OBSTETRICS & GYNECOLOGY

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

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

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

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

Date: Jul 01, 2022
To: "Deborah Bartz" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-1158

RE: Manuscript Number ONG-22-1158

Abortion is essential healthcare. Your practice can play a critical role in protecting abortion access.

Dear Dr. Bartz:

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 Jul 22, 2022, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

Manuscript Number: ONG-22-1158
Full Title: Abortion is essential healthcare. Your practice can play a critical role in protecting abortion access.
Article Type: Current Commentary

In the wake of the Supreme Court decision in Dobbs v. Jackson, this submission is a critically timely call-to-action to United States physicians (and by inference all clinicians and administrators) to help enhance access to abortion.

The logic that we face a new paradigm is inarguable: we are about to enter a complex landscape where about half of fertile-age pregnancy-capable persons in the United States who seek abortion care will have to travel beyond state lines or receive by mail medical means to end undesired pregnancies.

Although convenience surveys indicate that "over three-quarters of obstetrician/gynecologists (ob/gyns) agree with ACOG and support provision of abortion care...currently only 14-24% of ob-gyns perform abortions" (ll. 21-25).

The author presents the many actions that supportive clinicians and their staffs can take to assist patients seeking abortion care. These actions include clinical care in permissive states and non-judgmental counseling and sensitive referral in restrictive states.

They also include advocacy in healthcare settings and informally within communities and families.

Useful tables offer roadmaps for culture-sensitive, non-directional options counseling and an authoritative, lucid protocol for providing medication abortion.

National resources for help with referral, legal issues and funding are given.

There will be locales and institutions that will try to enlist caregivers in stigmatizing and prosecuting pregnant persons who seeks abortion care in restrictive settings. This thoughtful commentary identifies how insidious some of these efforts may be and ties abortion rights to broader social justice issues of which it is an inseparable part.

E. Steve Lichtenberg, MD, MPH
Professor of Clinical OB-GYN
Northwestern University Feinberg School of Medicine
Co-Medical Director, Family Planning Associates Medical Group, Limited
Chicago, Illinois

Reviewer #2: The author presents a commentary on provision of abortion services through OBGYN practices instead of limited to specific abortion clinics. This is a very timely and relevant piece. Unfortunately, terminology throughout needs to be changed to reflect that Roe v Wade has been overturned. The references, tables and resources are fantastic inclusions.

1. Line 26: This line deserves more explanation and a reference. How does the current provision of care make abortion more legislatively vulnerable?

2. Line 66: I don't believe that the term "nearly indistinguishable" is appropriate here. There are some fairly significant differences. Potentially just use "similar" instead.

3. Line 75-79: Many providers still encounter significant difficulty getting Mifepristone. This shouldn't be downplayed but acknowledged and addressed directly with specific mechanisms to overcome this barrier.

4. Lines 92-94: Recommend addressing logistical concerns for access to blood products for in-office or outpatient surgery centers.

5. Line 134: Please discuss not only criminalization of patients, but also of physicians and staff who provide the care. This is the focus of much anti-abortion legislation.

6. Lines 148-153: It seems like this section falls under the sub-heading of "states where abortion is illegal". Therefore, it seems highly unlikely that ER physicians and colleagues are going to provide abortion referrals or abortions themselves.

7. Line 258: It is unclear what is meant by "we are all abortion beneficiaries".

8. Line 260: Add "management" to the end of this sentence.

9. Table 1: Under second trimester care - there is both "weeks" and "hours" listed.

10. Table 2: Under after care instructions, recommend stating "expected effects within..." instead of side effects.

EDITORIAL OFFICE COMMENTS:

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

2. When you submit your revised manuscript, please make the following edits to ensure your submission contains the required information that was previously omitted for the initial double-blind peer review:
* Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and at the end of the abstract. For industry-sponsored studies, describe on the title page how the funder was or was not involved in the study.
* Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).
* Name the IRB or Ethics Committee institution in the Methods section (if applicable).
* Add any information about the specific location of the study (ie, city, state, or country), if necessary for context.

3. Obstetrics & Gynecology's Copyright Transfer Agreement (CTA) must be completed by all authors. When you uploaded your manuscript, each coauthor received an email with the subject, "Please verify your authorship for a submission to

Obstetrics & Gynecology." Please ask your coauthor(s) to complete this form, and confirm the disclosures listed in their CTA are included on the manuscript's title page. If they did not receive the email, they should check their spam/junk folder. Requests to resend the CTA may be sent to em@greenjournal.org.

4. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "People with disabilities" or "women with disabilities" instead of "disabled people" or "disabled women"; "patients with HIV" or "women with HIV" instead of "HIV-positive patients" or "HIV-positive women"; and "people who are blind" or "women who are blind" instead of "blind people" or "blind women."

5. The journal follows ACOG's Statement of Policy on Inclusive Language (https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2022/inclusive-language). When possible, please avoid using gendered descriptors in your manuscript. Instead of "women" and "females," consider using the following: "individuals;" "patients;" "participants;" "people" (not "persons"); "women and transgender men;" "women and gender-expansive patients;" or "women and all those seeking gynecologic care."

6. Make sure your manuscript meets the following word limit. The word limit includes the manuscript body text only (for example, the Introduction through the Discussion in Original Research manuscripts), and excludes the title page, précis, abstract, tables, boxes, and figure legends, reference list, and supplemental digital content. Figures are not included in the word count.

Current Commentary: 3,000 words

7. 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.

8. 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.

9. Be sure that each statement and any data in the abstract are also stated in the body of your manuscript, tables, or figures. Statements and data that appear in the abstract must also appear in the body text for consistency. Make sure there are no inconsistencies between the abstract and the manuscript, and that the abstract has a clear conclusion statement based on the results found in the manuscript.

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

Current Commentary: 250 words

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

11. 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.

12. 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.

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

14. 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.

15. Are these tables original to your submission? If they have been previously published in another source, you will need to obtain permission for print and electronic use from the copyright holder.

16. 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.

17. 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.

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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 Jul 22, 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

Brigham and Women's Hospital
Founding Member, Mass General Brigham

HARVARD MEDICAL SCHOOL

Department of Obstetrics and Gynecology
75 Frances Street
Boston, MA 02115
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Jason D. Wright, MD
Editor-in-Chief
Obstetrics & Gynecology

July 17, 2022

Dear Dr. Wright,
Thank you to your editorial team and your content expert reviewers for reviewing our Current Commentary manuscript **Abortion is essential healthcare. Your practice can play a critical role in protecting abortion access** in such a rapid fashion. We agree that this work is exceedingly timely, both to facilitate patient care as of the fall of *Roe v. Wade* on Friday 6/24/22 and to inform your readers on their role in abortion facilitation and provision when this is critically on their mind.

Below, please find our point by point responses to your reviewers.

Reviewer #1:

Manuscript Number: ONG-22-1158
Full Title: Abortion is essential healthcare. Your practice can play a critical role in protecting abortion access.
Article Type: Current Commentary
In the wake of the Supreme Court decision in Dobbs v. Jackson, this submission is a critically timely call-to-action to United States physicians (and by inference all clinicians and administrators) to help enhance access to abortion.
The logic that we face a new paradigm is inarguable: we are about to enter a complex landscape where about half of fertile-age pregnancy-capable persons in the United States who seek abortion care will have to travel beyond state lines or receive by mail medical means to end undesired pregnancies.
Although convenience surveys indicate that "over three-quarters of obstetrician/gynecologists (ob/gyns) agree with ACOG and support provision of abortion care...currently only 14-24% of ob-gyns perform abortions" (ll. 21-25).
The author presents the many actions that supportive clinicians and their staffs can take to assist patients seeking abortion care. These actions include clinical care in permissive states and non-judgmental counseling and sensitive referral in restrictive states.
They also include advocacy in healthcare settings and informally within communities and families.
Useful tables offer roadmaps for culture-sensitive, non-directional options counseling and an authoritative, lucid protocol for providing medication abortion.
National resources for help with referral, legal issues and funding are given.
There will be locales and institutions that will try to enlist caregivers in stigmatizing and prosecuting pregnant persons who seeks abortion care in restrictive settings. This thoughtful commentary identifies how insidious some of these efforts may be and ties abortion rights to broader social justice issues of which it is an inseparable part.
E. Steve Lichtenberg, MD, MPH
Professor of Clinical OB-GYN
Northwestern University Feinberg School of Medicine Co-Medical Director, Family Planning Associates Medical Group, Limited Chicago, Illinois
Thank you, Dr. Lichtenberg, for your thoughtful read of our manuscript and for highlighting the dissonance between the percent of ob/gyn doctors who provide abortion service as compared to the percent that

support abortion services. We agree that NOW is the time to support the non-providers considering what more they and their practices can be doing to facilitate patients into abortion services or to provide abortion services themselves. We are thrilled that you found the recommendations we provide, along with our tables, practical and helpful. Given your content expertise, your positive comments are very much appreciated.

Reviewer #2:

The author presents a commentary on provision of abortion services through OBGYN practices instead of limited to specific abortion clinics. This is a very timely and relevant piece. Unfortunately, terminology throughout needs to be changed to reflect that Roe v Wade has been overturned. The references, tables and resources are fantastic inclusions.

The manuscript has been altered accordingly throughout.

1. Line 26: This line deserves more explanation and a reference. How does the current provision of care make abortion more legislatively vulnerable?

We appreciate this and have added additional language to explain the ways the segregated care provided by the minority of the specialty is more readily regulated in lines 32-37.

2. Line 66: I don't believe that the term "nearly indistinguishable" is appropriate here. There are some fairly significant differences. Potentially just use "similar" instead.

Thank you. We agree and have replaced "nearly indistinguishable" with "remarkably similar," keeping the extra emphasis for potential new-comers to medication abortion who may not fully appreciate that the medication regimen, thus the instructions for patient use, as well as follow up and precautions, are truly the same. Although, we agree that options counseling - not counseling about taking mifepristone/misoprostol - will be significantly different.

3. Line 75-79: Many providers still encounter significant difficulty getting Mifepristone. This shouldn't be downplayed but acknowledged and addressed directly with specific mechanisms to overcome this barrier.

We greatly appreciate this feedback. Additional text (Lines 87 to 93) has been added to acknowledge the very real barriers that clinicians face with reference to relevant ACOG material to address stakeholder miseducation or obstructionism in stocking mifepristone.

4. Lines 92-94: Recommend addressing logistical concerns for access to blood products for in-office or outpatient surgery centers.

This is a welcome and thoughtful comment. However, given that the need for blood products would apply to a remarkably small number of first trimester cases, we believe this is beyond the scope of this commentary. For the rare complication with a D+C/MVA, we know ob/gyns would use the same emergency response they would for eg post vaccination syncope, IUD perforation, or significant bleeding after colopscopic biopsy. Therefore, we have respectively declined to add additional detail.

5. Line 134: Please discuss not only criminalization of patients, but also of physicians and staff who provide the care. This is the focus of much anti-abortion legislation.

We are so thankful for this comment; it is such a critical point. A paragraph (Lines 256 to 270) has been added to this effect, starting with "Support each other in a rapidly changing legal landscape that puts good medical practice and legal practice at odds."

6. Lines 148-153: It seems like this section falls under the sub-heading of "states where abortion is illegal". Therefore, it seems highly unlikely that ER physicians and colleagues are going to provide abortion referrals or abortions themselves.

Thank you for this comment. In places where abortion is illegal or severely restricted, it will be imperative for all clinical staff – not just ob/gyns – to understand their role in avoiding criminalization, very often in ED settings. Therefore, the first two sentences of this section have been left unchanged (which state 1) avoid criminalization 2) there no medical need to determine medication vs. spontaneous abortion). We have changed the third sentence, as recommended, to focus on counseling and referrals, rather than abortion provision. While some states may offer abortion care under highly selective circumstances (eg in cases of reported sexual assault, a patient population ED folks, and likely ob/gyn ED consultants, will encounter), we agree that there is no utility in encouraging abortion provision at this point in the manuscript. However, we have kept the first portion of the sentence the same because medical professionals, other than ob/gyns, will need to commit to understanding an efficient and accurate pathway for abortion referral in these states as part of a critical effort to enable abortion access.

7. Line 258: It is unclear what is meant by "we are all abortion beneficiaries".
We appreciate this comment and have clarified this by starting the sentence with "in our personal lives and through our professional duties, we are all abortion beneficiaries." Our intent in using this content here is that it concludes this piece by blurring our relationship to abortion as not just professional, but importantly as something that also has saved us, our daughters/mothers, our partners, to live the lives we lead as ob/gyns. We are stakeholders not just through the moral obligations of our job but also because we are humans too.

8. Line 260: Add "management" to the end of this sentence.
This has been added (Line 299).

9. Table 1: Under second trimester care - there is both "weeks" and "hours" listed.
This has been clarified by adding a few words and rearranging the word flow to now read "misoprostol cervical preparation in the hours prior to suction curettage for 13-15 weeks gestation."

10. Table 2: Under after care instructions, recommend stating "expected effects within..." instead of side effects.
This has been changed.

Editorial Office Comments:
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We accept publication of our revisions.

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:
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Disclosure of funding has now been copied from the title page to the end of the abstract.
*Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).
Not applicable.
*Name the IRB or Ethics Committee institution in the Methods section (if applicable).
Not applicable.
*Add any information about the specific location of the study (ie, city, state, or country), if necessary for context.

Not 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.
Co-authors have received this email. We will ensure each has completed the form.

4. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "People with disabilities" or "women with disabilities" instead of "disabled people" or "disabled women"; "patients with HIV" or "women with HIV" instead of "HIV-positive patients" or "HIV-positive women"; and "people who are blind" or "women who are blind" instead of "blind people" or "blind women."
We were unable to identify deviations from person-first language in this piece, but welcome any changes noted by the editorial team.

5. The journal follows ACOG's Statement of Policy on Inclusive Language. When possible, please avoid using gendered descriptors in your manuscript. Instead of "women" and "females," consider using the following: "individuals;" "patients;" "participants;" "people" (not "persons"); "women and transgender men;" "women and gender-expansive patients;" or "women and all those seeking gynecologic care."
The term “women” or “females” is not used anywhere in this piece with the exception of named organizations.

6. Make sure your manuscript meets the following word limit. The word limit includes the manuscript body text only (for example, the Introduction through the Discussion in Original Research manuscripts), and excludes the title page, précis, abstract, tables, boxes, and figure legends, reference list, and supplemental digital content. Figures are not included in the word count.
This piece is under 3,000 words.

7. 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.
We appreciate these style points. Our title is a declarative statement, but we, respectfully, feel that it is appropriate for the subject of this Current Commentary naming the critical role of abortion in our work and encouraging our colleagues to engage in this care.

8. 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.
We have complied with all of these points.

9. Be sure that each statement and any data in the abstract are also stated in the body of your manuscript, tables, or figures. Statements and data that appear in the abstract must also appear in the body text for consistency. Make sure there are no inconsistencies between the abstract and the manuscript, and that the abstract has a clear conclusion statement based on the results found in the manuscript. In addition, the abstract length should follow journal guidelines. Please provide a word count.
We have complied with all of these points.

10. Only standard abbreviations and acronyms are allowed. A selected list is available online. 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.
There are three abbreviations/acronyms in this piece: ACOG, ob-gyn, and TRAP. The first two, while not listed in the pdf shared, are pervasive in our field, if not primarily used in lieu of the full word; please let us know if these would be considered "non-standard." TRAP is listed in one location because it is the acronym, rather than the full term, that many people are more familiar with – so we have retained this, along with its definition, to facilitate reader comprehension.

11. 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.
We apologize for this oversight. The virgule symbol has been replaced throughout with the exception of listed URLs.

12. 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.
Thank you; we have replaced "provider" as appropriate. There are two uses of provider that remain: one to define TRAP laws and the other, "a provider of warm referrals," as the non-medical/standard use of the term provider.

13. Express all percentages to one decimal place (for example, 11.1%"). Do not use whole numbers for percentages.
We understand this rationale for original research manuscripts. However, in this Current Commentary we provide percentages as generic background and/or guidance defined and used by our professional societies (e.g. 80% decline in HCG as a definition for medication abortion success), often reporting percentages same

numbers reported in the professional society documents we are citing. Therefore, there are several percentages that are not known or are accurate to the tenth degree (agreed upon by expert consensus, as in the example above). If the Editorial Team would like further specificity for other statements (eg over 95% of ob-gyns support abortion care), we will oblige, but have deferred at this time given the nature of the manuscript.

14. Please review the journal's Table Checklist to make sure that your tables conform to journal style.
We reformatted the tables to avoid mid-table headings. The tables otherwise are in compliance.

15. Are these tables original to your submission? If they have been previously published in another source, you will need to obtain permission for print and electronic use from the copyright holder.
These tables are original.

16. Please review examples of our current reference style. Include the digital object identifier (DOI) with any journal article references and an accessed date with website references.
Apologies. We have corrected the reference manager 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.
Thank you. Our references include published abstracts from Obstetrics & Gynecology, now with DOIs. Please let us know if this published source should instead be in parentheses. Otherwise, these other sources are not included in the reference on our recheck.

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 (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.
These are the included ACOG documents, all of which are current:

- **Abortion is Healthcare: actively updated website resources**
- **Improving Access to Mifepristone: position statement reaffirmed 2021**
- **The Limits of Conscientious Refusal in Reproductive Medicine: committee opinion reaffirmed 2016**
- **Questions to Help Hospital Systems Prepare for the Widespread and Devastating Impact of Post-Roe: 2022**
- **Medication Abortion up to 70 Days: practice bulletin 2020**

Please let us know if we have overlooked something.

Please make sure your references are numbered in order of appearance in the text.
We have re-checked to make sure this is correct.

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We will not be selecting open access publication.

Sincerely,

Kathryn Fay, MD, MSCI
Instructor, Harvard Medical School
Brigham and Women's Hospital

Deborah Bartz, MD, MPH
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