

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.*

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

Date: May 27, 2022
To: "Anna Merport Modest" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-796

RE: Manuscript Number ONG-22-796

Pregnancy-Associated Homicide and Suicide, An Analysis of the National Violent Death Reporting System, 2008 – 2019

Dear Dr. Modest:

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 17, 2022, we will assume you wish to withdraw the manuscript from further consideration.

EDITOR COMMENTS:

1. Please rephrase the Precis. Abbreviations should be removed (IPV) and rephrase "circumstantial."
2. Throughout please removal causal language as this was an observational study (ie. "contributors to suicide", etc). Please frame everything as an association.
3. The Conclusion of the Abstract should be rephrased to focus on the actual findings of the study.

REVIEWER COMMENTS:

Reviewer #1: This manuscript addresses pregnancy-associated violent deaths in the United States ascertained through the CDC's National Violent Death Reporting System. The authors contend that this database is better than the CDC's National Center for Health Statistics because it contains circumstantial information surrounding the death that is often lacking in the latter. The topic is very important and their premise is novel, but the manuscript falls short of its potential in three ways. The first is that nearly 75% of the deaths in the database were excluded from analysis because they either didn't contain documentation of pregnancy status or the death was of a violent nature other than homicide or suicide. The second is that the manuscript is written using substandard grammar, to the point that it is difficult to understand their intent in some areas. A careful proofread would have shown the many typographical errors that could have been corrected. The third is a relative paucity of statistical analysis for the data presented, even taking the information above into consideration.

Specific comments:

Title: Accurately describes the topic and manuscript.

Precis: line 5: I don't think that IPV is a standard abbreviation for this journal (although I may be wrong about this).

Even so, many readers will not automatically know what it refers to in this context. It is defined later in the manuscript, but should be defined the first place where it appears (which is here).

Abstract:

Appropriate length.

In line 15, the phrase beginning with "...defined as those that occurred during pregnancy or within 1 year of pregnancy (early and late postpartum)." The parenthetical remark implies that deaths occurring during pregnancy are deemed early postpartum and those occurring within 1 year of pregnancy are deemed late postpartum. This obviously doesn't make sense. The authors explain later in the manuscript how the different time periods were 'collapsed' for analysis, but it isn't at all intuitive here.

On lines 20-21, the phrase "...and less advanced educational level likely to have completed some college, an associate's degree, or more education compared to suicide victims..." is confusing and 'run on'. Perhaps breaking it into two sentences would make it clearer.

Line 29: The authors opine that pregnancy-associated violent deaths are preventable. I am not sure that this conclusion is supported by the manuscript. Efficacy of prevention measures was not studied in this manuscript.

Introduction:

Lines 41-46 contain a very long run on sentence that is difficult to understand. Suggest breaking it down into multiple sentences for clarity.

Line 49: "...during pregnancy and postpartum." Is non-standard grammar. I think the authors mean "during pregnancy and the postpartum period." The same comment applies to the sentence that follows. The sentence would be clearer written as, "Additionally, pregnancy and the postpartum period represent independent risk factors for an increased likelihood of violent death." Also, this sentence seems to be conveying the same thing that the sentence before it conveys, so I'm not sure that it is even needed.

On line 58, the numbers are given as percentages then followed by "per 100 individuals". The latter is not needed, since percentages, by definition, are based on the proportion of a given occurrence per 100 observations.

Methods:

On line 80, in the phrase "...and circumferential data surrounding each incident...", circumferential and surrounding are redundant. I think that you mean "circumstantial".

On line 85, what do you mean by 'per CDC guidance'? Excluding older pregnant women may skew your data. In fact, on line 251, you state that "Victims of pregnancy-associated suicide were more likely to be older...". If this is the case, then your conclusions are dubious since you eliminated older women from your analysis.

On line 95, you describe how you collapsed some of the timeframes ascertained. This is confusing. Explain why you did this and your thinking behind it. In Figure 1, the data is presented as 'collapsed', but in Table 2, it is 'uncollapsed' again.

On page 111, I don't know what you mean by "built environment".

Results:

2/3 of the deaths in your database were excluded because they didn't have information about pregnancy status at the time of death. When you combine those exclusions with the additional "other violent deaths", nearly $\frac{3}{4}$ of all deaths were excluded. This is significant and begs the question: Is this database really better than others to address this topic? I am assuming that "other violent deaths" means things like motor vehicle accidents, etc. It would be helpful to the reader to explain what you mean by this.

On line 129, all of the numbers in this sentence are followed by a parenthetical number given as a percent, except for the second (1.3). Is this an omission or is it something other than a percent? Also, in this sentence, those deaths occurring during pregnancy and those occurring within 42 days of pregnancy are not collapsed, again making this confusing. Here you appear to be defining "early post partum" as within 42 days of pregnancy, but in your methods section, you defined "early post partum" as those occurring during pregnancy AND within 42 days postpartum.

On lines 134-139, you give comparative numbers but no statistical analysis. Are these differences significant?

On line 163: "Any interpersonal violence was prevalent in both groups.." is substandard grammar. I assume that you mean, "A history of interpersonal violence was prevalent...". I understand that the data collection sheet for the CDC's database likely has a checkbox for "any interpersonal violence". You can't just use that phrase as a noun phrase and expect your readers to understand what you intend to represent. It is the author's job to translate the technical information in the database into a narrative that is easily understandable to the average reader of this journal. I think that this is a recurring flaw in your manuscript.

Discussion:

On line190, the phrase "...married or previously women with some college education or above" makes no sense to me.

Line 200: "Other contributing factors included other crimes in progress..." would read clearer as "Additional contributing factors included other crimes..."

In the sentence beginning on line 206, the verb phrase in the beginning of the sentence does not apply to all of the noun phrases in the second half of the sentence. As an example: "Potential avenues include screening, counseling, referral, and treatment for firearms in the home" doesn't make sense, whereas, "Potential avenues include screening, counseling, referral, and treatment for substance abuse" does. I would address "firearms in the home" in a separate sentence, because it has to be addressed in a different manner than the other items you mention in that sentence.

Line 231: the word "Bundle" should not be capitalized and education should be "about" or "for" something, not "on".

Line 234: The word "program" is used twice. The first one is redundant and should be removed.

Line 247: The sentence beginning on this line does not make sense. I am not sure what you are trying to say here, so it is difficult to provide a suggestion to convey it clearer.

Line 251: see comment earlier (line 85).

Line 254: "In this study..." is unclear. Do you mean in the study described in the sentence preceding or the study that you did and are describing in this manuscript?

Line 257: "...screen for patients experiencing IPV,..." is substandard grammar and would read more clearly as, "...screen for patient who are at an increased risk for IPV."

Line 286: You should briefly explain what a RAND analysis is.

Line 297: A 14% reduction of what? It would read clearer as, "Diez and colleagues found a 14% reduction in [pregnancy-associated firearm related deaths] or [this type of death] in states..."

Line 301: 'Pregnant' defines whether or not a woman is carrying a child. Postpartum is a timeframe in the overall reproductive process. You can't treat them the same in a sentence. "...rates of homicide among pregnant and postpartum" is grammatically incorrect. It is correctly stated as, "...rates of homicide among women who are pregnant and those in the postpartum period." In that same line, what do you mean by 'quasi-experimental analysis'?

Line 311: Something is missing from the phrase "The American Academy of Pediatrics (AAP) guidelines routine firearm screening recommend that when...". My guess is that the word 'recommend' should be moved from its present location to between 'guidelines' and 'routine'. I think the sentence would read clearer as, "...guidelines recommend routine screening for firearms in the home and that when..."

Line 319: "the" should be "that".

Line 326: This sentence is long, run on and confusing. I would suggest breaking into two sentences with the first sentence ending with 'receive'.

References appear to be appropriate in number and breadth.

Table 1. There are no statistics here, nor are they in the narrative.

Table 2. This is confusing because in your methods section, you stated that you were collapsing these time periods, but here they are not collapsed.

In both tables you note that the CDC prohibits "cell size <5". You should explain what this means if you are going to state it here. It begs the following question: if the CDC prohibits this from being reported, then why are you reporting it?

Figure 1. Some of the shades in the gray scale are too close together to discern them in the bar graph

Reviewer #2: The authors present a cohort study describing the characteristics of pregnancy associated violent deaths in the US based on CDC data from the National Violent Death Reporting System. The updated data regarding this type of pregnancy associated death is of interest.

Introduction:

Line 40- this sentence needs clarification.

Line 70- please be specific about the research gaps you aim to address.

Methods:

Line 111- why did the authors choose to compare suicide to homicide?

Did the authors consider evaluating trends across this time period? Did rates increase, decrease or remain stable?

Results:

Line 125- do the authors have any reason for no pregnancy status on the 26,000 excluded patients? Does this mean most likely these were not pregnancy related?

Discussion:

The Discussion is lengthy and includes a detailed review of prior literature. This may be better served as a review article or commentary.

Line 326- an additional limitation maybe the lack of data from all states for the entire study period.

STATISTICAL EDITOR COMMENTS:

Although the data in Table 1 are accurately calculated, as can be seen from supplemental Table 1, there were some States contributing data for all years 2008-2019, while others contributed only a few of those years. Therefore, these data are statistically biased in favor of those States whose contribution was greater. To the extent that that group was/was not representative of all States, the proportions described in Table 1 and the comparisons in Table 2 may not be generalizable. This needs elaboration and acknowledgement in the Limitations section. It is a serious limitation to generalizing these data.

Table 2: Two of the columns had N = 29 and 98. Those columns should have n (%) entries rounded to nearest integer %, not cited to 0.1% precision.

Supplemental Table 1 should be in main text.

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. Please confirm that your study is following the data access requirements/procedures outlined by NVDRS (<https://www.cdc.gov/violenceprevention/datasources/nvdrs/dataaccess.html>).

5. 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.

6. 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."

7. 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.

8. 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.

Original Research: 3,000 words

9. 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.

10. 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."

11. 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.

Original Research: 300 words

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

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

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

15. 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.

18. Figure 1 may be resubmitted as-is with the revision.

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

20. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <https://wkauthorservices.editage.com/open-access/hybrid.html>.

If your article is accepted, you will receive an email from the Editorial Office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

If you choose 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 17, 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

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



Anna M. Modest, PhD, MPH

*Director of Clinical Research Education,
Department of Obstetrics and
Gynecology
Beth Israel Deaconess Medical Center*

*Assistant Professor of Obstetrics,
Gynecology and Reproductive Biology,
Harvard Medical School*

June 28, 2022

To the editors:

Please find our attached revised manuscript "*Pregnancy-Associated Homicide and Suicide, An Analysis of the National Violent Death Reporting System, 2008 – 2019*" for consideration in Obstetrics and Gynecology. This manuscript is not under consideration elsewhere. As lead author, I affirm that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned have been explained. We have addressed the comments, point-by-point, below. We look forward to your feedback.

Sincerely,

Anna M. Modest

Director of Clinical Research Education

Assistant Professor

Department of Obstetrics and Gynecology, Beth Israel Deaconess Medical Center, Boston, MA

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330 Brookline Avenue, KS3

Boston, MA 02115



EDITOR COMMENTS:

1. Please rephrase the Precis. Abbreviations should be removed (IPV) and rephrase "circumstantial."

Response: Thank you for this comment. The abbreviation has been spelled out. The phrase "circumstantial" has been removed.

2. Throughout please removal causal language as this was an observational study (ie. "contributors to suicide", etc). Please frame everything as an association.

Response:

Thank you for this comment. We have edited the manuscript throughout to remove causal language. Where "contributing factors" remains in the text, it is take directly from the CDC's description of the variables.

3. The Conclusion of the Abstract should be rephrased to focus on the actual findings of the study.

Response:

Thank you for this comment. The conclusion now reads "Mental health problems, substance use disorder, and intimate partner violence are preceding circumstances to pregnancy-associated suicide and homicide."

REVIEWER COMMENTS:

Reviewer #1: This manuscript addresses pregnancy-associated violent deaths in the United States ascertained through the CDC's National Violent Death Reporting System. The authors contend that this database is better than the CDC's National Center for Health Statistics because it contains circumstantial information surrounding the death that is often lacking in the latter. The topic is very important and their premise is novel, but the manuscript falls short of its potential in three ways. The first is that nearly 75% of the deaths in the database were excluded from analysis because they either didn't contain documentation of pregnancy status or the death was of a violent nature other than homicide or suicide. The second is that the manuscript is written using substandard grammar, to the point that it is difficult to understand their intent in some areas. A careful proofread would have shown the many typographical errors that could have been corrected. The third is a relative paucity of statistical analysis for the data presented, even taking the information above into consideration.

Response: Thank you for these comments. We have proof-read the manuscript to address errors. We hope to have addressed the other two concerns in the point-by-point comments below.

Specific comments:

Title: Accurately describes the topic and manuscript.

Precis: line 5: I don't think that IPV is a standard abbreviation for this journal (although I may be wrong about this). Even so, many readers will not automatically know what it refers to in this context. It is defined later in the manuscript, but should be defined the first place where it appears (which is here).

Response: The precis has been edited to define IPV.

Abstract:

Appropriate length.

In line 15, the phrase beginning with "...defined as those that occurred during pregnancy or within 1 year of pregnancy (early and late postpartum)." The parenthetical remark implies that deaths occurring during pregnancy are deemed early postpartum and those occurring within 1 year of pregnancy are deemed late postpartum. This obviously doesn't make sense. The authors explain later in the manuscript how the different time periods were 'collapsed' for analysis, but it isn't at all intuitive here.

Response: As the data are not presented by timing of death during pregnancy or in the postpartum period, the remark has been deleted. The categorization of death based on pregnancy timing has been left unedited in the methods section.

On lines 20-21, the phrase "...and less advanced educational level likely to have completed some college, an associate's degree, or more education compared to suicide victims..." is confusing and 'run on'. Perhaps breaking it into two sentences would make it clearer.

Response: Thank you for the comment. The sentence has been modified and now reads "had higher proportion of associate's degree level education or less as compared" (lines 27-28).

Line 29: The authors opine that pregnancy-associated violent deaths are preventable. I am not sure that this conclusion is supported by the manuscript. Efficacy of prevention measures was not studied in this manuscript.

Response:

Thank you for the comment and we agree. The comment on preventability has been removed and the conclusion now reads "Mental health problems, substance use disorder, and intimate partner violence are preceding circumstances to pregnancy-associated suicide and homicide."

Introduction:

Lines 41-46 contain a very long run on sentence that is difficult to understand. Suggest breaking it down into multiple sentences for clarity.

Response:

Thank you for the comment. The sentence has been broken into two sentences: "Pregnancy-related deaths, defined as those caused by a pregnancy complication, a chain of events initiated by pregnancy or the aggravation of an unrelated condition by the physiologic effects of pregnancy, has received research and advocacy prioritization. Conversely, pregnancy-associated deaths, those attributable to a condition unaffected by pregnancy and occurs within one year of pregnancy, are increasingly understood as important contributors of potentially preventable maternal mortality have yet been underexplored. (lines 100 - 105).

Line 49: "...during pregnancy and postpartum." Is non-standard grammar. I think the authors mean "during pregnancy and the postpartum period." The same comment applies to the sentence that follows. The sentence would be clearer written as, "Additionally, pregnancy and the postpartum period represent independent risk factors for an increased likelihood of violent death." Also, this sentence seems to be conveying the same thing that the sentence before it conveys, so I'm not sure that it is even needed.

Response:

Thank you for the comment. The manuscript has been edited throughout to indicate the "postpartum period."

The first sentence indicates that 20% of pregnancy-associated deaths are from homicide and suicide. The second sentence is meant to emphasize the independent risk of pregnancy as a contributor to these deaths. Both have been retained in this version, but we welcome editorial changes with subsequent drafts.

On line 58, the numbers are given as percentages then followed by "per 100 individuals". The latter is not needed, since percentages, by definition, are based on the proportion of a given occurrence per 100 observations.

Response: We have removed "per 100 individuals" from this statement (line 115).

Methods:

On line 80, in the phrase "...and circumferential data surrounding each incident...", circumferential and surrounding are redundant. I think that you mean "circumstantial".

Response: Thank you. This has been edited as suggested (line 185).

On line 85, what do you mean by 'per CDC guidance'? Excluding older pregnant women may skew your data. In fact, on line 251, you state that "Victims of pregnancy-associated suicide were more likely to be older...". If this is the case, then your conclusions are dubious since you eliminated older women from your analysis.

Response: Thank you for this comment. We agree, and acknowledge, that excluding older women is not ideal. However, this exclusion was requested by the CDC Restricted Access Database Review Committee. The CDC defines women of reproductive age as 15-44 year, thus, when requesting data on pregnancy-associated deaths, this is the dataset that they were willing to provide. We have added a clarification of this in the methods section (lines 190 - 195).

On line 95, you describe how you collapsed some of the timeframes ascertained. This is confusing. Explain why you did this and your thinking behind it. In Figure 1, the data is presented as 'collapsed', but in Table 2, it is 'uncollapsed' again.

Response: Thank you for this comment. In this manuscript we report 4 mutually exclusive groups to define "pregnancy-associated deaths". These four categories collapse the seven more granular categories provided by the CDC. We report both a binary classification (pregnancy-associated vs. non-pregnancy associated) and a categorical variable to denote timing (4 categories). We report the binary classification in Figure 1 and Table 1, and the categorical classification in Table 2. Reporting the categorical classification provides more detail for our primary results, thus the expanded Table 2. We are happy to make additional modifications as requested by the editor. (Lines 199 – 206)

On page 111, I don't know what you mean by "built environment".

Response: Thank you. This term has been used in the literature to refer to the human-made structures and networks that surround us and provide the setting for human activity and meant to encompass some aspects of the social determinants of health. Please see reference publication by the CDC. <https://www.cdc.gov/nceh/publications/factsheets/impactofthebuiltenvironmentonhealth.pdf>
The sentence now reads "We compared the distribution of demographics and socioeconomic status for homicide versus suicide deaths, stratified by pregnancy timing..."

Results:

2/3 of the deaths in your database were excluded because they didn't have information about pregnancy status at the time of death. When you combine those exclusions with the additional "other violent deaths", nearly $\frac{3}{4}$ of all deaths were

excluded. This is significant and begs the question: Is this database really better than others to address this topic? I am assuming that "other violent deaths" means things like motor vehicle accidents, etc. It would be helpful to the reader to explain what you mean by this.

Response: Thank you for this comment. With respect to "other violent deaths", these include unintentional firearm deaths, legal interventions, terrorism homicide, and a category of undetermined. These categories, which comprised less than 5% of violent deaths, were outside the scope of our question, which was specific to homicide and suicide. We can add a table into the supplement explaining these other categories at the discretion of the editor.

With respect to the unknown pregnancy status, unfortunately, we are limited by the dataset and ability to accurately classify these deaths into the time periods. The NVDRS is imperfect but the most granular dataset that exist on a national level for violent deaths, despite early variable participation. For NVDRS, data linkages are necessarily performed at the state level and unavailable to independent researchers at the scale through which NVDRS is able to collate and disseminate through a restricted process. We make no attempt to perform inappropriate quasi-experimental designs. Instead, we report descriptive results to inform on an understudied topic of critical importance to public health, to guide more robust examinations at a single/ local level. For these reasons, we think the limitations of NVDRS are well-known in the field of violence and injury prevention and we've tried to make them clear in the limitations and Table 1. (lines 668 – 801)

We agree that this is a limitation to the dataset, but also a limitation to national data surveillance overall. For pregnancy-related deaths, the CDC has established a network of maternal review committees with uniform record abstraction and data collection, which allows for improve analysis on contributing factors. This has not yet been established for pregnancy-associated deaths. This analysis demonstrates the contribution of mental health, substance use and IPV to violent death in pregnancy, but also demonstrates an improved need for enhanced maternal mortality surveillance.

On line 129, all of the numbers in this sentence are followed by a parenthetical number given as a percent, except for the second (1.3). Is this an omission or is it something other than a percent? Also, in this sentence, those deaths occurring during pregnancy and those occurring within 42 days of pregnancy are not collapsed, again making this confusing. Here you appear to be defining "early post partum" as within 42 days of pregnancy, but in your methods section, you defined "early post partum" as those occurring during pregnancy AND within 42 days postpartum.

Response: We have added a "%" next to 1.3 to signify that it is a percentage. We have clarified timing following pregnancy to specify during pregnancy, within 42 days of pregnancy, 43 – 365 days postpartum, or not pregnant (lines 257 - 275).

On lines 134-139, you give comparative numbers but no statistical analysis. Are these differences significant?

Response: We appreciate the reviewer's request. The interest in statistical differences of data presented in Table 1 seems to stem from the concern that differences in these populations could confound the results; yet, it has been shown that using statistical criteria to identify confounders can lead to bias (Hernan et al. 2002). Instead, prior knowledge of the subject matter should be used to identify potential confounders. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines are widely considered as best practice recommendations for reporting on observational studies. These guidelines state that "Inferential measures, such as standard errors and confidence intervals, should not be used to describe the variability of characteristics, and significance tests should be avoided in descriptive tables. Also, p values are not an appropriate criterion for selecting which confounders to adjust for in analysis; even small differences in a confounder that has a strong effect on the outcome can be important." Despite the above, we will defer to the editor and add the p values if requested to do so.

Hernan MA, Hernandez-Diaz S, Werler MM, Mitchell AA. Causal knowledge as a prerequisite for confounder evaluation: an application to birth defects epidemiology. Am J Epidemiol. 2002 Jan 15;155(2):176-84.

Vandenbroucke JP, von Elm E, Altman DG, Gøtzsche PC, Mulrow CD, Pocock SJ, Poole C, Schlesselman JJ, Egger M; STROBE Initiative. Strengthening the Reporting of Observational Studies in Epidemiology (STROBE): explanation and elaboration. *Epidemiology*. 2007 Nov;18(6):805-35.

On line 163: "Any interpersonal violence was prevalent in both groups.." is substandard grammar. I assume that you mean, "A history of interpersonal violence was prevalent...". I understand that the data collection sheet for the CDC's database likely has a checkbox for "any interpersonal violence". You can't just use that phrase as a noun phrase and expect your readers to understand what you intend to represent. It is the author's job to translate the technical information in the database into a narrative that is easily understandable to the average reader of this journal. I think that this is a recurring flaw in your manuscript.

Response: Thank you for this comment. We have edited the language as requested and have revised the manuscript to avoid similar phrasing.

Discussion:

On line190, the phrase "..married or previously women with some college education or above" makes no sense to me.

Response: This sentence has been edited. The sentence now reads "pregnancy-associated suicide was highest among women who were non-Hispanic White, married or partnered, and had at least some college education/associate's degree." (lines 482 - 483).

Line 200: "Other contributing factors included other crimes in progress..." would read clearer as "Additional contributing factors included other crimes..."

Response: Thank you for this comment. The sentence has been removed from the manuscript for clarity and word constraints.

In the sentence beginning on line 206, the verb phrase in the beginning of the sentence does not apply to all of the noun phrases in the second half of the sentence. As an example: "Potential avenues include screening, counseling, referral, and treatment for firearms in the home" doesn't make sense, whereas, "Potential avenues include screening, counseling, referral, and treatment for substance abuse" does. I would address "firearms in the home" in a separate sentence, because it has to be addressed in a different manner than the other items you mention in that sentence.

Response: We have removed "firearms in the home" from the initial sentence and addressed it separately. This now reads "Potential avenues for intervention include screening and referral for SUDs, mental health disorders, and intimate partner violence. In addition, addressing access to firearms in the home should be discussed, as it is an avenue for prevention of both suicide and homicide. " (lines 543 - 546).

Line 231: the word "Bundle" should not be capitalized and education should be "about" or "for" something, not "on".

Response: Thank you. The text has been edited and now reads "In addition to universal screening, the bundle emphasizes the importance of universal education regarding perinatal depression to patients and their families, timely referral..." (lines 589).

Line 234: The word "program" is used twice. The first one is redundant and should be removed.

Response: Thank you. The text has been edited and now reads "An evaluation of a perinatal collaborative care program for perinatal mental health found that use of an interdisciplinary" (line 592).

Line 247: The sentence beginning on this line does not make sense. I am not sure what you are trying to say here, so it is difficult to provide a suggestion to convey it clearer.

Response: Thank you. The text has been edited and now reads "...when experienced during pregnancy, IPV is associated with increased mortality compared to non-pregnant individuals.." (Lines 612 - 613)

Line 251: see comment earlier (line 85).

Response: Thank you. The text has been edited and now reads "An NVDRS analysis of deaths from 2003 – 2007 demonstrated that 54% of cases involved IPV in both pregnancy associated suicide and homicide. " (lines 615 - 616)

Line 254: "In this study..." is unclear. Do you mean in the study described in the sentence preceding or the study that you did and are describing in this manuscript?

Response: Thank you. The text has been edited for clarity and now reads "In the current study, IPV was a circumstantial factor in 46% and 64% of pregnancy-associated suicide and homicide deaths, respectively." (lines 620).

Line 257: "...screen for patients experiencing IPV,..." is substandard grammar and would read more clearly as, "...screen for patient who are at an increased risk for IPV."

Response: This sentence has been deleted to decrease overall manuscript length.

Line 286: You should briefly explain what a RAND analysis is.

Response: The reference to RAND has been deleted to decrease overall manuscript length.

Line 297: A 14% reduction of what? It would read clearer as, "Diez and colleagues found a 14% reduction in [pregnancy-associated firearm related deaths] or [this type of death] in states..."

Response: The sentence now reads "a 14% reduction in firearm related homicides and a 9.7% reduction in intimate partner homicide in states with laws that prohibited people subject to domestic violence-related restraining orders from possessing firearms and required them to relinquish firearms in their possession." (lines 655 - 657)

Line 301: 'Pregnant' defines whether or not a woman is carrying a child. Postpartum is a timeframe in the overall reproductive process. You can't treat them the same in a sentence. "...rates of homicide among pregnant and postpartum" is grammatically incorrect. It is correctly stated as, "...rates of homicide among women who are pregnant and those in the postpartum period." In that same line, what do you mean by 'quasi-experimental analysis'?

Response: The sentence has been edited as suggested (line 659 - 660). Reference to the Wallace paper has been deleted to decrease overall manuscript length.

Line 311: Something is missing from the phrase "The American Academy of Pediatrics (AAP) guidelines routine firearm screening recommend that when...". My guess is that the word 'recommend' should be moved from its present location to between 'guidelines' and 'routine'. I think the sentence would read clearer as, "...guidelines recommend routine screening for firearms in the home and that when..."

Response: This sentence has been deleted to decrease overall manuscript length.

Line 319: "the" should be "that".

Response: The sentence has been deleted to decrease overall manuscript length.

Line 326: This sentence is long, run on and confusing. I would suggest breaking into two sentences with the first sentence ending with 'receive'.

Response: The paragraph has been edited as suggested. "Completeness of NVDRS data is limited in several ways. Although abstractors follow defined NVDRS rules in coding data and use multiple sources of information, they are limited by the completeness and quality of the reports they receive. Personnel, death certificates, and law enforcement protocols may vary from one jurisdiction to the next. Pregnancy...." (line 668 - 801).

References appear to be appropriate in number and breadth.

Table 1. There are no statistics here, nor are they in the narrative.

Response: Please see our response above regarding STROBE guidelines. We can add statistical comparisons as requested by the editor.

Table 2. This is confusing because in your methods section, you stated that you were collapsing these time periods, but here they are not collapsed.

Response: We have edited the methods section to provide more clarity. This is our main table of results and we wanted to give as much detail as possible.

In both tables you note that the CDC prohibits "cell size <5". You should explain what this means if you are going to state it here. It begs the following question: if the CDC prohibits this from being reported, then why are you reporting it?

Response: Thank you for this comment. This is standard procedure in many public datasets due to concerns for privacy. CDC requirements state: Table cells showing or derived from fewer than five deaths must be suppressed, but cells with zero may be shown. Rate calculations require a count of at least 20 events. The data that is reported does comply with CDC requirements and we believe is important. We have added a statement into the analysis section to clarify (lines 243 - 244).

Figure 1. Some of the shades in the gray scale are too close together to discern them in the bar graph

Response: Thank you. We will comply with journal preferences for gray scale for published figures.

Reviewer #2: The authors present a cohort study describing the characteristics of pregnancy associated violent deaths in the US based on CDC data from the National Violent Death Reporting System. The updated data regarding this type of pregnancy associated death is of interest.

Introduction:

Line 40- this sentence needs clarification.

Response: The sentence now reads "Pregnancy-related deaths, defined as those caused by a pregnancy complication, a chain of events initiated by pregnancy or the aggravation of an unrelated condition by the physiologic effects of pregnancy, has received research and advocacy prioritization. 2 Conversely, pregnancy-associated deaths, those attributable to a condition unaffected by pregnancy and occurs within one year of pregnancy, are increasingly understood as important contributors of potentially preventable maternal mortality yet have been underexplored." (lines 100 - 105)

Line 70- please be specific about the research gaps you aim to address.

Response: Thank you. We clarify that "we sought to describe the demographic characteristic and social factors associated with pregnancy-associated violent deaths due to homicide and suicide" (lines 175 - 176)

Methods:

Line 111- why did the authors choose to compare suicide to homicide?

Did the authors consider evaluating trends across this time period? Did rates increase, decrease or remain stable?

Response: Thank you for this comment. We chose to compare suicide to homicide as these are the two most common types of violent death. There are variations in reporting deaths by state and year. Therefore, we are unable to evaluate time trends. We have added this as a limitation (line 807 - 808).

Results:

Line 125- do the authors have any reason for no pregnancy status on the 26,000 excluded patients? Does this mean most likely these were not pregnancy related?

Response: Thank you for this comment. Unfortunately, the medical examiners, coroners, or law enforcement officials did not always have enough information to determine pregnancy status at the time of the death. It is a limitation of the NVDRS dataset, which is still the most comprehensive and detailed source of data on violent deaths, available for a large number of reporting states, over time.

Discussion:

The Discussion is lengthy and includes a detailed review of prior literature. This may be better served as a review article or commentary.

Response: Thank you, we thought the detailed review and placement of our descriptive results would be important due to potential limitations with generalizability, etc. We have shortened the discussion to comply with manuscript word-count guidelines.

Line 326- an additional limitation maybe the lack of data from all states for the entire study period.

Response: Thank you, we have added this to the limitations (lines 807 - 808).

STATISTICAL EDITOR COMMENTS:

Although the data in Table 1 are accurately calculated, as can be seen from supplemental Table 1, there were some States contributing data for all years 2008-2019, while others contributed only a few of those years. Therefore, these data are statistically biased in favor of those States whose contribution was greater. To the extent that that group was/was not representative of all States, the proportions described in Table 1 and the comparisons in Table 2 may not be generalizable. This needs elaboration and acknowledgement in the Limitations section. It is a serious limitation to generalizing these data.

Response: Thank you for this comment. We agree and have elaborated on the need for improved surveillance for pregnancy associated violent deaths. We have added this as a limitation (Line 808 - 811).

Table 2: Two of the columns had N = 29 and 98. Those columns should have n (%) entries rounded to nearest integer %, not cited to 0.1% precision.

Response: These have been edited as suggested.

Supplemental Table 1 should be in main text.

Response: We have moved the supplementary table into the main text and renumbered the other tables accordingly.

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.

Response: 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.

Response: There was no funding for this study

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

Response: There are no registration numbers for this study.

* Name the IRB or Ethics Committee institution in the Methods section (if applicable).

Response: The institutional review board at Beth Israel Deaconess Medical Center determined that this study did not meet criteria for human subject research. The study was approved by the CDC NVDRS Restricted Access Data Review Committee. This has been added to the methods (lines 166-167)

* Add any information about the specific location of the study (ie, city, state, or country), if necessary for context.

Response: This is not necessary information for this study.

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.

Response: Thank you. We will make sure to complete this form.

4. Please confirm that your study is following the data access requirements/procedures outlined by NVDRS ([https://urldefense.com/v3/__https://www.cdc.gov/violenceprevention/datasources/nvdrs/dataaccess.html__;!!CvMGjuU!v55gAFU_L3E4SYBc-CXVNm4pMlxgW9oR8L_rCs3WcAf6doQFgfKfumaPIAdfPJn-uC-hmL0\\$](https://urldefense.com/v3/__https://www.cdc.gov/violenceprevention/datasources/nvdrs/dataaccess.html__;!!CvMGjuU!v55gAFU_L3E4SYBc-CXVNm4pMlxgW9oR8L_rCs3WcAf6doQFgfKfumaPIAdfPJn-uC-hmL0$)).

Response: Thank you. We have followed the data access requirements and procedures outlined by the NVDRS.

5. 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.

Response: Thank you. This has been clarified in the methods (line 140).

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

Response: This has been corrected throughout.

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

Response: This has been corrected in the table.

Please refer to "Reporting Race and Ethnicity in Obstetrics & Gynecology" at https://urldefense.com/v3/__https://edmgr.ovid.com/ong/accounts/Race_and_Ethnicity.pdf__;!!CvMGjuU!v55

gAFU_L3E4SYBc-CXVNm4pMlxgW9oR8L_rCs3WcAf6doQFgfKfumaPIAdfPJn-zSq_o5U\$.

6. 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."

Response: Thank you. We believe have used person centered language throughout.

7. 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_!!CvMGjuU!v55gAFU_L3E4SYBc-CXVNm4pMlxgW9oR8L_rCs3WcAf6doQFgfKfumaPIAdfPJn-VbWm7TY\\$](https://urldefense.com/v3/__https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions_!!CvMGjuU!v55gAFU_L3E4SYBc-CXVNm4pMlxgW9oR8L_rCs3WcAf6doQFgfKfumaPIAdfPJn-VbWm7TY$) and the gynecology data definitions at [https://urldefense.com/v3/__https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions_!!CvMGjuU!v55gAFU_L3E4SYBc-CXVNm4pMlxgW9oR8L_rCs3WcAf6doQFgfKfumaPIAdfPJn-VCED3Tw\\$](https://urldefense.com/v3/__https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions_!!CvMGjuU!v55gAFU_L3E4SYBc-CXVNm4pMlxgW9oR8L_rCs3WcAf6doQFgfKfumaPIAdfPJn-VCED3Tw$) . If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

Response: These definitions are not problematic for this manuscript.

8. 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.

Original Research: 3,000 words

Response: We have edited the manuscript to follow the word limit. The manuscript is now 2,999 words.

9. 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.

Response: Thank you.

10. 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."

Response: Thank you. The precis has been shortened to 25 words.

11. 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.

Original Research: 300 words

Response: All of the data from the abstract is presented in the manuscript. The abstract is 282 words.

12. 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_!!CvMGjuU!v55gAFU_L3E4SYBc-CXVNm4pMlxgW9oR8L_rCs3WcAf6doQFgfKfumaPIAdfPJn--E-tEJ4\\$](https://urldefense.com/v3/_http://edmgr.ovid.com/ong/accounts/abbreviations.pdf_!!CvMGjuU!v55gAFU_L3E4SYBc-CXVNm4pMlxgW9oR8L_rCs3WcAf6doQFgfKfumaPIAdfPJn--E-tEJ4$). 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: Thank you. We have tried to limit abbreviations and acronyms throughout.

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

Response: Virgules have been removed throughout.

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

Response: The terms "provider" has been removed throughout.

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.

Response: Thank you. We did not calculate measures of association in this manuscript. The goal was primarily descriptive without a designated reference group. Therefore, we have left p-values in the abstract and manuscript.

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

Response: All p-values are presented to no more than three decimals.

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

Response: For several of our categories, we have presented percents with no decimals at the request of the statistical editor. Please let us know if you would like us to change them to include a decimal.

16. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available at [https://urldefense.com/v3/_http://edmgr.ovid.com/ong/accounts/table_checklist.pdf_!!CvMGjuU!v55gAFU_L3E4SYBc-CXVNm4pMlxgW9oR8L_rCs3WcAf6doQFgfKfumaPIAdfPJn-sPx2s-0\\$](https://urldefense.com/v3/_http://edmgr.ovid.com/ong/accounts/table_checklist.pdf_!!CvMGjuU!v55gAFU_L3E4SYBc-CXVNm4pMlxgW9oR8L_rCs3WcAf6doQFgfKfumaPIAdfPJn-sPx2s-0$).

Response: Thank you. We believe we had adhered to the table guidelines. We do have subheadings in Table 2 to delineate mental health issues and interpersonal and other violence. We believe these make the table more readable but can take them out if requested.

17. Please review examples of our current reference style at [https://urldefense.com/v3/_https://edmgr.ovid.com/ong/accounts/ifa_suppl_refstyle.pdf_!!CvMGjuU!v55gAFU_L3E4SYBc-CXVNm4pMlxgW9oR8L_rCs3WcAf6doQFgfKfumaPIAdfPJn-jyOiQrg\\$](https://urldefense.com/v3/_https://edmgr.ovid.com/ong/accounts/ifa_suppl_refstyle.pdf_!!CvMGjuU!v55gAFU_L3E4SYBc-CXVNm4pMlxgW9oR8L_rCs3WcAf6doQFgfKfumaPIAdfPJn-jyOiQrg$). Include the digital object identifier (DOI) with any journal article references and an accessed date with website references.

Response: We believe we have adhered to the reference style.

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.

Response: Thank you. We have not included unpublished data in this manuscript.

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_!!CvMGjuU!v55gAFU_L3E4SYBc-CXVNm4pMlxgW9oR8L_rCs3WcAf6doQFgfKfumaPIAdfPJn-JVa1z2A\\$](https://urldefense.com/v3/__https://www.acog.org/clinical_!!CvMGjuU!v55gAFU_L3E4SYBc-CXVNm4pMlxgW9oR8L_rCs3WcAf6doQFgfKfumaPIAdfPJn-JVa1z2A$) (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.

Response: We have double checked the ACOG references.

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

Response: We believe our references are numbered in order of appearance.

18. Figure 1 may be resubmitted as-is with the revision.

Response: Thank you. We will resubmit as-is.

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

Response: We no longer have any supplemental files.

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