

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.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:

obgyn@greenjournal.org.

Date: Mar 11, 2022
To: "Kavita Vinekar" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-384

RE: ONG-22-384
Implications of Overturning Roe v Wade on Abortion Training in U.S. Obstetrics and Gynecology Residency Programs

Dear Dr. Vinekar:

Your manuscript has been reviewed by the Editorial Board and expert reviewers. Based on the reviewers' comments and the editor's reading of your manuscript, we are not able to accept it for publication as it is. The Editors are willing to take another look if you resubmit your manuscript as a Current Commentary or Personal Perspectives.

Please see our Instructions for Authors (<https://journals.lww.com/greenjournal/Pages/InformationforAuthors.aspx#I-A>) on how to format a Current Commentary article and please provide a point-by-point response to all Reviewers' comments shown below.

We appreciate the effort that goes into the preparation of a manuscript and the disappointment when it is not accepted. Thank you for submitting your work to Obstetrics & Gynecology, and we look forward to future contributions from you.

Sincerely,

The Editors of Obstetrics & Gynecology

REVIEWER COMMENTS:

Reviewer #1:

Strengths:

- * This is a timely topic, and the authors are not discussing a scenario that is far-fetched, by any means.

Limitations:

- * Although this is a fairly rigorous way to postulate what would happen in the scenario that Roe v. Wade is overturned, this is only postulating, and does not represent actual results from actual events (yet).
- * This is very oversimplified information, with no consideration of the difference between "certain" or "likely" to overturn abortion in a given state, and no sensitivity analysis of what happens if all states "likely" overturn or only half do.
- * There is no consideration of how many residents are currently able to and would be willing to undergo abortion training in this work, so the true denominator is different than what is utilized (all residents in the US). Specifically, there is no consideration of the current level of residents that currently opt out of training or already have no access to training in the program, even if Roe v. Wade is not currently overturned.

Reviewer #2:

Overall, the manuscript is well written and the topic is timely as abortion access is being battled in the Supreme Court and states are preparing for decreased access to abortion care in much of the country.

General comments:

-Please include a statement about how this will disproportionately affect BIPOC patients

Additional comments:

Introduction:

- Please include a brief description of what restrictions already exist
- Lines 8-9: Please include the current status of this case
- Lines 12-13: Please explain why this is important

Methods:

- Did you take into account programs that receive abortion training in a different state?
- Lines 28-29: Please describe what statistical analyses you performed

Results:

- Lines 32-33: I would still include the new programs if you have information on how many residents they plan to train
- Line 33: Please include a percent response rate
- Please include any information on the proportion of residents who opt-out of abortion training, as this would further limit access to patients in the future

Discussion

- Lines 44-45: Is this due to program structure or residents opting out?
- Line 46: Do you have a minimum estimate as well to give a range?
- Line 48: Please include a description of how many family medicine residencies offer abortion training
- Line 58: Remove the word "their"
- End with a call to action of what specifically should be done instead, beyond preparation

Figure 1

- Break this down further into certain and likely numbers and percentages

Reviewer #3:

Thank you for the opportunity to review this manuscript, "Implications of Overturning Roe v Wade on Abortion Training in U.S. Obstetrics and Gynecology Residency Programs." This cross-sectional study describes the potential impact of abortion training for OB/GYN residency programs across the country if Roe v Wade is overturned. This research letter examines a timely and important topic from the lens of medical education. Below are some suggestions to strengthen the article and specific critiques to consider.

- Line 1 (Title): Would revise title to "projected implications" as this is based on policy projections.
- Line 13 (Introduction): Recommend expanding on what "opt out" abortion training is as compared to "opt in" and how "opt in" is non-compliant with ACGME.
- Line 29 (Methods): Please comment on IRB status - I assume it was exempt.
- Line 35 (Results): Strongly consider reporting numbers (number of programs and number of residents) separated out for certain and likely states as these are similar but not the same. Would be compelling data as most are in the certain category.
- Lines 40 - 59 (Discussion): Please address the strengths and limitations of this study in your discussion. Important limitations are that this is projected data, cannot confirm individual programs access such as programs that send learners across state lines for experiences, etc.
- Lines 59 (Discussion): Consider adding discussion about how this will affect ACGME citations and how programs may have to adapt (i.e. looking for outside training opportunities that may stress programs and overburdened clinics that have access, cost and time implications, etc.).

EDITOR COMMENTS:

Echoing the reviewers' comments, the 'data' presented is entirely speculative. We would encourage the authors to revise and resubmit as either Current Commentary or Personal Perspectives

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.

Date: Apr 05, 2022
To: "Kavita Vinekar" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-560

RE: Manuscript Number ONG-22-560

Projected Implications of Overturning Roe v Wade on Abortion Training in U.S. Obstetrics and Gynecology Residency Programs

Dear Dr. Vinekar:

Thank you for sending us your work for consideration for publication in Obstetrics & Gynecology. Your manuscript has been reviewed by the Editorial Board and by special expert referees. The Editors would like to invite you to submit a revised version for further consideration.

If you wish to revise your manuscript, please read the following comments submitted by the reviewers and Editors. Each point raised requires a response, by either revising your manuscript or making a clear argument as to why no revision is needed in the cover letter.

To facilitate our review, we prefer that the cover letter you submit with your revised manuscript include each reviewer and Editor comment below, followed by your response. That is, a point-by-point response is required to each of the EDITOR COMMENTS (if applicable), REVIEWER COMMENTS, STATISTICAL EDITOR COMMENTS (if applicable), and EDITORIAL OFFICE COMMENTS below. Your manuscript will be returned to you if a point-by-point response to each of these sections is not included.

The revised manuscript should indicate the position of all changes made. Please use the "track changes" feature in your document (do not use strikethrough or underline formatting).

Your submission will be maintained in active status for 7 days from the date of this letter. If we have not heard from you by Apr 12, 2022, we will assume you wish to withdraw the manuscript from further consideration.

EDITORIAL OFFICE COMMENTS:

1. If your article is accepted, the journal will publish a copy of this revision letter and your point-by-point responses as supplemental digital content to the published article online. You may opt out by writing separately to the Editorial Office at em@greenjournal.org, and only the revision letter will be posted.

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:

- * Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and at the end of the abstract. For industry-sponsored studies, describe on the title page how the funder was or was not involved in the study.
- * 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's Copyright Transfer Agreement (CTA) must be completed by all authors. When you uploaded your manuscript, each coauthor received an email with the subject, "Please verify your authorship for a submission to Obstetrics & Gynecology." Please ask your coauthor(s) to complete this form, and confirm the disclosures listed in their CTA are included on the manuscript's title page. If they did not receive the email, they should check their spam/junk folder.

Requests to resend the CTA may be sent to em@greenjournal.org.

4. Figure 1: Please confirm that this figure is original to the manuscript: Has this been previously published in another source? If yes, both print and electronic (online) rights must be obtained from the holder of the copyright (often the publisher, not the author), and credit to the original source must be included in your manuscript. Many publishers have online systems for submitting permissions requests; please consult the publisher directly for more information.

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. Make sure your manuscript meets the following word limit. The word limit includes the précis, abstract, text, tables, boxes, and figure legends, but excludes the title page, reference list, and supplemental digital content. Figures are not included in the word count.

Current Commentary: 3,000

7. Specific rules govern the use of acknowledgments in the journal. Please review the following guidelines and edit your title page as needed:

- * 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 or indicate whether the meeting was held virtually).
- * 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]."
- * Do not use only authors' initials in the acknowledgement or Financial Disclosure; spell out their names the way they appear in the byline.

8. Be sure that each statement and any data in the abstract are also stated in the body of your manuscript, tables, or figures. Statements and data that appear in the abstract must also appear in the body text for consistency. Make 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 manuscript.

In addition, the abstract length should follow journal guidelines. Please provide a word count.

Current Commentary: 250 words

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

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

11. In your abstract, manuscript Results sections, and tables, the preferred citation should be in terms of an effect size, such as odds ratio or relative risk or the mean difference of a variable between two groups, expressed with appropriate confidence intervals. When such syntax is used, the P value has only secondary importance and often can be omitted or noted as footnotes in a Table format. Putting the results in the form of an effect size makes the result of the statistical test more clinically relevant and gives better context than citing P values alone.

Please standardize the presentation of your data throughout the manuscript submission. For P values, do not exceed three decimal places (for example, "P = .001").

Express all percentages to one decimal place (for example, 11.1%). Do not use whole numbers for percentages.

12. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available at http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

13. Please review examples of our current reference style at https://edmgr.ovid.com/ong/accounts/ifa_suppl_refstyle.pdf. 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 formal reference list. Please cite them on the line in parentheses.

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. In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript.

Please make sure your references are numbered in order of appearance in the text.

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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 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 a point-by-point response to each of the received comments in this letter. Do not omit your responses to the EDITOR COMMENTS (if applicable), the REVIEWER COMMENTS, the STATISTICAL EDITOR COMMENTS (if applicable), or the EDITORIAL OFFICE COMMENTS.

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

Again, your manuscript will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Apr 12, 2022, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

John O. Schorge, MD
Deputy Editor, Gynecology

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

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

March 17, 2022

To the Editors of *Obstetrics & Gynecology*:

On behalf of my co-authors and myself, I would like to submit our Current Commentary manuscript, "Projected Implications of Overturning Roe v Wade on Abortion Training in U.S. Obstetrics and Gynecology Residency Programs" for consideration for publication in *Obstetrics & Gynecology*.

All authors made significant contributions to the study planning, analysis, and manuscript writing, and approved the final version for submission. We have carefully reviewed and incorporated the editor and reviewer comments from our originally submitted research letter manuscript ONG-22-384. The point-by-point response to comments is included with this submission. This manuscript is not under review by any other publication and will not be submitted elsewhere until a final decision is made by the editors of *Obstetrics & Gynecology*. The authors have not published, posted, or submitted any related papers from this study. This study protocol was reviewed by the University of California Los Angeles Office of the Human Research Protection Program, which determined that this study did not meet the definition of human subjects research and therefore that neither exemption nor approval by the institutional review board was required.

For this Current Commentary, we geocoded and mapped all U.S. obstetrics and gynecology residency programs and used a policy analysis from the Guttmacher Institute to identify programs located in states projected to outlaw abortion if Roe v Wade is overturned. We determined that 44% of residents are currently training in states that would outlaw abortion, raising concerns about adequate skill acquisition and meeting this training requirement for residency accreditation.

We look forward to your comments and critique of the manuscript. Thank you for your consideration. Please feel free to contact me by e-mail if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kavita Vinekar', with a large, stylized loop at the end.

Kavita Vinekar, MD MPH
Health Sciences Assistant Clinical Professor
Department of Obstetrics & Gynecology
UCLA David Geffen School of Medicine

REVIEWER COMMENTS:

Reviewer #1:

Strengths:

- * This is a timely topic, and the authors are not discussing a scenario that is far-fetched, by any means.

Limitations:

- * Although this is a fairly rigorous way to postulate what would happen in the scenario that *Roe v. Wade* is overturned, this is only postulating, and does not represent actual results from actual events (yet).

Thank you for this comment. We have reformatted the piece for a Current Commentary and acknowledged this limitation more clearly in the discussion (lines 101-110). We have also altered the title to reflect that these are projections. We believe that, though speculative, these findings are critical in anticipating and preparing for the impacts of a potential reversal of *Roe v Wade* on medical education.

- * This is very oversimplified information, with no consideration of the difference between "certain" or "likely" to overturn abortion in a given state, and no sensitivity analysis of what happens if all states "likely" overturn or only half do.

Thank you. The Guttmacher Institute has published rigorous methods describing these classifications, included in the citation. The length of the research letter did not allow for in-depth description of the Guttmacher's methods, but we have now expanded this in lines 49-56 given the higher word count permitted in the current commentary. We have now reported the "likely" and "certain" categories separately for clarity (see lines 71-72 and 74-75).

- * There is no consideration of how many residents are currently able to and would be willing to undergo abortion training in this work, so the true denominator is different than what is utilized (all residents in the US). Specifically, there is no consideration of the current level of residents that currently opt out of training or already have no access to training in the program, even if *Roe v. Wade* is not currently overturned.

Thank you for this important comment. We are currently working on a more in-depth study to better classify which programs currently offer on-site routine abortion training (this is not actually known yet). This limitation is now detailed in lines 106-110 of the discussion. We have included a citation demonstrating that 92% of residents were offered some level of abortion training, with 61% reporting routine abortion training (though it is not known which programs offer routine training). We would argue that partial participants who "opt out" of abortion training still benefit from routine family planning training (see lines 91-95) so should be included in the overall denominator.

Reviewer #2:

Overall, the manuscript is well written and the topic is timely as abortion access is being battled in the Supreme Court and states are preparing for decreased access to abortion care in much of the country.

General comments:

-Please include a statement about how this will disproportionately affect BIPOC patients

Thank you for this important comment. We are currently working on a follow-up study that provides an in-depth discussion of implications of abortion restrictions and potential *Roe* reversal on BIPOC residents (and therefore the implications on BIPOC patients). We have also added a brief discussion of these implications in lines 96-100.

Additional comments:

Introduction:

-Please include a brief description of what restrictions already exist

Thank you for this comment. We have added this in lines 30-31.

-Lines 8-9: Please include the current status of this case

We have added this in lines 27-28.

-Lines 12-13: Please explain why this is important

We have added lines 38-39 to provide context here.

Methods:

-Did you take into account programs that receive abortion training in a different state?

Thank you for this comment. We did not have access to this information to include in our analysis, but plan to include this in a future, more in-depth study.

-Lines 28-29: Please describe what statistical analyses you performed

Thank you for this comment. Given the nature of the report, we did not perform statistical analysis, but did use Stata for data management and to obtain counts for the differing policy designations. We have clarified this in lines 60-61.

Results:

-Lines 32-33: I would still include the new programs if you have information on how many residents they plan to train

Thank you for this comment. Since our findings are specific to current OB/GYN residents, we excluded the programs that had no enrolled residents.

-Line 33: Please include a percent response rate

Thank you for this comment. Since we did not perform a survey, we did not report a response rate. We reported numbers of included and excluded programs based on the FREIDA database and our attempts to follow up with those that had incomplete information in the database.

-Please include any information on the proportion of residents who opt-out of abortion training, as this would further limit access to patients in the future

Thank you for this comment. We have added commentary about partial participation to our discussion, now in lines 91-95.

Discussion

-Lines 44-45: Is this due to program structure or residents opting out?

Thank you for this question. The ACGME requirement is a program structure requirement, and is detailed in the citations.

-Line 46: Do you have a minimum estimate as well to give a range?

Thank you for this question. Our findings provide a minimum estimate (i.e. no more than 56% will be able to offer integrated abortion training). This is likely an underestimate, given the limitations of the study – so we are currently unable to quantify any higher values based on the limitations of our data.

-Line 48: Please include a description of how many family medicine residencies offer abortion training

Thank you for this question. We do not have access to these data currently. The RHEDI (Reproductive Health Education in Family Medicine) program website includes 42 sites with integrated or rotation-based abortion training. However, this may not fully capture all abortion training in family medicine residency programs. We have added this background in lines 86-87.

-Line 58: Remove the word "their"

We have removed this word.

-End with a call to action of what specifically should be done instead, beyond preparation

Thank you for this comment. We have expanded upon strategies for mitigating these legal changes in lines 111-118.

Figure 1

-Break this down further into certain and likely numbers and percentages

Thank you for this comment. We have included this breakdown in the text of the manuscript (see lines 70-71 and 72-75).

Reviewer #3:

Thank you for the opportunity to review this manuscript, "Implications of Overturning Roe v Wade on Abortion Training in U.S. Obstetrics and Gynecology Residency Programs." This cross-sectional study describes the potential impact of abortion training for OB/GYN residency programs across the country if Roe v Wade is overturned. This research letter examines a timely and important topic from the lens of medical education. Below are some suggestions to strengthen the article and specific critiques to consider.

- Line 1 (Title): Would revise title to "projected implications" as this is based on policy projections.

Thank you for this comment. We have changed the title as suggested.

- Line 13 (Introduction): Recommend expanding on what "opt out" abortion training is as compared to "opt in" and how "opt in" is non-compliant with ACGME.

We have removed the "opt out" terminology given that this may be confusing to readers. The ACGME citation provides details on the abortion training requirement.

- Line 29 (Methods): Please comment on IRB status - I assume it was exempt.

This has been added to lines 61-64.

- Line 35 (Results): Strongly consider reporting numbers (number of programs and number of residents) separated out for certain and likely states as these are similar but not the same. Would be compelling data as most are in the certain category.

Thank you for this comment. We have separated this out and reported both "certain" and "likely" in lines 71-72 and 72-75.

- Lines 40 - 59 (Discussion): Please address the strengths and limitations of this study in your

discussion. Important limitations are that this is projected data, cannot confirm individual programs access such as programs that send learners across state lines for experiences, etc.

Thank you for this comment. We have acknowledged this in lines 101-110.

- Lines 59 (Discussion): Consider adding discussion about how this will affect ACGME citations and how programs may have to adapt (i.e. looking for outside training opportunities that may stress programs and overburdened clinics that have access, cost and time implications, etc.).

Thank you for this comment. We have added a paragraph in this vein, 111-118.