OBSTETRICS & GYNECOLOGY

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

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

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

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

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office: obgyn@greenjournal.org.

Date: Jun 06, 2022
To: "Alexandra Rubin" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-881

RE: Manuscript Number ONG-22-881

Urine Drug Screening for Isolated Marijuana Use on Labor and Delivery: is our Help Hurting?

Dear Dr. Rubin:

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 21 days from the date of this letter. If we have not heard from you by Jun 27, 2022, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: In this research letter, the authors compare characteristics and outcomes of patients with IMU based on self-report to those who underwent no UDS. The noted that patients who had UDS were more likely to be Black, younger, and publicly insured. Furthermore, this population had similar outcomes to those who had no UDS performed. This letter is well-written and calls attention to inappropriate use of UDS and the trickle down effect, which is particularly important in this day and age. I applaud the authors for this interesting letter on an understudied topic. A few comments:

1) The authors report crude and adjusted Ors in Table 1 - but do not suggest what covariates are considered. This should be elaborated.This is particularly curious as usually items in a table 1 are demographic characteristics and Table 2+ are outcomes (although here they are all presented in 1 table). I would consider two discreet tables. One with demographics and covariates (without Ors, aORs) and one with outcomes.

2) I also think a comparison of patients with a UDS for IMU vs. those with UDS for other indications is highly warranted in this research letter to put the scope of the results in context.

Reviewer #2: This brief research letter presents a fresh look not just at the disparate and biased practices of sending urine drug screening on patients "for certain indications", but at the specific indication of isolated marijuana use. The authors make the case that sending UDS for reported isolated marijuana use contributes to harm without benefit. With revisions and added clarity to the data, this message is appropriate and needed for a general audience.

Methods:

Line 37. Should be "Criteria were…"

Were the criteria for UDS documented clearly in the medical record by a healthcare provider, or did the investigators retrospectively review the chart to determine the indication?

Was confirmatory urine testing using mass spectrometry or HPLC performed on positive specimens?

Line 41. "Using adjusted odd ratios" Adjusted odd ratios are not a statistical test. Please clarify what statistical testing was used.

Results
Line 49. Delete "more likely to be"
Line 51-55. Please report data with effect sizes as shown in the table rather than p values.

Discussion.
Well written. Might discuss the findings in terms of pervasive systemic racism in the medical field.
Do the authors suspect any changes in UDS screening practices (whether or not recognized at the time) due to the pandemic, possibly related to access to in-person prenatal care over fear of COVID during the pandemic that had a disproportionate impact on minorities or publicly insured women?

Table 1. Would change title to "Characteristics of patients with urine drug screening performed on labor and delivery over 12 months, Jan 1, 2020 - Dec 31, 2020"
The numbers in the column of indications for UDS under total patients with UDS sent do not add to 753.
What do the percentages in column 2 refer to? Please explain.
Add footnote explaining how data are presented: n(%) etc.

Table 2.
The preterm birth rate among patients with UDS for IMU is not correct. Please correct the typo.
The subsequent outcomes section of Table 2 should be removed, and presented in the manuscript text.

The term "Hotlined" should be explained in more detail for a general readership. Suggested "Reported to child protective services hotline" or similar.

STATISTICAL EDITOR COMMENTS:

Table 1: The n (%) entries for the "Total patients with UDS sent" are all correctly calculated, based on a denominator = 753. The entries for the "Positive urine for any substances other than marijuana" are each calculated based on row counts from the previous column. Need to clarify this for the reader.

Table 2: Need units for age. Entry for Neonatal Outcome Preterm Birth should be 63 (18.6), not 63(108.6). While it is true that there is no statistical difference in either ORs or aORs for the adverse neonatal outcomes examined, there is also insufficient power to discern differences, given the rates and sample sizes given. So, yes there was no difference in observed rates of the adverse outcomes but would be imprudent to generalize the NS findings from these data alone.

lines 53-55: Should include analysis of hotlining vs counts of (+) test. For Black vs White, the counts were 140:126 vs 37:35, which has p = 0.85 by Chi-square. In other words, there was no statistical difference in rates of hotlining itself, but rather higher rates of testing, thus more absolute numbers of (+) counts among Blacks, due to statistical bias in testing.

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. For studies that report on the topic of race or include it as a variable, authors must provide an explanation in the manuscript of who classified individuals' race, ethnicity, or both, the classifications used, and whether the options were defined by the investigator or the participant. In addition, describe the reasons that race and ethnicity were assessed in the Methods section and/or in table footnotes. Race and ethnicity must have been collected in a formal or validated way. If it was not, it should be omitted. Authors must enumerate all missing data regarding race and ethnicity as in some cases missing data may comprise a high enough proportion that it compromises statistical precision and bias of analyses by race.

Use "Black" and "White" (capitalized) when used to refer to racial categories.

List racial and ethnic categories in tables in alphabetic order. Do not use "Other" as a category; use "None of the above" instead.

Please refer to "Reporting Race and Ethnicity in Obstetrics & Gynecology" at https://edmgr.ovid.com/ong/accounts/Race_and_Ethnicity.pdf.

5. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "Patients with obesity" instead of "obese patients," "Women with disabilities" instead of "disabled women," "women with HIV" instead of "HIV-positive women," "women who are blind" instead of "blind women."

6. Include the name of the IRB or Ethics Committee in the Methods.

7. 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:

STROBE: observational studies

Include the appropriate checklist for your manuscript type upon submission, if applicable, and indicate in your cover letter which guideline you have followed. 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 www.equator-network.org/.

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

9. 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.

Research Letters: 600 words (do not include more than two figures and/or tables [2 items total])

10. For your title, please note the following style points and make edits as needed:
* Do not structure the title as a declarative statement or a question.
* Introductory phrases such as "A study of..." or "Comprehensive investigations into..." or "A discussion of..." should be avoided in titles.
* Abbreviations, jargon, trade names, formulas, and obsolete terminology should not be used.
* Titles should include "A Randomized Controlled Trial," "A Meta-Analysis," "A Systematic Review," or "A Cost-Effectiveness Analysis" as appropriate, in the subtitle. If your manuscript is not one of these four types, do not specify the type of manuscript in the title.

11. 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.

12. 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."

13. 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.

Research Letter: 125 words

14. 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.

15. 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.

16. 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.

17. 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.

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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.

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 Jun 27, 2022, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Jason D. Wright, MD
Editor-in-Chief

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

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June 14, 2022

The Editors
Obstetrics & Gynecology
409 12th Street, SW
Washington, DC 20024-2188

Dear Editors,

Thank you for your consideration of the attached manuscript, " Urine Drug Screening for Isolated Marijuana Use on Labor and Delivery" by A. Rubin et al., for possible publication in *Obstetrics & Gynecology*. We have incorporated the suggested feedback into our manuscript. Below please find a point by point response to the reviewer's comments.

Thank you again for your consideration and revisions.

Sincerely,

Alexandra Rubin, MD

REVIEWER COMMENTS:

Reviewer #1: In this research letter, the authors compare characteristics and outcomes of patients with IMU based on self-report to those who underwent no UDS. The noted that patients who had UDS were more likely to be Black, younger, and publicly insured. Furthermore, this population had similar outcomes to those who had no UDS performed. This letter is well-written and calls attention to inappropriate use of UDS and the trickle down effect, which is particularly important in this day and age. I applaud the authors for this interesting letter on an understudied topic. A few comments:

1) The authors report crude and adjusted Ors in Table 1 - but do not suggest what covariates are considered. This should be elaborated.This is particularly curious as usually items in a table 1 are demographic characteristics and Table 2+ are outcomes (although here they are all presented in 1 table). I would consider two discreet tables. One with demographics and covariates (without Ors, aORs) and one with outcomes.

Thank you for this comment; this has been edited. Table 1 includes demographic characteristics and Table 2 includes outcomes.

2) I also think a comparison of patients with a UDS for IMU vs. those with UDS for other indications is highly warranted in this research letter to put the scope of the results in context.

The comparison that is requested is included below. Patients screened for UDS due to IMU are significantly younger, more likely to be Black race, less likely to be multiparous, less likely to have preterm birth, and less likely to have an infant of low birth weight. These are interesting findings, but due to the space constraints of a research letter and the scope of our project, we did not include this as to not

take focus off the utility of a UDS for IMU. We would be happy for inclusion as a separate Table or appendix with further comments if the editors agree.

Table 2. Background characteristics and outcomes of patients undergoing urine drug screening due to marijuana use in the last 12 months compared to patients who did not meet criteria for urine drug screening

	Patients with UDS for other Indications N= 415 (55.1%)	Patients with UDS for IMU N=338 (44.9%)	p-value	OR (95%CI)	aOR[a] (95% CI)
Maternal Characteristics					
Median Age in years (IQR)	27 (23, 31)	25 (21, 29)	<0.001	0.95 (0.93-0.98)	0.97 (0.95-1.00)
Race (%) White Black Other	 138 (33.3) 265 (63.9) 12 (2.9)	 72 (21.3) 266 (78.7) 0 (0.0)	<0.01	 Ref 1.92 (1.38-2.68) --	 Ref 1.96 (1.3- 2.78) --
Public insurance (%)	265 (63.9)	202 (59.8)	0.25	0.84 (0.63- 1.13)	0.89 (0.65- 1.21)
Multiparous (%)	309 (74.5)	212 (62.7)	<0.01	0.58 (0.42- 0.79)	0.59 (0.41, 0.84)
Neonatal Outcome					
Preterm Birth (%)	107 (25.8)	63 (18.6)	0.02	0.66 (0.46-0.94)	0.68 (0.48-0.98)
5-minute APGAR <7 (%)	21 (5.1)	19 (5.6)	0.73	1.12 (0.59-2.12)	1.04 (0.54-2.01)
LBW (%)	117 (28.2)	66 (19.5)	0.01	0.62 (0.44-0.87)	0.68 (0.48-0.97)
VLBW (%)	22 (5.3)	14 (4.1)	0.46	0.77 (0.39-1.53)	0.75 (0.3- 1.53)

UDS, urine drug screen; IQR, interquartile range; LBW, low birth weight; VLBW, very low birth weight; MJ, marijuana; IMU, isolated marijuana use

[a]Adjusted for age, race, and parity

Reviewer #2: This brief research letter presents a fresh look not just at the disparate and biased practices of sending urine drug screening on patients "for certain indications", but at the specific indication of isolated marijuana use. The authors make the case that sending UDS for reported isolated marijuana use contributes to harm without benefit. With revisions and added clarity to the data, this message is appropriate and needed for a general audience.

Methods:
Line 37. Should be "Criteria were…"

This was corrected.

Were the criteria for UDS documented clearly in the medical record by a healthcare provider, or did the investigators retrospectively review the chart to determine the indication?

All Labor admission notes at our institution have fields that document the indication for UDS in the medical record by a provider. The manuscript has been updated to reflect this on line 40.

Was confirmatory urine testing using mass spectrometry or HPLC performed on positive specimens?
Mass spectrometry was performed on all positive specimens. This has been added to the manuscript text on line 37.

Line 41. "Using adjusted odd ratios" Adjusted odd ratios are not a statistical test. Please clarify what statistical testing was used.

We have changed this to "UDS results and subsequent outcomes for patients with IMU were described and compared to patients who did not undergo UDS using chi-square, fisher exact, and Mann-Whitney U tests as appropriate, and multivariate logistic regression to determine adjusted odds ratios" on lines 42-45.

Results
Line 49. Delete "more likely to be"
This was deleted.

Line 51-55. Please report data with effect sizes as shown in the table rather than p values.
We have corrected this.

Discussion.
Well written. Might discuss the findings in terms of pervasive systemic racism in the medical field.

Thank you for this suggestion. We have changed line 75-76 to say "…UDS positive for marijuana exposed a historically underserved population that is already subject to pervasive systemic racism in the medical field to further stigmatization without changing outcomes."

Do the authors suspect any changes in UDS screening practices (whether or not recognized at the time) due to the pandemic, possibly related to access to in-person prenatal care over fear of COVID during the pandemic that had a disproportionate impact on minorities or publicly insured women?

We do not suspect any changes to screening occurred due to the COVID-19 pandemic, as our universal verbal screening and indications for UDS on admission to the Labor unit did not change during the time course of this project or due to the COVID-19 pandemic.

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Table 1. Would change title to "Characteristics of patients with urine drug screening performed on labor and delivery over 12 months, Jan 1, 2020 - Dec 31, 2020"

We have incorporated this suggestion.

The numbers in the column of indications for UDS under total patients with UDS sent do not add to 753.

We have corrected this to include a row for cases where UDS indication was not documented, bringing the total to 753.

What do the percentages in column 2 refer to? Please explain.

Column 2 has been edited as suggested below and now reflects the races and indications for UDS as a percentage of the total number of UDS positive for substances other than marijuana (denominator of 130).

Add footnote explaining how data are presented: n(%) etc.

This was added.

Table 2.
The preterm birth rate among patients with UDS for IMU is not correct. Please correct the typo.

This was corrected.

The subsequent outcomes section of Table 2 should be removed, and presented in the manuscript text.

We did not do this due to word count restraints of a research letter, but have incorporated it into the text if the editors allow.

The term "Hotlined" should be explained in more detail for a general readership. Suggested "Reported to child protective services hotline" or similar.

We agree and have made this change.

STATISTICAL EDITOR COMMENTS:

Table 1: The n (%) entries for the "Total patients with UDS sent" are all correctly calculated, based on a denominator = 753. The entries for the "Positive urine for any substances other than marijuana" are each calculated based on row counts from the previous column. Need to clarify this for the reader.

This has been recalculated to display percentages based on total number of UDS positive for any substances other than marijuana.

Table 2: Need units for age. Entry for Neonatal Outcome Preterm Birth should be 63 (18.6), not 63(108.6). While it is true that there is no statistical difference in either ORs or aORs for the adverse neonatal outcomes examined, there is also insufficient power to discern differences, given the rates and sample sizes given. So, yes there was no difference in observed rates of the adverse outcomes but would be imprudent to generalize the NS findings from these data alone.

The text has been edited to reflect this. We have changed lines 55-56 to read "… with no statistical differences in preterm birth rates, five-minute APGAR <7, birth weight <2500g or <1500g, although the study may be underpowered to detect this "

lines 53-55: Should include analysis of hotlining vs counts of (+) test. For Black vs White, the counts were 140:126 vs 37:35, which has p = 0.85 by Chi-square. In other words, there was no statistical difference in rates of hotlining itself, but rather higher rates of testing, thus more absolute numbers of (+) counts among Blacks, due to statistical bias in testing.

We agree and have removed these results from the table and removed "of which 140 (79.1%) were Black" from line 60.

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.

Thank you.

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.

This has been added to the Title page.

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.

This has been completed.

4. For studies that report on the topic of race or include it as a variable, authors must provide an explanation in the manuscript of who classified individuals' race, ethnicity, or both, the classifications used, and whether the options were defined by the investigator or the participant. In addition, describe the reasons that race and ethnicity were assessed in the Methods section and/or in table footnotes. Race and ethnicity must have been collected in a formal or validated way. If it was not, it should be omitted. Authors must enumerate all missing data regarding race and ethnicity as in some cases missing data may comprise a high enough proportion that it compromises statistical precision and bias of analyses by race.

Race was determined by patient self-report upon registration on admission to the hospital using options defined in Epic EMR. This information was included in our figures.

Use "Black" and "White" (capitalized) when used to refer to racial categories.

This was done.

List racial and ethnic categories in tables in alphabetic order. Do not use "Other" as a category; use "None of the above" instead.

This language was included.

Please refer to "Reporting Race and Ethnicity in Obstetrics & Gynecology" at https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fedmgr.ovid.com%2Fong%2Faccounts%2FRace_and_Ethnicity.pdf&data=05%7C01%7Crubin.a%40wustl.edu%7Cd8580eb0c3954079f0a308da47c30702%7C4ccca3b571cd4e6d974b4d9beb96c6d6%7C0%7C0%7C637901200362014141%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=PuLgfYY7mztVo%2Bz0ezzmgYfshftqrM8Cb2B%2BisyULkA%3D&reserved=0.

5. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "Patients with obesity" instead of "obese patients," "Women with disabilities" instead of "disabled women," "women with HIV" instead of "HIV-positive women," "women who are blind" instead of "blind women."

6. Include the name of the IRB or Ethics Committee in the Methods.

The name of the IRB was added to line 38.

7. 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:

STROBE: observational studies

Include the appropriate checklist for your manuscript type upon submission, if applicable, and indicate in your cover letter which guideline you have followed. 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://nam10.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.equator-network.org%2F&data=05%7C01%7Crubin.a%40wustl.edu%7Cd8580eb0c3954079f0a308d

a47c30702%7C4ccca3b571cd4e6d974b4d9beb96c6d6%7C0%7C0%7C637901200362014141%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=xzqHufXO%2BBVXJNwpJdd5sWtt1AC0yESkdXRwbbdNE%2BA%3D&reserved=0.

This has been included in the submission.

8. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric data definitions at https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.acog.org%2Fpractice-management%2Fhealth-it-and-clinical-informatics%2Frevitalize-obstetrics-data-definitions&data=05%7C01%7Crubin.a%40wustl.edu%7Cd8580eb0c3954079f0a308da47c30702%7C4ccca3b571cd4e6d974b4d9beb96c6d6%7C0%7C0%7C637901200362014141%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=eQ3vpmwEEPr7op%2F0xZ%2BA8QsQBRLFyCfYgQoim2T5tCI%3D&reserved=0 and the gynecology data definitions at https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.acog.org%2Fpractice-management%2Fhealth-it-and-clinical-informatics%2Frevitalize-gynecology-data-definitions&data=05%7C01%7Crubin.a%40wustl.edu%7Cd8580eb0c3954079f0a308da47c30702%7C4ccca3b571cd4e6d974b4d9beb96c6d6%7C0%7C0%7C637901200362014141%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=XHOc9h%2FatSgLvOOqjLxur2vd2HwHWFhLPVtssSxQ2bk%3D&reserved=0. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

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* Abbreviations, jargon, trade names, formulas, and obsolete terminology should not be used.
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The title has been edited from "Urine Drug Screening for Isolated Marijuana Use on Labor and Delivery: is our Help Hurting?" to "Urine Drug Screening for Isolated Marijuana Use on Labor and Delivery."

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Research Letter: 125 words

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BTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=W7cnywTLVSA%2Bd0qbAi8ZyoDvRYaSaNxBUDLTRuLizJ4%3D&reserved=0.

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