

NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

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

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.

^{*}The corresponding author has opted to make this information publicly available.

Date: Jun 30, 2022

To: "Philip Darney"

cc: "Uta Landy" ulandy@me.com

From: "The Green Journal" em@greenjournal.org

Subject: Your Submission ONG-22-1178

RE: Manuscript Number ONG-22-1178

Roe, 2022: It's not 1972

Dear Dr. Darney:

Thank you for sending us your work for consideration for publication in Obstetrics & Gynecology. Your manuscript has been reviewed by the Editors and an Editorial Board member. 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).

Due to the topic, Editors are hoping you would submit your revision as soon as possible, but we are tentatively setting the due date to Jul 04, 2022. If you need more time to revise, please contact RZung@greenjournal.org.

EDITOR COMMENTS:

- 1. Line 69-70: We typically don't have authors identify themselves within the text with initials. Can you reword this sentence?
- 2. Line 94: Would you please read and cite DOI: 10.1097/AOG.000000000004832 to support this statement?

REVIEWER COMMENTS:

Reviewer #1: This is a current commentary on abortion training in the US after the reversal of Roe v. Wade protections.

- 1. Line 11: change evidence to "evidence-based practice"
- 2. Line 13: can you describe what was taught to residents at the time to manage missed abortions and fetal demises in the first and second trimester? e.g. what was the technology back then? Did we have suction D&C? How was a 10 week missed abortion handled?
- 3. Line 21: Would add 1965 as the date for the Griswold decision
- 4. Line 35: Please expand on why outpatient clinics became the predominant location for abortions...isn't it because not enough teaching hospitals were brave enough to incorporate this care and the feminist movement decided they need to establish their own services outside of mainstream medicine?
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- 6. Line 63...do you mean two institutions or two individuals signed both statements?
- 7. Line 94, spell out abbreviations if not previously done so
- 8. Line 118, how can we support providers who may have to defy laws??? Seems like a lot to ask for the last sentence.

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. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "People with disabilities" or "women with disabilities" instead of "disabled people" or "disabled women"; "patients with HIV" or "women with HIV" instead of "HIV-positive patients" or "HIV-positive women"; and "people who are blind" or "women who are blind" instead of "blind people" or "blind women."
- 5. The journal follows ACOG's Statement of Policy on Inclusive Language (https://www.acog.org/clinical-information /policy-and-position-statements/statements-of-policy/2022/inclusive-language). When possible, please avoid using gendered descriptors in your manuscript. Instead of "women" and "females," consider using the following: "individuals;" "patients;" "participants;" "people" (not "persons"); "women and transgender men;" "women and gender-expansive patients;" or "women and all those seeking gynecologic care."
- 6. Make sure your manuscript meets the following word limit. The word limit includes the manuscript body text only (for example, the Introduction through the Discussion in Original Research manuscripts), and excludes the title page, précis, abstract, tables, boxes, and figure legends, reference list, and supplemental digital content. Figures are not included in the word count.

Current Commentary: 3,000 words

- 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.
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- * 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

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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. Provide a précis for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."
- 9. 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

- 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.
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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 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.

Sincerely,

Dwight J. Rouse, MD, MSPH Deputy Editor, Obstetrics

2020 IMPACT FACTOR: 7.661

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

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1 July, 2022

Obstetrics and Gynecology

Dear Editor and Reviewer,

Thank you both for your helpful comments, all of which we authors have incorporated into the attached version. Please review it for publication in Obstetrics and Gynecology as a Current Commentary on the recent US Supreme Court Decision in Dobbs regarding Roe v. Wade. It has not been and will not be presented or submitted elsewhere. The work received no financial support or funding and is exempt from review by the UCSF Committee on Human Research.

RESPONSES TO EDITOR COMMENTS:

- 1. Line 69-70: We typically don't have authors identify themselves within the text with initials. Can you reword this sentence? DELETED INITIALS.
- 2. Line 94: Would you please read and cite DOI: 10.1097/AOG.0000000000004832 to support this statement? READ AND CITED

RESPONSES TO REVIEWER COMMENTS:

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- 2. Line 13: can you describe what was taught to residents at the time to manage missed abortions and fetal demises in the first and second trimester? e.g. what was the technology back then? Did we have suction D&C? How was a 10 week missed abortion handled? ADDED DESCRIPTIONS
- 3. Line 21: Would add 1965 as the date for the Griswold decision ADDED
- 4. Line 35: Please expand on why outpatient clinics became the predominant location for abortions...isn't it because not enough teaching hospitals were brave enough to incorporate this care and the feminist movement decided they need to establish their own services outside of mainstream medicine? AGREE AND ADDED THAT HOSPITALS, WERE INTIMIDATED AND HAD FEW OB GYNS WITH ABORTION EXPERIENCE; FEMINISTS, EG MERLE GOLDBERG, CAROL DOWNER, ET AL, ORGANIZED TO PROVIDE ABORTIONS WITHOUT PHYSICIANS, BUT ROE MEANT THAT PHYSICIANS COULD ESTABLISH CLINICS WITHIN THE LAW AND ACCOMMODATE HOSPITAL REFERRALS.

- 5. Throughout document, change ob gyn residencies to either OB/GYN or obstetrics and gynecology residencies. CHANGED THROUGHOUT
- 6. Line 63...do you mean two institutions or two individuals signed both statements? INDIVIDUALS BUT DELETED BECAUSE NOT RELEVANT TO PARAGRAPH TOPIC
- 7. Line 94, spell out abbreviations if not previously done so SPELLED OUT
- 8. Line 118, how can we support providers who may have to defy laws??? Seems like a lot to ask for the last sentence. IT IS A LOT TO SPRING ON READERS SO ADDED EXAMPLES

Thank you for your consideration.

Philip Darney, MD, MSc, Corresponding Author

Distinguished Research Professor, Emeritus Obstetrics, Gynecology and Reproductive Sciences and Health Policy University of California, San Francisco