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: Feb 14, 2022
To: "Kathryn M Frietze" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-101

RE: Manuscript Number ONG-22-101

Medical counseling on sexual enrichment aids: women's preferences and medical practitioner expertise

Dear Dr. Frietze:

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 21 days from the date of this letter. If we have not heard from you by Mar 07, 2022, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

This study was a mixed methods study - evaluating data from a quantitative survey of 800 participants; semi-structured interviews of 24; and a cross-sectional survey of 192 providers.
In general, this is an important topic and the mixed-methods approach allowed for the problem to be assessed from a variety of angles. I think this is useful information for providers and clearly OB-Gyns are not adequately counseling patients about safe sexual habits. It is clearly highlighted that individuals not engaging in heterosexual practices are not receiving the appropriate standard of care and counseling.

General notes:
-Qualitative analysis and approach is solid. In your results section consider reporting these qualitative results under theme headers - it might help frame the results for the reader in a more clear way.
-I especially feel like the information conveyed about positive and negative attitudes toward providers is very important to convey for the Green Journal audience.
-Your discussion should include a section about weaknesses of your study: What are disadvantages of a convenience sample approach? What demographics did you capture? Which patient voices are missed?
-In the discussion you should also discuss specific future research directions. What questions were you left with at the conclusion of your study? Which patients do we need to ask further questions? You talk about empowering patients regarding safe sex practices (339), but this is a little vague (go for specifics). Your # of WSW participants is low - that is an obvious group that could be surveyed about experience with providers and safe sex counseling.
-Can you include an online resource for providers reading this article to go to? A reference that is evidence-based for those lacking knowledge to walk away with?

Line 128 - using harbor and SEA in the same sentence --> if on purpose, this was appreciated.
Line 168 - For the reported rate of from the participant cross sectional survey you only report 631 participants for this question. In your results you should address if not all participants answered all questions and how you dealt with that data if that was the case.
- Demographics tables - in your results you should make some general comments about who your participants are and how the different groups differ.
- You have to find a way to put tables 3-10 into one (or two) central tables
- Figure two -- make all the words horizontal (some are diagonal). It will be easier to read that way.
- I actually think the supplemental table is important enough to include in the main manuscript - It will make figure 1

easier to interpret if this is included (and the relative risks from the questionnaire could be supplemental). You already describe some of those values in the text.

Reviewer #2:

The authors present a survey study of 800 women, combined with qualitative analysis of 24 interviews, to investigate patient preferences around counseling on the use of sex toys. They also provide survey data for practitioners regarding their comfort discussing the subject.

Line 59 - The gap in our understanding of this issue could be better defined. Simply because sex toy use is common does not automatically indicate that women need better access to evidence-based counseling on the subject.

Line 74 - The methods of recruitment need better definition. How were social media specifically used? Where did the email listservs come from? This method of recruitment is highly subjective to selection bias. If the objective of the authors is to understand a need around sex toy education, understanding the denominator is important. Not knowing the response rate for this type of study feels unacceptable. They may identify some patient knowledge gaps, but that could easily represent a small minority of little clinical consequence. We don't know from this study if most women who use sex toys feel quite comfortable with understanding them and therefore don't need evidence-based education.

Line 119 - Not having a response rate among medical providers is similarly problematic.

Line 128 - A major emphasis in the results pertains to STI screening. That is an important subject in and of itself, but are there compelling data that demonstrate sex toys are a significant mode of transmission?

Line 140 - The results presented in this paragraph of the results highlight inadequacies in practitioners' counseling regarding STI screening among lesbian and bisexual women. These findings are interesting and relevant to the practice of an OB/GYN, but seem separate from the focus of this study (sex toys).

Line 173 - Is there evidence that patients actually need counseling on hygiene? Were the subjects asked if they knew they were supposed to clean sex toys after use? That seems like something that's intuitively obvious.

Line 192 - This paragraph highlights what appears to be a more important theme to this effort—the practice of broadly being nonjudgmental and creating a comfortable space for patients to talk about their sexual practices. Having better skill in this area could have far-reaching effects in counseling, tailored to the individual patient and her experiences. This seems to be a particular need for women who have sex with women.

Line 236 - The differing opinions about pamphlets highlights the need for individualized counseling. Based on the conversation, asking if it would be helpful to share resources following the visit would be helpful; others may find it unnecessary.

Line 286 - "Probably because of my own discomfort in bringing it up. I can count on one hand the number of times I have discussed it. I feel a little let down in myself that I haven't discussed more often, as I know this is something that should be normalized.

Reviewer #3:

This is a mixed methods qualitative study which aims to evaluate women's experiences with health counseling by OB/GYNs and other physicians regarding the safe use of sexual enrichment aids (SEA). 800 women were given a survey and 24 women participated in qualitative interviews. In addition, 192 clinicians were surveyed to understand their training, behaviors and attitudes regarding counseling patients on use of SEAs. While most women are not counseled on safe use of SEAs, most women are open to being counseled about SEAs. Most clinicians would like to provide this counseling to patients but don't feel adequately prepared to do so.

There are a few issues that should be addressed. Recruited patients were limited to an age range of 18-35. There is no explanation to why this range was selected. There are also several places where the authors note that they are unable to report the survey response rate but do not explain why. In addition, the authors note that clinicians do not know the guidelines regarding safe use of SEAs but they also note that there are no clear guidelines from professional societies regarding this. If there are clear guidelines, they should be stated somewhere in the paper. If there are not clear guidelines, it is unclear why the clinician participants were asked about the guidelines. This should be clarified.

Overall, this is high quality patient centered research about a specific topic that has not been well studied. It could help us understand a gap in preventative care counseling. This study does a good job of differentiating between women who have sex with men and women who have sex with women or both women and men and each group's varied experience with clinicians. Understanding this data will help clinicians to be more inclusive to all patients.

STATISTICS EDITOR COMMENTS:

Table 1: Need units for age. Need to explain in footnote the categories WSW WSM WSWM. The category WSW has N = 27, so all %s in the column should be rounded to nearest integer %.

Table 2: The OBGYN and Midwife column has N = 69, so all %s in that column should be rounded to nearest integer %.

Table 3: The terms WSM, WSW and WSWM should be defined in footnote. The samples are underpowered to discern a difference (RR) for WSW vs WSM. Using the criteria of $p < 0.05$ and 80% power and the samples at hand with a WSM STI rate of 100/578 or 20.5%, the RR for WSW would have to be < 0.14 or > 2.13. For comparing WSM vs WSWM, applying the same criteria, the RR would have to be < 0.56 or > 1.51. So, both RR are NS, but underpowered and cannot be generalized.

Table 5: Similar issues as in Table 3. The samples and rates only allow for detectable RRs of < 0.33 or > 1.85, assuming $p < 0.05$ and 80% power and a control group rate = 35%. So, again, the NS RR is underpowered to allow generalization of its conclusion.

Table 6: Similar to Tables 3 and 5: The NS RR is underpowered. The discernable alternative would have to be < 0.30 of > 1.91.

Table 11: Also underpowered. RR would have to be > 3.7, based on the cited rates and usual criteria.

EDITORIAL OFFICE COMMENTS:

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

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

2. When you submit your revised manuscript, please make the following edits to ensure your submission contains the required information that was previously omitted for the initial double-blind peer review:
* Include your title page information in the main manuscript file. The title page should appear as the first page of the document. Add any previously omitted Acknowledgements (ie, meeting presentations, preprint DOIs, assistance from non-

byline authors).
* Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and in the body text. For industry-sponsored studies, the Role of the Funding Source section should be included in the body text of the manuscript.
* Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).
* Name the IRB or Ethics Committee institution in the Methods section (if applicable).
* Add any information about the specific location of the study (ie, city, state, or country), if necessary for context.

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

4. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), observational studies using ICD-10 data (ie, RECORD), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), quality improvement in health care studies (ie, SQUIRE 2.0), and studies reporting results of Internet e-surveys (CHERRIES). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at http://ong.editorialmanager.com. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, RECORD, CHEERS, SQUIRE 2.0, or CHERRIES guidelines, as appropriate.

5. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric data definitions at https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions and the gynecology data definitions at https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

6. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: 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.

7. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

* All financial support of the study must be acknowledged.
* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form

verifies that permission has been obtained from all named persons.
* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).
* If your manuscript was uploaded to a preprint server prior to submitting your manuscript to Obstetrics & Gynecology, add the following statement to your title page: "Before submission to Obstetrics & Gynecology, this article was posted to a preprint server at: [URL]."

8. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

9. 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.

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

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

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

If appropriate, please include number needed to treat for benefits (NNTb) or harm (NNTh). When comparing two procedures, please express the outcome of the comparison in U.S. dollar amounts.

Please standardize the presentation of your data throughout the manuscript submission. For P values, do not exceed three decimal places (for example, "P = .001"). For percentages, do not exceed one decimal place (for example, 11.1%").

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

14. Please review examples of our current reference style at http://ong.editorialmanager.com (click on the Home button in the Menu bar and then "Reference Formatting Instructions" document under "Files and Resources). Include the digital object identifier (DOI) with any journal article references and an accessed date with website references. Unpublished data,

in-press items, personal communications, letters to the editor, theses, package inserts, submissions, meeting presentations, and abstracts may be included in the text but not in the reference list.

In addition, the American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG documents in your manuscript, be sure the 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.

15. Figures 1-2: Please upload as figure files on Editorial Manager. Please number figures based on the order in which they appear in the manuscript.

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

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

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

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

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

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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 21 days from the date of this letter. If we have not heard from you by Mar 07, 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

SCHOOL OF MEDICINE
DEPARTMENT OF MOLECULAR GENETICS & MICROBIOLOGY

April 21, 2022

Dear Dr. Schorge, reviewers, and editors:

We are pleased to resubmit our manuscript, "Medical counseling on sexual enrichment aids: women's preferences and medical practitioner expertise," for further consideration for publication in *Obstetrics & Gynecology*.

We have carefully considered the comments, critiques, and suggestions from each reviewer and the editors, as detailed below. The revised manuscript has all changes noted in "track changes" through Word. We believe the changes we made in response to reviewers' comments have greatly improved the manuscript and hope that you will agree.

We affirm that we have read the Instructions for Authors (https://urldefense.com/v3/__http://edmgr.ovid.com/ong/accounts/authors.pdf__;!!KXH1hvEXyw!ZuZPkypF9fSMwyYCWkAqEmqVg5qv45uEjg0v3dVvPa9bM-qqn99JL9BPp8UD59JzMGuhErPafVomCX3jVstKQg$).

We thank you for your time and effort in reviewing the manuscript.

Point-by-point response to reviewers' and editors' comments are below:

Reviewer #1:

This study was a mixed methods study - evaluating data from a quantitative survey of 800 participants; semi-structured interviews of 24; and a cross-sectional survey of 192 providers. In general, this is an important topic and the mixed-methods approach allowed for the problem to be assessed from a variety of angles. I think this is useful information for providers and clearly OB-Gyns are not adequately counseling patients about safe sexual habits. It is clearly highlighted that individuals not engaging in heterosexual practices are not receiving the appropriate standard of care and counseling.

General notes:

1. Qualitative analysis and approach is solid. In your results section consider reporting these qualitative results under theme headers - it might help frame the results for the reader in a more clear way.

Response: *Thank you for this suggestion. Subheadings within the results section have been added to better organize and direct the readers.*

2. I especially feel like the information conveyed about positive and negative attitudes toward providers is very important to convey for the Green Journal audience.

Response: *Thank you for this assessment. We agree, and hope that the information reported in the manuscript will help improve medical practitioner care of patients.*

3. Your discussion should include a section about weaknesses of your study: What are disadvantages of a convenience sample approach? What demographics did you capture? Which patient voices are missed?

Response: *Thank you for this suggestion. We agree, and have included additional discussion of the weaknesses.*

4. In the discussion you should also discuss specific future research directions. What questions were you left with at the conclusion of your study? Which patients do we need to ask further questions? You talk about empowering patients regarding safe sex practices (339), but this is a little vague (go for specifics). Your # of WSW participants is low – that is an obvious group that could be surveyed about experience with providers and safe sex counseling.

Response: *We have added additional clarification of our future research directions in the discussion as suggested. We are most interested in improving the educational opportunities and evidence-based information so that practitioners can provider their patients the best information. This includes more information on the best way to clean SEAs and potential STI transmission risk, of which almost nothing is known. This will empower practitioners to better counsel their patients when the topic comes up (see lines 355-359).*

5. Can you include an online resource for providers reading this article to go to? A reference that is evidence-based for those lacking knowledge to walk away with?

Response: *The reviewer points out a significant gap in research. Although we would love to provide an evidence-based online resource to providers regarding SEAs, our research has revealed that no such evidence-based resource currently exists. We explain in our future research directions section of the discussion that this is a much-needed resource, and will only be able to be developed with further research into the actual risk of STIs with SEAs and assessment of effective and appropriate cleaning methods for SEAs. For instance, laboratory testing of cleaning methods will need to be conducted to provide evidence to guide practitioner counseling of patients.*

6. Line 128 - using harbor and SEA in the same sentence --> if on purpose, this was appreciated.

Response: *We did not recognize the humor of this pairing until the reviewer's comment. Thanks for pointing it out – we had a good laugh as well.*

7. Line 168 - For the reported rate of from the participant cross sectional survey you only report 631 participants for this question. In your results you should address if not all participants answered all questions and how you dealt with that data if that was the case.

Response: *All questions were required, but because of branching logic, not all participants were asked all questions, if they did not apply. Information was added to the methods section regarding this. In this particular case, the denominator is 631 because not all women within our study reported use of SEAs, so not all participants were required to answer if they've been counseled on use.*

8. Demographics tables - in your results you should make some general comments about who your participants are and how the different groups differ.

Response: *Participant demographics section added to the results section to briefly describe participant groups.*

9. You have to find a way to put tables 3-10 into one (or two) central tables

Response: *We describe our changes to Tables in response to this point below in point 11.*

10. Figure two -- make all the words horizontal (some are diagonal). It will be easier to read that way.

Response: *We have made the suggested change.*

11. I actually think the supplemental table is important enough to include in the main manuscript. It will make figure 1 easier to interpret if this is included (and the relative risks from the questionnaire could be supplemental). You already describe some of those values in the text.

Response: *We have included supplemental table in the main text now as requested – it is now Table 3. Additionally, following the Obstetrics & Gynecology table checklist, we decided to eliminate the original tables 3-14 and instead report the relevant data, including relative risks and confidence intervals in the Results sections where they are fully described.*

Reviewer #2:

The authors present a survey study of 800 women, combined with qualitative analysis of 24 interviews, to investigate patient preferences around counseling on the use of sex toys. They also provide survey data for practitioners regarding their comfort discussing the subject.

1. Line 59 - The gap in our understanding of this issue could be better defined. Simply because sex toy use is common does not automatically indicate that women need better access to evidence-based counseling on the subject.

Response: *We have revised the introduction to clarify the gap in our understand of this issue. This sentence was revised to better explain our rationale in pursuing this line of research.*

2. Line 74 - The methods of recruitment need better definition. How were social media specifically used? Where did the email listservs come from? This method of recruitment is highly subjective to selection bias. If the objective of the authors is to understand a need around sex toy education, understanding the denominator is important. Not knowing the response rate for this type of study feels unacceptable. They may identify some patient knowledge gaps, but that could easily represent a small minority of little clinical consequence. We don't know from this study if most women who use sex toys feel quite comfortable with understanding them and therefore don't need evidence-based education.

Response: *The study was not designed in a way to allow for response rate, which is a limitation of our study and may result in our results being skewed toward those who were more comfortable answering sensitive questions. Yet, our findings suggest that our data is likely not skewed to only those who don't need evidence-based education as many participants did not know how to clean their SEAs, etc. We have added additional information added in methods as suggested by the reviewer regarding recruitment methods.*

3. Line 119 - Not having a response rate among medical providers is similarly problematic.

Response: *The study was not designed in a way to allow for response rate, which is a limitation of our manuscript and may result in our results being skewed toward those who were more comfortable answering sensitive questions. As indicated above, we have added additional information in our methods regarding recruitment methods.*

4. Line 128 - A major emphasis in the results pertains to STI screening. That is an important subject in and of itself, but are there compelling data that demonstrate sex toys are a significant mode of transmission?

Response: *There is only one study to our knowledge, citation #8 within our manuscript, that indirectly investigates this potential and demonstrated HPV can be detected on certain SEAs even 24 hours after cleaning. Indeed, we suggest within our discussion that further research should be undertaken to further understand this potential, particularly during sexual encounters where bodily fluid is exchanged via shared SEA use.*

5. Line 140 - The results presented in this paragraph of the results highlight inadequacies in practitioners' counseling regarding STI screening among lesbian and bisexual women. These findings are interesting and relevant to the practice of an OB/GYN, but seem separate from the focus of this study (sex toys).

Response: *We believe that these topics are interconnected as SEA use could be a method of STI transmission, particularly for WSW and WSWM who exchange bodily fluid and share SEAs during a single sexual encounter. Understanding the broader scope of how WSW are counseled on STIs is relevant to the later findings surrounding SEA counseling. We have now narrowed the scope of this section, however, to meet word limits.*

6. Line 173 - Is there evidence that patients actually need counseling on hygiene? Were the subjects asked if they knew they were supposed to clean sex toys after use? That seems like something that's intuitively obvious.

Response: *Within our cross-sectional data, there were a subset of women who did not clean their sex toys regularly or ever, which does support the need for at least a subset of women to receive specific counseling on hygiene. Our semi-structured interview guide had the following questions related to hygiene: "Do you clean your sex toys? How often? How do you decide when to clean it? How do you clean them? How did you choose to do it this way?" Women participating in our semi-structured interview oftentimes did not have a specific reason for why they clean their SEA the way they do, which also points toward the need for specific counseling and evidence-based research to be undertaken to*

ensure that cleaning methods are appropriate, based on material of SEA, to eliminate pathogens. This is fully discussed in our recent publication in Journal of Sex Research (Collar et al., Journal of Sex Research, 2022).

7. Line 192 - This paragraph highlights what appears to be a more important theme to this effort—the practice of broadly being nonjudgmental and creating a comfortable space for patients to talk about their sexual practices. Having better skill in this area could have far-reaching effects in counseling, tailored to the individual patient and her experiences. This seems to be a particular need for women who have sex with women.

Response: *We strongly agree with the reviewer and highlight this in the discussion.*

8. Line 236 - The differing opinions about pamphlets highlights the need for individualized counseling. Based on the conversation, asking if it would be helpful to share resources following the visit would be helpful; others may find it unnecessary.

Response: *We strongly agree with the reviewer.*

9. Line 286 - "Probably because of my own discomfort in bringing it up. I can count on one hand the number of times I have discussed it. I feel a little let down in myself that I haven't discussed more often, as I know this is something that should be normalized.

Response: We found this quote particularly striking, and gave us confidence that medical practitioners need and want education and support for broaching this topic with their patients.

Reviewer #3:

This is a mixed methods qualitative study which aims to evaluate women's experiences with health counseling by OB/GYNs and other physicians regarding the safe use of sexual enrichment aids (SEA). 800 women were given a survey and 24 women participated in qualitative interviews. In addition, 192 clinicians were surveyed to understand their training, behaviors and attitudes regarding counseling patients on use of SEAs. While most women are not counseled on safe use of SEAs, most women are open to being counseled about SEAs. Most clinicians would like to provide this counseling to patients but don't feel adequately prepared to do so.

1. There are a few issues that should be addressed. Recruited patients were limited to an age range of 18-35. There is no explanation to why this range was selected.

Response: *We added a sentence to the methods section to clarify why our demographics were focused on young women aged 18-35 years. We chose this population because they are most at risk for many STIs, including chlamydia, HPV, and gonorrhea.*

2. There are also several places where the authors note that they are unable to report the survey response rate but do not explain why.

Response: We added another sentence to the methods to further clarify our inability to calculate a survey response rate and we recognize the limitations that this could result in, including not knowing how those who completed the survey may differ from those who chose not to participate. Further research should aim at further investigating if differences exist, as well.

3. In addition, the authors note that clinicians do not know the guidelines regarding safe use of SEAs but they also note that there are no clear guidelines from professional societies regarding this. If there are clear guidelines, they should be stated somewhere in the paper. If there are not clear guidelines, it is unclear why the clinician participants were asked about the guidelines. This should be clarified.

Response: *We have clarified the guidelines issue within the discussion. Briefly, practitioners were asked if they are aware of professional guidelines because we hypothesized that a subset of physicians may be counseling patients on safe SEA use without explicit knowledge of guidelines, since the guidelines we found on professional medical society websites were difficult to find and non-inclusive. Many of the recommendations did not have sources/references to identify why these guidelines were recommended (no primary literature), focused on only MSM or WSW instead of all people who may engage in SEA use, and were overly simplistic, stating to wash them (either with soap and water or without specific recommendations) and to use barrier protection (which may not be possible depending on the shape of the SEA). Our discussion aims to point out that these guidelines needs to be improved to be more inclusive and evidence-based with research undertaken to understand how best to protect patients.*

2. Overall, this is high quality patient centered research about a specific topic that has not been well studied. It could help us understand a gap in preventative care counseling. This study does a good job of differentiating between women who have sex with men and women who have sex with women or both women and men and each group's varied experience with clinicians. Understanding this data will help clinicians to be more inclusive to all patients.

Response: *We thank you for this assessment. We also hope that our study will help clinicians improve their care of patients, and spur additional research to help guide that care.*

Statistics Editor:

1. Table 1: Need units for age. Need to explain in footnote the categories WSW WSM WSWM. The category WSW has N = 27, so all %s in the column should be rounded to nearest integer %.

Response: *We have made the suggested edits.*

2. Table 2: The OBGYN and Midwife column has N = 69, so all %s in that column should be rounded to nearest integer %.

Response: *We have made the suggested edits.*

3. Table 3: The terms WSM, WSW and WSWM should be defined in footnote.

Response: *We have made the suggested edits.*

4. Table 3: The samples are underpowered to discern a difference (RR) for WSW vs WSM. Using the criteria of $p < 0.05$ and 80% power and the samples at hand with a WSM STI rate of 100/578 or 20.5%, the RR for WSW would have to be < 0.14 or > 2.13. For comparing WSM vs WSWM, applying the same criteria, the RR would have to be < 0.56 or > 1.51. So, both RR are NS, but underpowered and cannot be generalized.

Response: *See general comments about points 4-7 below in response to point 7.*

5. Table 5: Similar issues as in Table 3. The samples and rates only allow for detectable RRs of < 0.33 or > 1.85, assuming $p < 0.05$ and 80% power and a control group rate = 35%. So, again, the NS RR is underpowered to allow generalization of its conclusion.

Response: *See general comments about points 4-7 below in response to point 7.*

6. Table 6: Similar to Tables 3 and 5: The NS RR is underpowered. The discernable alternative would have to be < 0.30 of > 1.91.

Response: *See general comments about points 4-7 below in response to point 7.*

7. Table 11: Also underpowered. RR would have to be > 3.7, based on the cited rates and usual criteria.

Response: *We would like further guidance on what is expected from the Statistics Editor for these points, as it was unclear to us what specific action the Statistics Editor was requiring. We would be happy to provide additional discussion of post-hoc power calculations that the Statistics Editor is describing if deemed necessary. However, discussion with our statistician have indicated that since we don't know the actual true relationship between the variables, any post-hoc calculation of statistical power (such as "the RR is underpowered" as the reviewer stated) is not meaningful. In our experience of other statistics editors for other journals, "post-hoc power calculations" are considered irrelevant or useless. Please advise how to proceed as we are happy to include additional discussion if deemed necessary by the Statistics Editor.*

Editorial Office Comments:

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

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

2. When you submit your revised manuscript, please make the following edits to ensure your submission contains the required information that was previously omitted for the initial double-blind peer review:

* Include your title page information in the main manuscript file. The title page should appear as the first page of the document. Add any previously omitted Acknowledgements (ie, meeting presentations, preprint DOIs, assistance from non-byline authors).

* Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and in the body text. For industry-sponsored studies, the Role of the Funding Source section should be included in the body text of the manuscript.
* Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).
* Name the IRB or Ethics Committee institution in the Methods section (if applicable).
* Add any information about the specific location of the study (ie, city, state, or country), if necessary for context.

Response: *We have included the requested information.*

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

Response: *Confirmed*

4. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), observational studies using ICD-10 data (ie, RECORD), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), quality improvement in health care studies (ie, SQUIRE 2.0), and studies reporting results of Internet e-surveys
(CHERRIES). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at https://urldefense.com/v3/__http://ong.editorialmanager.com__;!!KXH1hvEXyw!ZuZPkypF9fSMwyYCWkAqEmqVg5qv45uEjg0v3dVvPa9bM-qqn99JL9BPp8UD59JzMGuhErPafVomCX1HBDsCEg$. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, RECORD, CHEERS, SQUIRE 2.0, or CHERRIES guidelines, as appropriate.

Response: *We have included the CHERRIES checklist for our manuscript since we conducted an internet survey for the survey of women and practitioners.*

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://urldefense.com/v3/__https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions__;!!KXH1hvEXyw!ZuZPkypF9fSMwyYCWkAqEmqVg5qv45uEjg0v3dVvPa9bM-qqn99JL9BPp8UD59JzMGuhErPafVomCX35r3rxGg$ and the gynecology data definitions at https://urldefense.com/v3/__https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions__;!!KXH1hvEXyw!ZuZPkypF9fSMwyYCWkAqEmqVg5qv45uEjg0v3dVvPa9bM-qqn99JL9BPp8UD59JzMGuhErPafVomCX2GT9GvAQ$. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

Response: *Confirmed.*

6. 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.

Response: *We currently have 5466 words*

7. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

* All financial support of the study must be acknowledged.
* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form verifies that permission has been obtained from all named persons.
* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).
* If your manuscript was uploaded to a preprint server prior to submitting your manuscript to Obstetrics & Gynecology, add the following statement to your title page: "Before submission to Obstetrics & Gynecology, this article was posted to a preprint server at: [URL]."

Response: *Confirmed*

8. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

Response: *Confirmed*

9. 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.

Response: *185 words for abstract*

10. Only standard abbreviations and acronyms are allowed. A selected list is available online at https://urldefense.com/v3/__http://edmgr.ovid.com/ong/accounts/abbreviations.pdf__;!!KXH1hvEXyw!ZuZPkypF9fSMwyYCWkAqEmqVg5qv45uEjg0v3dVvPa9bM-qqn99JL9BPp8UD59JzMGuhErPafVomCX0Si7-Hpg$. 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.

Response: *We have eliminated our use of SEA for sexual enrichment aid*

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

Response: *We have revised as requested.*

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

If appropriate, please include number needed to treat for benefits (NNTb) or harm (NNTh). When comparing two procedures, please express the outcome of the comparison in U.S. dollar amounts.

Please standardize the presentation of your data throughout the manuscript submission. For P values, do not exceed three decimal places (for example, "P = .001"). For percentages, do not exceed one decimal place (for example, 11.1%").

Response: *We have modified as requested*.

13. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: https://urldefense.com/v3/__http://edmgr.ovid.com/ong/accounts/table_checklist.pdf__;!!KXH1hvEXyw!ZuZPkypF9fSMwyYCWkAqEmqVg5qv45uEjg0v3dVvPa9bM-qqn99JL9BPp8UD59JzMGuhErPafVomCX1Riy3Cgw$.

Response: *Confirmed*

14. Please review examples of our current reference style at https://urldefense.com/v3/__http://ong.editorialmanager.com__;!!KXH1hvEXyw!ZuZPkypF9fSMwyYCWkAqEmqVg5qv45uEjg0v3dVvPa9bM-qqn99JL9BPp8UD59JzMGuhErPafVomCX1HBDsCEg$ (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://urldefense.com/v3/__https://www.acog.org/clinical__;!!KXH1hvEXyw!ZuZPkypF9fSMwyYCWkAqEmqVg5qv45uEjg0v3dVvPa9bM-qqn99JL9BPp8UD59JzMGuhErPafVomCX2BljUvng$ (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.

Response: *Confirmed*

15. Figures 1-2: Please upload as figure files on Editorial Manager. Please number figures based on the order in which they appear in the manuscript.

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.
When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

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

Figures should be saved as high-resolution TIFF files. The minimum requirements for resolution are 300 dpi for color or black and white photographs, and 600 dpi for images containing a photograph with text labeling or thin lines.
Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce.

Response: *Confirmed*

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

Response: *If accepted we will choose traditional publication route. We will watch for the future email and respond promptly.*

Thank you again for considering our revised manuscript.

Sincerely,

Kathryn M. Frietze, PhD
Assistant Professor
Department of Molecular Genetics & Microbiology
University of New Mexico School of Medicine
[redacted]