

OBSTETRICS & GYNECOLOGY



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

Date: Mar 10, 2022
To: "Nichole Nidey" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-213

RE: Manuscript Number ONG-22-213

Racial Inequities in Breastfeeding Counseling among Pregnant People who use Cannabis

Dear Dr. Nidey:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Please be sure to address the Editor comments (see "EDITOR COMMENTS" below) in your point-by-point response.

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Mar 31, 2022, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: Objective is well stated: "the objective of this study was to examine how prenatal breastfeeding counseling for people using cannabis differed by self reported race and ethnicity"

1. Good design, very well written, easy to read, organized and thoughtful, references are appropriate. I audited many of them

2. Introduction: Line 77,78 Structural racism in the US significantly influences health care access, and maternal-child health researchers have highlighted the need to address the effect of structural racism and racial bias on breastfeeding outcome. I think this is the perfect place to define structural racism. The Lancet article (ref 11) provides great context "Structural racism refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources." I would add background to the arguments you are making. I just lifted this definition from the reference as I thought it a comprehensive definition. You should write and use whatever you need, but build the model in the Introduction. Do not assume that the reader knows- this is what Introductions are for

3. Discussion: lines 201-203- Despite federal policies and programming to increase breastfeeding initiation and improve overall health equity, "complex inequities rooted in structural racism" result in persistent disparities. Can you elaborate on the mechanisms of "complex inequities in structural racism" Examples are essential to set a framework for the reader. What is wrong with the current effort? Be more pragmatic, clinical- specific, idea generating. Give ideas why the programs haven't worked- Many reading this will be involved in some clinical breastfeeding program and have been involved in trying to improve breastfeeding rates for some time- and want the programs to be effective.

4. line 154: can you elaborate on the race ethnicity of tobacco use- I do not see it in the Results section or table

5. lines 174, 175 " Similar trends were identified for Hispanic (OR: 1.7, 95% CI 0.9,3.4), non-Hispanic American Indian (OR175 1.8, 95% 0.7,4.6), Why do you say trends when statistically the CI crosses 1 and is statistically not significant which you state at the end of the sentence, I suggest deleting "Similar trends"

6. Discussion: I have added some points for you to consider in your discussion Because your study looks at two levels of potential implicit bias and interpersonal racism (marijuana and race) I think it is important to discuss how these two might combine to potentiate the problem< In other words a young black woman

smoking marijuana may be perceived differently than a young white woman, one good example is the unintentional idea of criminality that might arise in a black young woman as opposed to a white young woman based on media, mass incarceration society attitudes

Why should the reader care about this seemingly small part of the pregnant population?. It is a good example of how health inequities are invisible unless we look at the data

Strengths: I would add the two sensitivity analysis that you performed in legal and illegal states as a great strength

Weakness: Recalled data: Intrinsic weakness for all women in this study. As you know what is said is not what is perceived- In the end it is the perception that matters most

Reviewer #2: Interesting an important topic. I find the conclusions to be over stated and the limitations understated in the discussion.

Some specific recs:

Line 74 - seems to contradict her prior statement that guidelines do not state cannabis use is a contraindication to breast feeding

Line 92 - would highlight here that this is a non evidence based recommendation

Line 118 - not sure it is necessary to list non Hispanic in front of each category

Line 131 - have any of these factors been shown to be associated with breast feeding counseling?

Line 154 - did not mention tobacco use in your background, thus may not need to include it in results

Line 157 - is participation by state proportional to persons queried and/or population?

Line 159 - what is the relevance of including that 60% of deliveries occurred in 2017?

Line 161 - single-plural congruence

Line 165 - double and

Line 194-5 - probably sufficient to say, "Breastfeeding initiation is an important/critical milestone."

Line 196 - would add health to development and emotional

Line 230 - just use the reference here rather than adding and the additional sentence that follows.

Conclusions - move up earlier in the paragraph that we have limited data to create clinical guidance, include opportunities for prospectively collected data to limit recall bias

Discussion - seems to understate the limitations of this type of study

Is there a way within the data set to assess if screening for MJ use occurred?

Consider switching to breast/chest feeding parent or at a minimum address this in the background

Consider adding a line re: data on racial congruence between provider and patient and care outcomes.

STATISTICAL EDITOR COMMENTS:

The Statistical Editor makes the following points that need to be addressed:

General: Both the exposure (cannabis use) and the endpoint (advice re: breastfeeding) were self-reported. How might this have limited the conclusions?

Lines 133-134: The survey design weights adjusted the sample to become representative for the entire US, but would

those weights be valid for the subset of women who acknowledged cannabis use? That is, is the weighting procedure valid for this specific group?

Table 1: Some of the subsets were derived from small absolute counts of the original cohort, as reflected in their wide CIs and limiting multivariable adjustment. (e.g., American Indian, Asian, Mixed or Other in the Race/Ethnicity categories, Maternal age 40+, Other insurance category and several of the State categories).

Table 2: See comments re: Table 1. Several of the unadjusted OR categories are underpowered (e.g., American Indian), while several are also likely overfitted, due to small counts vs the number of adjusters.

EDITOR COMMENTS:

1. Thank you for submitting your manuscript to the Green Journal. We are interested in publishing it if the most salient points can be condensed into a Research Letter format. We realize that it will not be possible to address all of the Reviewers' comments within this word limitation, but encourage the authors to lay out a model and framework for structural racism in the introduction and limit conclusions to those supported by the results. The formatting guidelines for the Research Letter article type are available at <https://journals.lww.com/greenjournal/Pages/InformationforAuthors.aspx>.

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

- A. OPT-IN: Yes, please publish my point-by-point response letter.
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3. When you submit your revised manuscript, please make the following edits to ensure your submission contains the required information that was previously omitted for the initial double-blind peer review:

- * Include your title page information in the main manuscript file. The title page should appear as the first page of the document. Add any previously omitted Acknowledgements (ie, meeting presentations, preprint DOIs, assistance from non-byline authors).
- * Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and in the body text. For industry-sponsored studies, the Role of the Funding Source section should be included in the body text of the manuscript.
- * Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).
- * Name the IRB or Ethics Committee institution in the Methods section (if applicable).
- * Add any information about the specific location of the study (ie, city, state, or country), if necessary for context.

4. For studies that report on the topic of race or include it as a variable, authors must provide an explanation in the manuscript of who classified individuals' race, ethnicity, or both, the classifications used, and whether the options were defined by the investigator or the participant. In addition, the reasons that race/ethnicity were assessed in the study also should be described (eg, in the Methods section and/or in table footnotes). Race/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. The nonspecific category of "Other" is a convenience grouping/label that should be avoided, unless it was a prespecified formal category in a database or research instrument. If you use "Other" in your study, please add detail to the manuscript to describe which patients were included in that category.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Research Letters should not exceed 600 words and may include no more than two figures and/or tables (2 items total). Stated word limits include the title page, précis, abstract, text, tables, boxes, and figure legends, but exclude references.

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

- * All financial support of the study must be acknowledged.
- * Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis,

writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.

* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form verifies that permission has been obtained from all named persons.

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7. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limit for Research Letter is 125 words. Please provide a word count.

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

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11. 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"). For percentages, do not exceed one decimal place (for example, 11.1%).

12. Line 237: Your manuscript contains a priority claim. We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

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

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- * A confirmation that you have read the Instructions for Authors (<http://edmgr.ovid.com/ong/accounts/authors.pdf>), and
- * A point-by-point response to each of the received comments in this letter. Do not omit your responses to the Editorial Office or Editors' comments.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors and that each author has given approval to the final form of the revision.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Mar 31, 2022, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Ebony B. Carter, MD, MPH
Associate Editor, Equity

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

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