this comment. We have updated our labeling of Table 1 to reflect the way the question was asked.
- C. **Citation:** Row 5 & footer, Table 1, Results
- D. **Textual change:** Row 5, Table 1: "Self-reported race & ethnicity\*†".  
Corresponds to footer of Table 1: \*Race and ethnicity was asked as an open-ended question about self-identity, and responses were compiled as they appear in the table. Race and ethnicity was collected to ensure sampling of diverse perspectives. †Participants asked to select all that apply."

### REVIEWER #3

#### REVIEWER 3, POINT 1

- A. **Reviewer's Comment:** This work utilized qualitative methods to better understand the postpartum experience. The data gained from this research is important for understanding how people's lives were impacted by the pandemic. Moreover, it highlights areas of growth in postpartum support for the future. The use of photo elicitation was a novel method for guiding interviews. Throughout I wanted more information on the family support structures of participants—are they living with partners, extended families, in-home childcare? Such information would be extremely beneficial for contextualizing the data gathered here. I recommend the authors comment more on this in the methods (as able) or discussion. Additionally, I strongly recommend that the authors link this study and its findings more closely to clinical implications with a clearer link to postpartum health - mental and/or physical. How did participants feel that the barriers and supports encountered during this study period impacted their medical outcomes? Tying this study in more closely to clinical outcomes/health outcomes will help underscore the study's implications.
- B. **Authors' response:** Thank you so much for your time reviewing our manuscript and for these helpful comments. We have edited the Results and Discussion as in our responses below to reflect your suggestion about information on participants' family and childcare support. Thank you for your second suggestion about providing a closer link to postpartum mental and physical health. We agree that this would be interesting and strengthen the paper. However, while participants did speak of their interactions with the medical establishment, we did not find that our participants explicitly described clinical outcomes or mental health outcomes related to these interactions in their interviews, and so we do not have data of this type to report. We have elaborated on the implications our study findings have for physical and mental health in the Discussion as below. Further defining the link between the barriers and supports identified in this study and their clinical outcomes is an important area for future research, which we have also mentioned in the Discussion as below.
- C. **Citation:** Table 1, Results ; Lines 202-203, Results ; Lines 421-427, Discussion ; Lines 433-436, Discussion ; Lines 440-444, Discussion ; Lines 448-450, Discussion
- D. **Textual change:**
- Rows 21-28, Table 1, Results: "Household Members" and "Anticipated Help With Childcare"
  - Lines 202-203, Results: "Twenty-three (77%) participants were cohabiting with a partner, while four (13%) did not live with another adult."
  - Lines 421-427, Discussion: "Similar to findings from the literature, participants described stressors exacerbated by the pandemic, including fewer options for newborn childcare<sup>16</sup> and feelings of isolation<sup>27</sup> compounding poor mental health,<sup>16</sup> which can predispose to serious conditions like postpartum depression. While most participants relied

upon partners living with them for childcare, 4 participants had no other adults in the home to help. Inquiring about patients' living situations can help to understand their childcare needs and supports postpartum."

- d. Lines 433-436, Discussion: "Lactation support from pandemic adaptations like care consolidation and a new phone application in Philadelphia increased some participants' ability to continue breastfeeding, which has important physical, mental, and financial benefits."
- e. Lines 440-444, Discussion: "Challenges within the healthcare system during the pandemic included feeling unsupported via telehealth and restrictions on visitors such as partners and doulas for delivery and doctors appointments. Visitors provide emotional support and advocacy, and restrictions disproportionately disadvantage women of color, particularly Black women, contributing to existing disparities in maternal morbidity and mortality.<sup>28</sup>"
- f. Lines 448-450, Discussion: "These findings also inform avenues of future research, including interviews or surveys that inquire explicitly about the stressors and supports that emerged from this study and their relationship to clinical outcomes."

#### REVIEWER 3, INTRODUCTION, POINT 2

- A. **Reviewer's Comment:** The authors acknowledge that many people carry and deliver children, but we must also acknowledge that this work only reflects on the experiences of cisgender women.
- B. **Authors' response:** Thank you for this important comment. We have added language in the Methods section to reflect this limitation of our inclusion criteria, as well as in the Discussion.
- C. **Citation:** Lines 173-175, Methods; Lines 466-469, Discussion
- D. **Textual change:**
  - a. Lines 146-148, Methods: "Not all pregnant or birthing people are cisgendered women, however gender non-binary and trans patients were expected to have unique perspectives and needs related to delivery and postpartum care."
  - b. Lines 466-469, Discussion: "Our sample was limited to English-speaking, cisgendered women with term or late preterm deliveries primarily in the Philadelphia metropolitan area, and we acknowledge that the perspectives of those falling outside of this group are not reflected by our results."

#### REVIEWER 3, METHODS, POINT 3

- A. **Reviewer's Comment:** Line 101-102—Were age, language spoken, and gender inclusion criteria? Were there any exclusion criteria? If so, explicitly state.
- B. **Authors' response:** These were inclusion criteria. The wording has been edited to make this more clear. We have also added more explicit wording on exclusion criteria.
- C. **Citation:** Lines 145-150, Methods
- D. **Textual change:** "Participants were included if they were comfortable conversing in English, self-identified as ciswomen, were over 18, and delivered within 10

weeks of recruitment...Exclusion criteria included delivery prior to 34 weeks and neonatal admission to the intensive care nursery.”

REVIEWER 3, METHODS, POINT 4

- A. **Reviewer’s Comment:** Line 134—How as the choice of 2 transcripts arrived at?
- B. **Authors’ response:** As is customary in qualitative research, and using the constant comparison approach, we applied the preliminary codebook to two different transcripts early in the data collection process. This technique ensures the codebook would be applicable to all transcripts. We continued to revisit and clarify the codebook throughout the team data analysis process.
- C. **Citation:** N/A
- D. **Textual change:** N/A

REVIEWER 3, METHODS, POINT 5

- A. **Reviewer’s Comment:** Line 136—What number of transcripts were team coded? Were the insurance strata equally reflected in this number?
- B. **Authors’ response:** Half of transcripts (15) were team coded with all discrepancies discussed. The text has been edited for clarity as below to reflect the specific number of transcripts that were team coded. Team coding began while interviews were still being conducted, and because participants with public and no insurance had a higher attrition rate, we had a higher proportion of participants with private insurance in the team-coding cohort. Specifically, 5/15 transcripts in the team-coding cohort utilized public or no insurance and 10/15 transcripts in the individual coding cohort utilized public or no insurance. All data collection, coding, and analysis was supervised and audited by a qualitative research methodologist with over 20 years’ experience (R.F.).
- C. **Citation:** Lines 187-188, Methods
- D. **Textual change:** “Using a team-based approach to ensure coding reliability, 50% of the transcripts (15) were collaboratively coded.”

REVIEWER 3, RESULTS, POINT 6

- A. **Reviewer’s Comment:** Please explain in more detail what snowball sampling is and why it is valuable in this work.
- B. **Authors’ response:** Thank you for this comment. We have clarified the description of snowball sampling in the Methods, and commented on its utility and value in this study and qualitative work in general. Another reviewer had concerns about snowball sampling related to oversampling, and those concerns have been addressed as below in the Results.
- C. **Citation:** Lines 155-158, Methods ; Lines 199-201, Results
- D. **Textual change:**
  - a. Lines 155-158, Methods: “Participants were recruited in-person by the primary author at the inpatient postpartum unit of a large academic hospital in Philadelphia, or via snowball sampling (participants were asked if they had eligible peers who might be interested in participating), often used in studies when participants may be difficult to reach or engage.”



- b. Lines 199-201, Results: “Twenty-five participants (83.3%) were recruited in-person, while five (18.7%) were each referred by different participants (i.e., no two participants were referred by the same individual).”

#### REVIEWER 3, RESULTS, POINT 7

- A. **Reviewer’s Comment:** Given that a great deal of importance is placed on the stress of childcare responsibilities, it would be valuable to understand household size or marital status. Was information collected on such? If not, I recommend this is addressed in the discussion.
- B. **Authors’ response:** Yes, we collected quantitative information on number of family members in the household as well as each participants’ anticipated postpartum supports. This elicited information on whether participants were partnered, although we did not inquire about marital status specifically. We have incorporated this information into Table 1 and elaborated in the discussion as per Point 1.
- C. **Citation:** Table 1, Results ; Lines 202-203, Results ; Lines 421-427, Discussion
- D. **Textual change:**
  - a. Rows 21-28, Table 1, Results: “Household Members” and “Anticipated Help With Childcare”
  - b. Lines 202-203, Results: “Twenty-three (77%) participants were cohabiting with a partner, while four (13%) did not live with another adult.”
  - c. Lines 421-427, Discussion: “Similar to findings from the literature, participants described stressors exacerbated by the pandemic, including fewer options for newborn childcare<sup>16</sup> and feelings of isolation<sup>27</sup> compounding poor mental health,<sup>16</sup> which can predispose to serious conditions like postpartum depression. While most participants relied upon partners living with them for childcare, 4 participants had no other adults in the home to help. Inquiring about patients’ living situations can help to understand their childcare needs and supports postpartum.”

#### REVIEWER 3, RESULTS, POINT 8

- A. **Reviewer’s Comment:** Table 1—The way age is reported in the table is confusing as the header demonstrates all values are number (%) but this does not pertain to age. Please clarify.
- B. **Authors’ response:** Thank you for this correction. We have updated the table to clarify the numerical reporting.
- C. **Citation:** Table 1, Results
- D. **Textual change:** Column 2 header now reads “All participants (N=30)”, with the addition of a footnote stating “All data are n (%), except for age, which is mean  $\pm$ SD”

#### REVIEWER 3, RESULTS, POINT 9

- A. **Reviewer’s Comment:** Line 207—Replace COVID with COVID-19 to match use throughout the manuscript
- B. **Authors’ response:** Thank you for pointing out this error. The text has been updated accordingly.

- C. **Citation:** Lines 214-215, Results
- D. **Textual change:** “Participants described an array of stressors that characterized their postpartum experiences during COVID-19.”

REVIEWER 3, RESULTS, POINT 10

- A. **Reviewer’s Comment:** Line 369—What proportion of participants identified as healthcare workers? Was there a large number? Seems a large presumption to make without adequate representation.
- B. **Authors’ response:** We did not collect information on field of work, so we cannot report with certainty the number of participants who were healthcare workers. However, three participants (10% of the overall sample) expressed concern, specifically as healthcare workers, about how they would return to work safely and avoid exposing their newborn. While we do not quantify the number of healthcare workers in our study population, these comments were notable among the many participants who expressed worries about returning to work outside of the home.
- C. **Citation:** Lines 277-278, Results
- D. **Textual change:** “Three participants disclosed they worked in healthcare and expressed worries about managing exposures.”

REVIEWER 3, DISCUSSION, POINT 11

- A. **Reviewer’s Comment:** Selection bias is also a risk in this study given how patients were recruited. Patients who did not engage in prenatal or postpartum care were not eligible for recruitment. The exclusion of non-English speaking and only cisgender women also lends a degree of bias.
- B. **Authors’ response:** Thank you for this comment. We have added additional language in our discussion to address these limitations. Patients who did not engage in routine prenatal or postpartum care were still eligible for recruitment as participants were recruited from the inpatient postpartum unit after delivery, though we would not have captured participants who elected for a birth outside of the hospital.
- C. **Citation:** Lines 466-469, Discussion
- D. **Textual change:** “Our sample was limited to English-speaking, cisgendered women with term or late preterm deliveries primarily in the Philadelphia metropolitan area, and we acknowledge that the perspectives of those falling outside of this group are not reflected by our results.”

REVIEWER 3, DISCUSSION, POINT 12

- A. **Reviewer’s Comment:** As above, I recommend a discussion of the importance of familial/partner support and how collecting such information could be valuable in this work.
- B. **Authors’ response:** Thank you again for this suggestion. We have incorporated information in the discussion as indicated in Points 1 and 7.
- C. **Citation:** Table 1, Results ; Lines 202-203, Results ; Lines 421-427, Discussion
- D. **Textual change:**

- a. Rows 21-28, Table 1, Results: “Household Members” and “Anticipated Help With Childcare”
- b. Lines 202-203, Results: “Twenty-three (77%) participants were cohabiting with a partner, while four (13%) did not live with another adult.”
- c. Lines 421-427, Discussion: “Similar to findings from the literature, participants described stressors exacerbated by the pandemic, including fewer options for newborn childcare<sup>16</sup> and feelings of isolation<sup>27</sup> compounding poor mental health,<sup>16</sup> which can predispose to serious conditions like postpartum depression. While most participants relied upon partners living with them for childcare, 4 participants had no other adults in the home to help. Inquiring about patients’ living situations can help to understand their childcare needs and supports postpartum.”

### **Editors’ Comments and Corresponding Responses**

1. Thank you for submitting this work to Obstetrics and Gynecology. If you opt to submit a revision for consideration, please change the title to simply “Experiences of New Mothers during the Coronavirus Disease 2019 Pandemic”.

Thank you for this suggestion. We have adjusted the title accordingly.

2. The precis needs to focus on the findings of this study rather than future work.

Thank you for this comment. We have reworded the précis to state “Postpartum women have experienced additional stressors with varied efficacy of self-care, interpersonal, and organizational supports during the pandemic, highlighting takeaways for postpartum care.”

3. Table 1. Is age a mean with standard deviation? The header says n(%). Please correct/clarify.

Yes, age is reported as a mean with standard deviation. The Table 1 header and footnote have been updated to clarify this distinction.

4. 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.

Our team will opt-in and allow for publishing the point-by-point response letter.

5. 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). **The title page has been added as the first page of the main manuscript.**

- \* 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. **A funding disclosure has been added to the title page.**

- \* Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable). **N/A**

- \* Name the IRB or Ethics Committee institution in the Methods section (if applicable). **The IRB has been named in the Methods section.**

- \* Add any information about the specific location of the study (ie, city, state, or country), if necessary for context. **This contextual information has been added.**

6. 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.

**Thank you. We will be sure to verify this with all coauthors.**

7. 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.

**Thank you. We have added a footnote to the table describing the role of race and ethnicity for this study and how it was collected.**

8. 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.

**Thank you. We have reviewed these definitions.**

9. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 5,500 words. Stated word limits include the title page, précis, abstract, text, tables, boxes, and figure legends, but exclude references.

**Thank you. We have verified that our manuscript meets these word limits.**

10. 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]."

**We have reviewed these requirements and ensure that our acknowledgements fulfill all requirements.**

11. 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. Please provide a word count.

We have reviewed the abstract and ensured consistency with the manuscript. The word count is 278 words.

12. 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.

Thank you for this feedback. We have changed the acronym in the abstract and have verified that all other acronyms are defined first.

13. 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.

We have made this correction throughout the text.

14. ACOG avoids using "provider." Please replace "provider" throughout your paper with either a specific term that defines the group to which are referring (for example, "physicians," "nurses," etc.), or use "health care professional" if a specific term is not applicable.

Thank you for this correction. We have replaced the word "provider" with more precise wording throughout the manuscript.

15. 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](http://edmgr.ovid.com/ong/accounts/table_checklist.pdf).

Thank you for sharing this information. We have updated the tables to reflect the journal style as outlined in the Table Checklist.

16. 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](mailto:obgyn@greenjournal.org)). In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript.

17. Each supplemental file in your manuscript should be named an "Appendix," numbered, and ordered in the way they are first cited in the text. Do not order and number supplemental tables, figures, and text separately. References cited in appendixes should be added to a separate References list in the appendixes file.

We have only one Appendix, which is labeled "Appendix 1." Please let us know if there is another way this should be labeled.

## 18. Figures

Figure 1: Please provide a letter of permission to use this in print and online formats.

Permission from the author has been uploaded along with the manuscript.

Figure 2-6: Has permission been obtained to include these photos?

As part of the study procedures, all participants provided explicit verbal permission for the sharing of these photos. This is detailed in lines 165-167 ("In addition to consent for participation in the study, participants provided explicit permission for their photographs and quotations to be used in this manuscript. Consent was confirmed at the end of each interview.").

All figures: Please upload as figure files on Editorial Manager.

We have uploaded these as figure files on the Editorial Manager and removed the figures from the body of the manuscript.

19. 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](mailto: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.