

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)*
- Email correspondence between the editorial office and the authors*

**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: Oct 12, 2018
To: "Anne Sebert Kuhlmann" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-1733

RE: Manuscript Number ONG-18-1733

Unmet menstrual hygiene needs among low-income women in St. Louis, Missouri

Dear Dr. Sebert Kuhlmann:

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).

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 Nov 02, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This study used a cross-sectional design with 3 methodologies to assess the menstrual hygiene needs of low income women in St. Louis, Missouri. The methodologies were clearly described, followed standard protocols, and were analyzed or described in an appropriate qualitative manner. This is not a hot-topic, but clearly one of the most important topics and it needed to be discussed.

I feel the last statement of the conclusion may be a little bold, stating that OB-Gyns should take the lead in advocating for improved access to menstrual hygiene supplies for all females across the US. In many communities, there aren't OB-Gyns who are the primary providers seeing patients. Many mid-level providers, pediatricians and family medicine physicians are seeing menstruating women more often than OB-Gyns. I would consider modifying that statement and encouraging all Women's health care providers to take the lead.

Also, consider discussing the reusable menstrual cups, as these would certainly decrease the cost associated with female personal hygiene products.

Reviewer #2: This is a cross sectional study on menstrual hygiene needs among low income women living in St. Louis, Missouri. The study included several parts with both quantitative and qualitative research methodology to evaluate their research question.

Main issues:

1- In reading the paper, it is not clear how does the included sample represents the target population which is "low income women living in St Louis Missouri". The sample was a convenient sample from women receiving aid from public and non-for-profit organizations working in the St Louis Missouri area. This is important to clarify and change the title, method and conclusion to fit the sample utilized in this study.

2- It is also important to provide a denominator for the 183 patients included in the administrated survey. How many households in the area that are labelled as low income using the US government data? How many organizations provide care in the area? Is the 10 organization represent all the provider of care to low income women? How many women received service that year from those 10 organizations per year?

3- As an observational study, please utilize the STROBE guidelines to improve reporting of this study (<https://www.strobe-statement.org/index.php?id=strobe-home>)

Specific points:

- 1- Title, abstract, Precis: Please consider changing to better reflect the sample included in the study
- 2- Introduction: Can be shorter!
- 3- Methods:
 - a. Please include some clear definition of the target population, sampling methods for each of the 3 parts of the study what is the relation between the target population and the sample. This is very important for the internal and external validity of the study conclusions!
 - b. In the St Louis area, what is the total number of organizations providing care/aid to low income population? How many of those participated in the study? What criteria used to define low income? This needs clarification
 - c. How was the sample size calculated/decided for each of the 3 parts of the study?
 - d. For the interviewer- administrated survey: did the authors documented consent separate from the survey? How many women refused participation and how many women received social services from that organization in the time period of the survey?
 - e. For the focus group discussion: how many total participants in the focus groups? How they were recruited? How many refused to participate?
 - f. For the electronic survey: How many organizations were approached and was the response rate? What was the different measure taken to increase response!
- 4- Results:
 - a. It is important for each part of the study to highlight the sampling process and exclusions and reasons for that best in a figure form
 - b. Results is too long and need to be succinct
- 5- Discussion:
 - a. Authors are encouraged to provide more details about the target population and to make sure that their sample was representative of that population. As written inferences to "low income women living in St Louis" is not very supported by the information provided in the method or result section.
 - b. To support the claim of being the first, please conduct a systematic review of the literature

Reviewer #3: This is a mixed methods study evaluating the menstrual hygiene needs of low-income women in St. Louis, MO. Cross-sectional interviewer-administered surveys, focus groups and surveys of community service organizations were used to examine the barriers to accessing menstrual hygiene products in low-income women. I appreciate the study for providing alarming information on this problem in the United States. The literature as it is now, focuses on menstrual hygiene as a problem in developing countries, but I could find no literature that brought this issue to the forefront for the U.S.

This manuscript is relevant to the journal and likely contains data that will be previously unknown to the readers. In addition, the data is quite recent. A significant problem is the low survey completion rate of the community centers (lines 119-120).

Reviewer #4: Unmet menstrual hygiene needs among low-income women in St. Louis, Missouri is a cross-sectional study evaluating women who seek social services in St. Louis, and evaluating their menstrual hygiene needs.

- * Line 32: Change 'over' as 21% is very close to 20%. 'Over' makes it sound like it's much more than 1% greater.
- * Line 40: Ob/gyns should advocate - remove 'take the lead' as there are many health care professionals and public health providers that may be more successful in leading efforts for this issue.
- * What is the sample size of the total population of low-income women, in order to estimate the percentage of low income women in St. Louis? Of those of who receive services at these agencies?
- * Surveys - were these piloted? Validated?
- * Focus groups: why did you choose 3 different groups?
- * Line 93: How many agencies were represented? All 10?
- * Line 119: Response rate - should be total who responded out of the group that were contacted, not only those that opened the email.
- * Line 124: consider changing the sentence as the word 'only' sounds judgmental.
- * Paragraph 158: This paragraph about the preferences of tampons v pads seems out of place to the overall objective to describe menstrual hygiene needs.
- * Paragraph 183: same comment as above.

- * Paragraph 323: Focus discussion on findings and possible action items for the audience of the journal.
- * Table 1: This doesn't seem necessary as this is in the text.
- * Overall questions: Are there any data about interactions with healthcare facilities or contraception usage.

Impression: This is a very unique topic. This study includes considerations of needs that many low-income face, which are helpful for Ob/Gyn practitioners. However, I think the write up needs to be more concise with more detailed description of methods/statistics.

STATISTICAL EDITOR COMMENTS:

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

lines 92-102: The surveys report the number of participating women, but how many were asked who declined participation? In other words, how can the reader be assured that these survey responses were representative of the target population?

lines 104-113: How were the 3 groups chosen from among the 10 participating organizations? Again, how was this representative?

lines 115-120: If the electronic surveys were completed only 25% of the time, how is this representative of community service organizations?

Table 3: Should include CIs for proportions.

Limitations section of discussion needs to address response rates and potential for representation bias.

EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.

- excellent precis

- please provide additional information on how women were identified, same for the organizations surveyed.

- provide information about how many women approached, how many declined to participate. Need to build a case that this is a representative, not a biased sample.

- how was "Struggle" defined?

- This is called a primacy claim (your paper is the first or biggest) and must either be deleted or supported by providing the search terms used, dates, and data bases searched (Medline, Ovid, Pubmed, Google Scholar, etc) in order to substantiate your claim. More importantly, is that the thing you want to lead with in a conclusion? Fine to make the point in your discussion, but relative novelty of the study is not what you want to reader to "take home". Recall that most people read only the abstract. Also, let the reader make the decision that this is "alarming". Just report the facts in the abstract-- you can expand in the discussion section of the paper.

- Your introduction should be about a page long. Some of this information can be condensed or moved to discussion section. Use your introduction to 1. Identify why its an important issue (which you've done in first two paragraphs) then 2. identify the knowledge gaps you seek to fill. Also state your primary and any secondary outcomes

- The readers of Ob GYN will know what menstruation is. Ok to drop this first sentence.

- same women? Please explain who surveyed women, and those participating in focus groups were identified.

You really need to build the case that your study subjects in the 3 arms of your study present an unbiased view of this question, particularly because of low response rate of the electronic survey.

- was the survey validated?

- what limit did you have on how many you interviewed? 100-300 is pretty broad. Why did you limit to 18 years or older? You'll of course miss the school absenteeism issue. How were interviewees identified?

- why only three? How were these 3 chosen?

- led the focus groups? Same person at each? How were participants chosen? What was the structure of the focus group? Any structured questions?

- Which organizations? How were they chosen. You did your in person portion of this study at 3 and 10 sites. Now you have 18. Please explain

- The organization didn't answer the questions--someone there did. To whom what the survey addressed?

- For data presented in the text, please provide the raw numbers as well as data such as percentages, effect size (OR, RR, etc) as appropriate and 95% CI's.

- Why would you include post menopausal women?

- Define "struggled". Please be careful about using emotionally charged words without adequate definition.

- This sounds like results from a Likert scale question. Please in the methods tell us more about the survey. Could all of the women read or were the surveys given orally?

- The Journal style does not include the use of the virgule (/) except in numeric expressions. Please edit here and in all instances.

- please consult the Instructions for Authors regarding the use of abbreviations, and what constitutes an acceptable abbreviation. This is not an acceptable abbreviation. Please spell the words out throughout the manuscript.

- give numerators and denominators. If you only have 17 people, it would be hard to be able to show a lack of differences--I would not report the comparisons for your focus group--just the descriptive data.

- I know what you mean but they had the number of pads they were provided, but they used them twice as fast on their heavy days. It didn't change the number of pads.

- available where?

- Please consolidate this information.

- counter to you data which showed most women learned from their mothers.

- Please give the denominator as best as you can. You offered the survey to 18 and asked people to pass it on to others, so I realize that isn't very good information about your denominator. Do you know if other organizations beside the 18 you sent it to completed the survey? Response rate is VERY low here so in discussion and the way you present the results, you need to temper this information with skepticism about generalizability.

- Primacy claim---see note in abstract.

- I think you mean "most women" here in general--the readership. Perhaps you could make this clearer.

- Please clarify that you mean qualitatively. You haven't studied really quantitatively in a generalizable fashion. Move sentences 283-284 to preceding paragraph and state new paragraph w/ 2nd aims.

- than were described. Plural

- This would be the place to put the [condensed] information from your introduction about US steps to address this.

- Please also list strengths. Under limitations--poor response rate on electronic survey.

- Also limitation of not including women who would likely be in middle or high school to study school absenteeism, and the effect on people with less experience.

2. The Editors of Obstetrics & Gynecology are seeking to increase 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, as well as subsequent author queries. 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:

1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

3. 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 will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at <http://links.lww.com/AOG/A515>, and the gynecology data definitions are available at <http://links.lww.com/AOG/A935>.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendices).

Please limit your Introduction to 250 words and your Discussion to 750 words.

5. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with 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 signature on the journal's author agreement 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).

6. 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 limits for different article types are as follows: Original Research articles, 300 words. Please provide a word count.

7. 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.

8. The journal does not use the virgule symbol (/) in sentences with words. 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.

9. Abstract and Manuscript: 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 on the other hand, it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

10. 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.

11. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most

cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at <http://www.acog.org/Resources-And-Publications>.

12. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at <http://ong.editorialmanager.com>. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

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

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 Nov 02, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2017 IMPACT FACTOR: 4.982

2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

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In response to the EU General Data Protection Regulation (GDPR), you have the right to request that your personal information be removed from the database. If you would like your personal information to be removed from the database, please contact the publication office.

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October 31, 2018

Obstetrics and Gynecology
409 12th Street, SW
Washington, DC 20024-2188

Dear Editor:

On behalf of my co-authors, I am pleased to resubmit our manuscript, "Unmet menstrual hygiene needs among low-income women in St. Louis, Missouri", for sole consideration to publish in *Obstetrics and Gynecology*. We appreciate the extensive and detailed feedback provided by the reviewers, the editors, and the statistical editor. We believe that the revisions have clarified and strengthened the manuscript. We have included a point-by-point response to the reviewers and editors' comments and an updated STROBE checklist for cross-sectional studies.

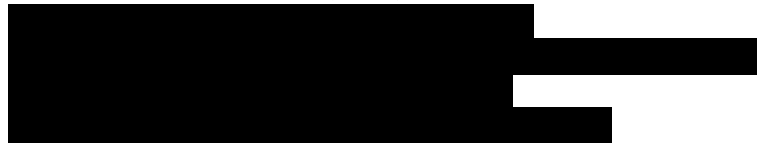
As lead author, I affirm that the revisions have been reviewed and approved by my co-authors and that all individuals listed in the Acknowledgements have given permission to appear as such.

We would be happy to make additional revisions, if requested. We look forward to hearing from your office soon with a decision about the manuscript.

Sincerely,



Anne K. Sebert Kuhlmann, PhD, MPH



Enclosure: Point-by-point response to reviewers' and editors' comments; authors' responses in red

RE: Manuscript Number ONG-18-1733

Unmet menstrual hygiene needs among low-income women in St. Louis, Missouri

Dear Dr. Sebert Kuhlmann:

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REVIEWER COMMENTS:

Reviewer #1: This study used a cross-sectional design with 3 methodologies to assess the menstrual hygiene needs of low income women in St. Louis, Missouri. The methodologies were clearly described, followed standard protocols, and were analyzed or described in an appropriate qualitative manner. This is not a hot-topic, but clearly one of the most important topics and it needed to be discussed.

I feel the last statement of the conclusion may be a little bold, stating that OB-Gyns should take the lead in advocating for improved access to menstrual hygiene supplies for all females across the US. In many communities, there aren't OB-Gyns who are the primary providers seeing patients. Many mid-level providers, pediatricians and family medicine physicians are seeing menstruating women more often than OB-Gyns. I would consider modifying that statement and encouraging all Women's health care providers to take the lead. **Ok, this has been edited both in the Abstract (pg. 3) and the Implications (pg. 19).**

Also, consider discussing the reusable menstrual cups, as these would certainly decrease the cost associated with female personal hygiene products. **Thank you for the suggestion. A statement about reusable menstrual hygiene products has been added to the Discussion (pg. 17).**

Reviewer #2: This is a cross sectional study on menstrual hygiene needs among low income women living in St. Louis, Missouri. The study included several parts with both quantitative and qualitative research methodology to evaluate their research question.

Main issues:

1- In reading the paper, it is not clear how does the included sample represents the target population which is "low income women living in St Louis Missouri". The sample was a convenient sample from women receiving aid from public and non-for-profit organizations working in the St Louis Missouri area. This is important to clarify and

change the title, method and conclusion to fit the sample utilized in this study. We have clarified that we selected a purposive sample of women from across a range of non-for-profit community service organizations that serve low-income women. We have added a Sampling sub-section in the Methods (pg. 6-7) to describe this. In the Discussion, we have been careful to refer to 'low-income women we surveyed'. We are electing to keep the phrase "low-income women" in title because of the purposive sampling to identify women.

2- It is also important to provide a denominator for the 183 patients included in the administrated survey. How many households in the area that are labelled as low income using the US government data? How many organizations provide care in the area? Is the 10 organization represent all the provider of care to low income women? How many women received service that year from those 10 organizations per year? We have added information in the Introduction (pg. 5) citing the 2017 Census estimate for women living in poverty in the City of St. Louis. We have also cited a 2018 Community Resource Guide to provide an estimate of the number of community service organizations across the range of services included in our purposive sample of organizations (pg. 6). We are unable to calculate the number of women receiving services by each organization because many of the organizations serve children and men as well as women, and their financial documents do not disaggregate by demographics. Furthermore, some organizations, like food pantries, track number of households served per month but not the number or demographics of those within the household, and some households may receive services multiple months in a year.

<https://www.census.gov/quickfacts/stlouiscitymissouri> (accessed 10/17/2018) - approximately 31,196 women 18+ years living in poverty in StL City as of 07/01/2017

308,626 population in City, 51.7% are women (159,569), 79.8% are 18y+ (127,329), 24.5% live in poverty (31,196)

3- As an observational study, please utilize the STROBE guidelines to improve reporting of this study (https://urldefense.proofpoint.com/v2/url?u=https-3A_www.strobe-2Dstatement.org_index.php-3Fid-3Dstroke-2Dhome&d=DwlGaQ&c=Pk_HpalpE_jAoEC9PLIWQ&r=ZS6fo0NYYPr7avSs6jR1CksLzAaC8Co9GopCl1ezxFU&m=zXlS6ToFnAkt_78E2PAXcLrRnyjTbUpuxdMWgLqeQ7M&s=P5edIT5W58neRpZelWq_AQplYfcOXuAu_54XpPS8AcU&e=) We included the STROBE check-list for cross-sectional studies in our initial submission and have updated it to resubmit with our revision.

Specific points:

1- Title, abstract, Precis: Please consider changing to better reflect the sample included in the study Please see response to #2 above. The Editor's comments state we have an excellent Precis so we are electing to leave it as is.

2- Introduction: Can be shorter! We have shortened the Introduction to 3 paragraphs and < 250 words.

3- Methods:

a. Please include some clear definition of the target population, sampling methods for each of the 3 parts of the study what is the relation between the target population and the sample. This is very important for the internal and external validity of the study conclusions! Please see response to #2 above.

b. In the St Louis area, what is the total number of organizations providing care/aid to low income population? How many of those participated in the study? What criteria used to define low income? This needs clarification Please see response to #2 above. We added a Census estimate of the number of adult women living in poverty in

the City of St. Louis to the Introduction (pg. 5) and an estimate of the number of community service organizations across the range of services that we sampled to the Methods (pg. 6).

c. How was the sample size calculated/decided for each of the 3 parts of the study? **We have added a Sampling sub-section to the Methods to clarify this (pg. 6-7).**

d. For the interviewer- administrated survey: did the authors documented consent separate from the survey? **Yes, this information is stated in the Methods (pg. 7)** How many women refused participation and how many women received social services from that organization in the time period of the survey? **All women approached agreed to participate. One survey was excluded from final analyses because the woman didn't finish the interview. This information is stated in the Methods (pg. 7). We do not have information about the number of women receiving services from each organization. The organizations' financial statements include service numbers, but they are all reported differently. Some organizations serve men and children who are included in their numbers; others, like food pantries, report the number of households served (not individuals) per month and have repeat clients month-to-month.**

e. For the focus group discussion: how many total participants in the focus groups? **17 – This information is stated in the Methods (pg. 8) and is in Table 1.** How they were recruited? **Women were recruited through purposively selected not-for-profit community service organizations that serve low-income women in St. Louis. This is stated in the Methods under the new Sampling sub-section (pg. 6-7)** How many refused to participate? **None, we have clarified this under the Focus Group Discussion sub-section (pg. 8).**

f. For the electronic survey: How many organizations were approached and was the response rate? What was the different measure taken to increase response! **Organizations were recruited through snowball sampling by emailing participating organizations, asking them to distribute, and through newsletters and email distribution lists of umbrella organizations (pg.6-7). Given the snowball sampling strategy, we do not know the total number of organizations that received the survey; we only know that 25% of those who clicked on link completed the electronic survey, which is stated in the manuscript (pg.9). We have added the snowball sampling strategy and the low completion rate for the electronic survey to the Limitations (pg. 19).**

4- Results:

a. It is important for each part of the study to highlight the sampling process and exclusions and reasons for that best in a figure form **We have clarified the sampling process in the new Sampling sub-section (pg. 6-7) and have clarified exclusions in the survey and focus group sub-sections (pg. 7).**

b. Results is too long and need to be succinct **Thank you for the suggestion. The results have been shortened.**

5- Discussion:

a. Authors are encouraged to provide more details about the target population and to make sure that their sample was representative of that population. As written inferences to "low income women living in St Louis" is not very supported by the information provided in the method or result section. **We believe that our clarifications in the Methods section now clearly support that we surveyed and conducted focus group discussions among low-income women in St. Louis. We also have a statement in the Limitations noting that due to our purposive sampling strategy, our estimates of the extent of menstrual hygiene needs within this population may actually be conservative (pg. 18). Finally, we have been careful in the Discussion to refer to 'low-income women we surveyed'.**

b. To support the claim of being the first, please conduct a systematic review of the literature **We have removed this claim from the abstract and the text.**

Reviewer #3: This is a mixed methods study evaluating the menstrual hygiene needs of low-income women in St. Louis, MO. Cross-sectional interviewer-administered surveys, focus groups and surveys of community service

organizations were used to examine the barriers to accessing menstrual hygiene products in low-income women. I appreciate the study for providing alarming information on this problem in the United States. The literature as it is now, focuses on menstrual hygiene as a problem in developing countries, but I could find no literature that brought this issue to the forefront for the U.S.

This manuscript is relevant to the journal and likely contains data that will be previously unknown to the readers. In addition, the data is quite recent. A significant problem is the low survey completion rate of the community centers (lines 119-120). We have added the low completion rate for the electronic survey to the Limitations (pg. 19).

Reviewer #4: Unmet menstrual hygiene needs among low-income women in St. Louis, Missouri is a cross-sectional study evaluating women who seek social services in St. Louis, and evaluating their menstrual hygiene needs.

* Line 32: Change 'over' as 21% is very close to 20%. 'Over' makes it sound like it's much more than 1% greater. We have edited the statement to say 'approximately one-fifth' (pg. 3).

* Line 40: Ob/gyns should advocate - remove 'take the lead' as there are many health care professionals and public health providers that may be more successful in leading efforts for this issue. We have edited both the abstract (pg. 3) and the Implications (pg. 19-20) to say 'women's healthcare providers'

* What is the sample size of the total population of low-income women, in order to estimate the percentage of low income women in St. Louis? Of those of who receive services at these agencies? Please see response to #2 under Reviewer 2. We have added a Sampling sub-section to the Methods to clarify the sampling strategies for all 3 forms of data collection (pg. 6-7)

* Surveys - were these piloted? Validated? The survey instrument was developed for this needs assessment. The instrument was pilot tested among university students and revised before administration. Some questions were modified from standard food insecurity questions in the U.S. and from menstrual hygiene questions used in low-income countries. We have added this description of the survey in the Methods (pg. 7).

* Focus groups: why did you choose 3 different groups? Survey vs. focus group data collection was determined in coordination with each of the participating community service organizations in order to minimize service disruption to their clients. This information has been clarified and added to the Methods (pg.6).

* Line 93: How many agencies were represented? All 10? Surveys were done in 7 of the 10 organizations; focus groups were done in 3 of the 10. This has been clarified in the Methods (pg. 7).

* Line 119: Response rate - should be total who responded out of the group that were contacted, not only those that opened the email. We used a snowball sampling strategy for the electronic survey (pg. 6-7), so we don't know exactly how many unique organizations received the survey. We have added the snowball sampling strategy and the low completion rate to the electronic organizational survey to the Limitation (pg. 18)

* Line 124: consider changing the sentence as the word 'only' sounds judgmental. 'Only' has been removed (pg. 9).

* Paragraph 158: This paragraph about the preferences of tampons v pads seems out of place to the overall objective to describe menstrual hygiene needs. The paragraph about the preferences of pads vs. tampons in the focus group discussions has been deleted (pg. 10), but we are electing to leave the information from the survey about what women usually use vs. what they prefer (pg. 10) because this is one dimension of need – do you have access to the type of products you prefer to use to manage your menses.

- * Paragraph 183: same comment as above. We have deleted the paragraph about main source of information about menstruation at menarche (pg. 12).
- * Paragraph 323: Focus discussion on findings and possible action items for the audience of the journal. Our Implications paragraphs include a clear set of advocacy items to improve menstrual hygiene for all women in the U.S. in which the journal's audience can be involved (pg. 19-20).
- * Table 1: This doesn't seem necessary as this is in the text. Given that we triangulated data from 3 sources and that we received numerous comments from the reviewers about the sample, we are electing to leave Table 1 as a clear snapshot of what data collection methods matched with which specific aims and what the sample size was for each (pg. 25).
- * Overall questions: Are there any data about interactions with healthcare facilities or contraception usage. No, we didn't ask any of these questions. They would be interesting to explore in future studies.

Impression: This is a very unique topic. This study includes considerations of needs that many low-income face, which are helpful for Ob/Gyn practitioners. However, I think the write up needs to be more concise with more detailed description of methods/statistics. Thank you. We have shortened the Introduction, Results, and Discussion while elaborating on the Methods, especially the sampling strategies for each form of data collection.

STATISTICAL EDITOR COMMENTS:

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

lines 92-102: The surveys report the number of participating women, but how many were asked who declined participation? We have clarified that all 184 women who were invited to participate in the interviewer-administered surveys did so and that 1 survey was excluded from analyses for non-completion (pg. 7). In other words, how can the reader be assured that these survey responses were representative of the target population? This was an exploratory study that used purposive and snowball sampling strategies to understand low-income women's needs related to menstrual hygiene. We have added a caution about representativeness in the Limitations (pg. 18).

lines 104-113: How were the 3 groups chosen from among the 10 participating organizations? Again, how was this representative? Please see response to Reviewer #4 above: Survey vs. focus group data collection was determined in coordination with each of the participating community service organizations in order to minimize service disruption to their clients. This information has been clarified and added to the Methods (pg.5). We have added a caution about representativeness in the Limitations (pg. 18-19).

lines 115-120: If the electronic surveys were completed only 25% of the time, how is this representative of community service organizations? We have added a caution about the snowball sampling strategy, low response rate, representativeness in the Limitations (pg. 18-19).

Table 3: Should include CIs for proportions. Table 3 presents univariate frequencies only. Therefore, no CIs are warranted.

Limitations section of discussion needs to address response rates and potential for representation bias. **We have added a caution about the low completion rate and representativeness in the Limitations (pg. 18-19).**

EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.

- excellent precis **Thank you**

- please provide additional information on how women were identified, same for the organizations surveyed. **We have edited the Abstract (pg. 3) to clarify that we recruited women through a purposive sample of 10 not-for-profit community service organizations. We have also added a sub-section on Sampling to the Methods to clarify this (pg. 6-7).**

- provide information about how many women approached, how many declined to participate. Need to build a case that this is a representative, not a biased sample. **We have clarified in the Abstract (pg. 3) that all women invited to participate in the interviews and focus groups agreed to do so. We have also explained in the Methods that all 184 women approached for the survey agreed to participate, while one survey was excluded for non-completion, leaving 183 surveys for analysis (pg. 7).**

- how was "Struggle" defined? **We have edited this throughout the document to say 'women who cannot afford' to buy needed menstrual hygiene products.**

- This is called a primacy claim (your paper is the first or biggest) and must either be deleted or supported by providing the search terms used, dates, and data bases searched (Medline, Ovid, Pubmed, Google Scholar, etc) in order to substantiate your claim. Fine to make the point in your discussion, but relative novelty of the study is not what you want to reader to "take home". Recall that most people read only the abstract. **We have removed this claim from the Abstract and main text to focus on the implications of our results.**

Also, let the reader make the decision that this is "alarming". **This term has been removed from the Abstract (pg. 3). Just report the facts in the abstract--you can expand in the discussion section of the paper. We have edited the Abstract accordingly (pg. 3).**

- Your introduction should be about a page long. Some of this information can be condensed or moved to discussion section. Use your introduction to 1. Identify why its an important issue (which you've done in first two paragraphs) then 2. identify the knowledge gaps you seek to fill. Also state your primary and any

secondary outcomes We have edited the Introduction down to 3 paragraphs and <250 words per the comment below.

- The readers of Ob GYN will know what menstruation is. Ok to drop this first sentence. Ok, we have deleted this sentence (pg. 4).

- same women? Please explain who surveyed women, and those participating in focus groups were identified. You really need to build the case that your study subjects in the 3 arms of your study present an unbiased view of this question, particularly because of low response rate of the electronic survey. We have clarified in the Methods (pg. 6) that women participated in either the interviewer-administered survey or the focus group discussion but not both.

- was the survey validated? Please see response to Reviewer #4 above. We have added a description of the survey development for both the women (pg. 7) and the organizations (pg. 8) to the Methods. Both surveys were developed for this study and were pilot tested and revised before administration.

- what limit did you have on how many you interviewed? 100-300 is pretty broad. We have added a citation (pg. 6) about sample size for needs assessment. Why did you limit to 18 years or older? You'll of course miss the school absenteeism issue. As an exploratory study, we were limited in time, scope, and funding. Thus, we focused this initial study on adult women. Girls and adolescents are certainly an important demographic for menstrual hygiene, however, so we have added that as a suggestion for future research in the Discussion (pg. 19-20) How were interviewees identified? We have clarified the process for sampling in a new sub-section in the Methods (pg. 6-7)

- why only three? How were these 3 chosen? Please see response to Reviewer #4 above. We have clarified in the Methods that survey vs. focus group data collection was determined in coordination with each organization in order to minimize service disruption to their clients (pg. 5).

- led the focus groups? Same person at each? How were participants chosen? What was the structure of the focus group? Any structured questions? We have clarified in the Methods (pg. 8) that the focus groups were all led by the same facilitator using a semi-structured focus group guide.

- Which organizations? How were they chosen. You did your in person portion of this study at 3 and 10 sites. Now you have 18. Please explain We have clarified in the Methods (pg. 8) that we recruited women for the surveys and focus groups from 10 purposively sampled community service organizations. Seven of these organizations chose surveys and three chose focus groups as the data collection method that would minimize service disruption to their clients. We then used a snowball sample to recruit a broader sample for the electronic survey of community service organizations. The sample sizes per data collection method are also stated in Table 1 (pg. 24)

- The organization didn't answer the questions--someone there did. To whom what the survey addressed? We have clarified in the Methods that any staff member at the organization who receive the link was eligible to complete the survey (pg. 8).

- For data presented in the text, please provide the raw numbers as well as data such as percentages, effect size

(OR, RR, etc) as appropriate and 95% CI's. We have added the raw numbers throughout the text. Effect sizes and 95% CIs are not appropriate for univariate frequencies. We have provided test statistic and p-value for significant bivariate relationships.

- Why would you include post menopausal women? All women 18 years and older at the CSOs were eligible to participate. We have clarified this in the Methods (pg. 6). Even women going through menopause may need menstrual hygiene products like liners due to discharge and intermittent spotting.

- Define "struggled". Please be careful about using emotionally charged words without adequate definition. We have replaced 'struggled' with 'cannot afford' throughout the manuscript.

- This sounds like results from a Likert scale question. Please in the methods tell us more about the survey. Could all of the women read or were the surveys given orally? We have clarified in the Methods (pg. 7) that the surveys were administered verbally. We have also provided a more detailed description of the survey and its development.

- The Journal style does not include the use of the virgule (/) except in numeric expressions. Please edit here and in all instances. Ok, we have edited and removed the / from throughout the manuscript.

- please consult the Instructions for Authors regarding the use of abbreviations, and what constitutes an acceptable abbreviation. This is not an acceptable abbreviation. Please spell the words out throughout the manuscript. Ok, we have edited and removed abbreviations from throughout the manuscript.

-give numerators and denominators. If you only have 17 people, it would be hard to be able to show a lack of differences--I would not report the comparisons for your focus group--just the descriptive data. This comment refers to data from the survey where we had 181 responses to this question, not the focus groups where we had 17 participants. We have added the raw numbers to the Results throughout in order to clarify the denominators.

- I know what you mean but they had the number of pads they were provided, but they used them twice as fast on their heavy days. It didn't change the number of pads. We have edited to say 'thus using up the pads they received twice as quickly' (pg. 12).

- available where? We have clarified that the women suggested greater availability through donations and community service organizations (pg. 14).

- Please consolidate this information. We have deleted this sentence (pg. 14).

- counter to you data which showed most women learned from their mothers. We have removed this statement.

- Please give the denominator as best as you can. You offered the survey to 18 and asked people to pass it on to others, so I realize that isn't very good information about your denominator. Do you know if other organizations beside the 18 you sent it to completed the survey? Response rate is VERY low here so in discussion and the way you present the results, you need to temper this information with skepticism about generalizability. We used a snowball sampling strategy for the electronic survey (pg. 6-7), so we don't know exactly

how many unique organizations received the survey. We have added the snowball sampling strategy and the low completion rate for the electronic organizational survey to the Limitation (pg. 18)

- Primacy claim---see note in abstract. **Ok, we have removed this claim from throughout the abstract and manuscript.**

- I think you mean "most women" here in general--the readership. Perhaps you could make this clearer. **We have edited to say 'most women in society' (pg. 16).**

- Please clarify that you mean qualitatively. You haven't studied really quantitatively in a generalizable fashion. Move sentences 283-284 to preceding paragraph and state new paragraph w/ 2nd aims. **We have edited as such (pg. 16).**

- than were described. Plural **Thank you. This has been corrected.**

- This would be the place to put the [condensed] information from your introduction about US steps to address this. **Ok, thank you for the suggestion. We have moved this information to the Discussion (pg.17)**

- Please also list strengths. Under limitations--poor response rate on electronic survey. **Ok, we have both added strengths & expanded limitations (pg.18-19)**

- Also limitation of not including women who would likely be in middle or high school to study school absenteeism, and the effect on people with less experience. **We see this as an opportunity for future research, not a limitation, and have included it as such in the Discussion (pg. 19). As an exploratory study, we had a limited budget and time frame within which to work, so we focused this initial research on low-income adult women.**

2. The Editors of Obstetrics & Gynecology are seeking to increase 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, as well as subsequent author queries. 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:

1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries. **Ok**

2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

3. 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 will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at [https://urldefense.proofpoint.com/v2/url?u=http-3A links.lww.com AOG A515&d=DwIGaQ&c=Pk HpalpE jAoEC9PLIW0Q&r=ZS6fo0NYYPr7avSs6jR1CksLzAaC8Co9GopCl1ezxFU&m=zXIS6ToFnAkt_78E2PAXcLrRnyjTbUpuxdMWgLqeQ7M&s=brDotH9ag0RUEv1So0Ocew2t253qf9VfsjsUNgicARw&e=](https://urldefense.proofpoint.com/v2/url?u=http-3A%2Flinks.lww.com%2FAOG%2FA515&d=DwIGaQ&c=Pk%20HpalpE%20jAoEC9PLIW0Q&r=ZS6fo0NYYPr7avSs6jR1CksLzAaC8Co9GopCl1ezxFU&m=zXIS6ToFnAkt_78E2PAXcLrRnyjTbUpuxdMWgLqeQ7M&s=brDotH9ag0RUEv1So0Ocew2t253qf9VfsjsUNgicARw&e=), and the gynecology data definitions are available at [https://urldefense.proofpoint.com/v2/url?u=http-](https://urldefense.proofpoint.com/v2/url?u=http-3A%2Flinks.lww.com%2FAOG%2FA515&d=DwIGaQ&c=Pk%20HpalpE%20jAoEC9PLIW0Q&r=ZS6fo0NYYPr7avSs6jR1CksLzAaC8Co9GopCl1ezxFU&m=zXIS6ToFnAkt_78E2PAXcLrRnyjTbUpuxdMWgLqeQ7M&s=brDotH9ag0RUEv1So0Ocew2t253qf9VfsjsUNgicARw&e=)

[3A_links.lww.com_AOG_A935&d=DwlGaQ&c=Pk_HpalpE_jAoEC9PLIW0Q&r=ZS6fo0NYYPr7avSs6jR1CksLzAaC8Co9GopCl1ezxFU&m=zXIS6ToFnAkt_78E2PAXcLrRnyjTbUpuxdMWgLqeQ7M&s=aODR-cBJ5sU02ojtLHkwXHLI9XDnzLwx6L-l_hP94&e=](https://links.lww.com/AOG/A935&d=DwlGaQ&c=Pk_HpalpE_jAoEC9PLIW0Q&r=ZS6fo0NYYPr7avSs6jR1CksLzAaC8Co9GopCl1ezxFU&m=zXIS6ToFnAkt_78E2PAXcLrRnyjTbUpuxdMWgLqeQ7M&s=aODR-cBJ5sU02ojtLHkwXHLI9XDnzLwx6L-l_hP94&e=). N/A

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes). **Our manuscript now meets these criteria once all track changes are accepted.**

Please limit your Introduction to 250 words and your Discussion to 750 words. **We have edited the manuscript to meet these criteria.**

5. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:

- * All financial support of the study must be acknowledged. **Our financial support from the Incarnate Word Foundation was already included in the Acknowledgements (pg. 1).**

- * 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. **Those individuals listed in the Acknowledgements were student volunteers so no financial assistance provided (pg. 1).**

- * 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 signature on the journal's author agreement form verifies that permission has been obtained from all named persons. **Yes, permission has already been obtained from all of the individuals listed in the Acknowledgements.**

- * 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). **n/a**

6. 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. **We have reviewed and edited the Abstract (pg. 3) to ensure that it is consistent with our revised manuscript.**

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Original Research articles, 300 words. Please provide a word count. **We have added the word count for the abstract, 273 words (pg. 3).**

7. Only standard abbreviations and acronyms are allowed. A selected list is available online

at [https://urldefense.proofpoint.com/v2/url?u=http-](https://urldefense.proofpoint.com/v2/url?u=http-3A_edmgr.ovid.com_ong_accounts_abbreviations.pdf&d=DwlGaQ&c=Pk_HpalpE_jAoEC9PLIW0Q&r=ZS6fo0NYYPr7avSs6jR1CksLzAaC8Co9GopCl1ezxFU&m=zXIS6ToFnAkt_78E2PAXcLrRnyjTbUpuxdMWgLqeQ7M&s=384raxpa39k)

[3A_edmgr.ovid.com_ong_accounts_abbreviations.pdf&d=DwlGaQ&c=Pk_HpalpE_jAoEC9PLIW0Q&r=ZS6fo0NYYPr7avSs6jR1CksLzAaC8Co9GopCl1ezxFU&m=zXIS6ToFnAkt_78E2PAXcLrRnyjTbUpuxdMWgLqeQ7M&s=384raxpa39k](https://urldefense.proofpoint.com/v2/url?u=http-3A_edmgr.ovid.com_ong_accounts_abbreviations.pdf&d=DwlGaQ&c=Pk_HpalpE_jAoEC9PLIW0Q&r=ZS6fo0NYYPr7avSs6jR1CksLzAaC8Co9GopCl1ezxFU&m=zXIS6ToFnAkt_78E2PAXcLrRnyjTbUpuxdMWgLqeQ7M&s=384raxpa39k)

[GdCKqBKqyFZ_INJS6OktBsKrcN-34dEo&e=](#). 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. **We have removed all abbreviations and acronyms from the manuscript.**

8. The journal does not use the virgule symbol (/) in sentences with words. 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 have removed the / symbol from throughout the manuscript.**

9. Abstract and Manuscript: 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 on the other hand, it is not based on a systematic search but only on your level of awareness, it is not a claim we permit. **We have removed this claim from the abstract and the manuscript.**

10. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: https://urldefense.proofpoint.com/v2/url?u=http-3A_edmgr.ovid.com_ong_accounts_table-5Fchecklist.pdf&d=DwlGaQ&c=Pk_HpalpE_jAoEC9PLIWQ&r=ZS6fo0NYYPr7avSs6jR1CksLzAaC8Co9GopCl1ezxFU&m=zXIS6ToFnAkt_78E2PAXcLrRnyjTbUpuxdMWgLqeQ7M&s=iDUuP_JlNIqhr9f0uZITgSBTfJzCjTh26CZE2rCrQM&e=. **We have reviewed our tables against the journal's Table Checklist and believe that our tables now conform to journal style (pg. 25-27)**

11. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at https://urldefense.proofpoint.com/v2/url?u=http-3A_www.acog.org_Resources-2DAnd-2DPublications&d=DwlGaQ&c=Pk_HpalpE_jAoEC9PLIWQ&r=ZS6fo0NYYPr7avSs6jR1CksLzAaC8Co9GopCl1ezxFU&m=zXIS6ToFnAkt_78E2PAXcLrRnyjTbUpuxdMWgLqeQ7M&s=ZdOU8dAAavcHimT6w5kgVNXaLeKyt_ORIAH4M6KvcOk&e=. **n/a**

12. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at https://urldefense.proofpoint.com/v2/url?u=http-3A_ong.editorialmanager.com&d=DwlGaQ&c=Pk_HpalpE_jAoEC9PLIWQ&r=ZS6fo0NYYPr7avSs6jR1CksLzAaC8Co9GopCl1ezxFU&m=zXIS6ToFnAkt_78E2PAXcLrRnyjTbUpuxdMWgLqeQ7M&s=qFevLjVxfeApXXFLQuNnlS6Q8rW9J36OwUBPgKXb6lc&e=. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

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

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 Nov 02, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2017 IMPACT FACTOR: 4.982

2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

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In response to the EU General Data Protection Regulation (GDPR), you have the right to request that your personal information be removed from the database. If you would like your personal information to be removed from the database, please contact the publication office.

In compliance with data protection regulations, please contact the publication office if you would like to have your personal information removed from the database.

Randi Zung

From: Anne Sebert Kuhlmann [REDACTED]
Sent: Thursday, November 8, 2018 4:08 PM
To: Randi Zung
Subject: Re: Your Revised Manuscript 18-1733R1

Randi,

These revisions to the manuscript look fine. Does this mean that the manuscript has been accepted?

Thanks,
Anne

From: Randi Zung <RZung@greenjournal.org>
Sent: Thursday, November 8, 2018 2:47:29 PM
To: Anne Sebert Kuhlmann
Subject: RE: Your Revised Manuscript 18-1733R1

Hello:

Thank you for your quick reply.

The Manuscript Editor made an error by listing "Danjoint. I have corrected this in the attached file, although this information is just for internal use by the Editorial Office and will not be published.

Regarding Dr. Chescheir's comment (Query 12), the Precis sentence and Abstract-Conclusion usually either match verbatim, or are very close. We ask that all statements that appear in the Abstract, also appear in the body text of the manuscript for consistency. So, the Abstract-Conclusion sentence usually appears again (or with similar phrasing) in the Discussion section. I think what you have currently is okay.

The attached file (v3) is the latest version of the manuscript. If you want to make any other changes, this is your final opportunity. If you think the file is ready to go, please let me know and I will send it to the Manuscript Editor for a final review.

Thanks,
Randi

From: Anne Sebert Kuhlmann [REDACTED]
Sent: Thursday, November 8, 2018 2:27 PM
To: Randi Zung <RZung@greenjournal.org>
Subject: Re: Your Revised Manuscript 18-1733R1

Randi,

Thank you for the opportunity to provide these additional edits to our manuscript. I have reviewed the Editor's track changes and edits the requested places in the attached version. I have also provided a response below to each of the requested changes. My only question is about #12 below and whether the Editor is referring to the

last sentence of the Abstract or to the Precis. I have edited assuming that it is the last line of the Abstract. Please let me know if that is incorrect or if any additional edits are requested.

Finally, out of curiosity, why is 'Danjoint' listed in the header when I am the first and corresponding author?

Responses to queries

1. General: The Editor has made edits to the manuscript using track changes. Please review them to make sure they are correct. **I have reviewed them, and they are correct.**

2. Line 31: When you write that a study occurred between date 1 and date 2, it literally excludes those boundary dates. For instance, “This study was performed between Feb 2018 and Jan 2019” would mean it was performed from March 2018 to Dec 2018. Do you instead mean that the study was performed from date 1 to date 2? If so, please edit. **I edited to say from July 2017 through March 2018 for clarity.**

3. Line 32: Took me awhile to figure out what n=17 means. I think you can exclude it in the abstract. **I deleted this.**

4. Line 43: In the methods, you describe the survey of agencies but you provide no data from the survey in the results. Some results need to be mentioned. **I have added two sentences to the Abstract summarizing the results from the survey of community organizations.**

5. Line 47: In the initial set of reviews, several reviewers, including me, suggested a change in saying that Ob GYN's should “Take the lead”. I realize here that you've extended this to other types of docs and nurses, but in reality I think the intent was that this isn't likely to be a project that docs will lead—more likely to be social service agencies, schools, public health agencies Are you ok with this suggested change? If not please make sure in the manuscript why you think docs should be the leaders of this effort and why that is the best use of their time/energy. **I am ok with the suggested change.**

6. Line 48: All females or low income females? **I edited to say low-income females.**

7. Line 79: This sounds like you only sampled at 1 of the 10. Would you consider ...We conducted interviewer-administered surveys at to women at 10 participating organization that provide services to low-income residents of St. Louis. **I edited to say, 'We conducted interviewer-administered surveys of women at ten participating[NCCI] organizations that provide services to low-income residents of St. Louis.'**

8. Line 95: Please provide the information you gave in your response to reviewers about this range of interviews and how you decided on the final ##. **I have done so.**

9. Line 140: Please explain here, as you did in your response letter, why you included menopausal women. **I have done so.**

10. Line 213: Not necessary to provide this degree of information. Perhaps just “Focus group participant” is adequate. **I have made this edit throughout the manuscript.**

11. Line 237: Again, please eliminate some of the detail here in designating who said what. **I have made this edit throughout the manuscript.**

12. Line 331: I like this much better; I think you just forget to change the precis. OK to alter the precis conclusion to more closely match this if you prefer

Are you referring to the last sentence of the Abstract or the Precis? I am fine with either place. The last sentence of the Abstract has been edited to be similar to this sentence. The Precis is a summary of our most important finding.

Many thanks,
Anne

From: Anne Sebert Kuhlmann
Sent: Thursday, November 8, 2018 12:28 PM
To: Randi Zung
Subject: Re: Your Revised Manuscript 18-1733R1

Randi,

I will be happy to make that change as well. I just returned to my office after teaching all morning, so I am about to work on the suggested edits.

Thanks,
Anne

From: Randi Zung <RZung@greenjournal.org>
Sent: Thursday, November 8, 2018 12:23:07 PM
To: Anne Sebert Kuhlmann
Subject: FW: Your Revised Manuscript 18-1733R1

Dear Dr. Sebert Kuhlmann:

The Editors have discussed your manuscript, they would additionally like you to remove "in St. Louis, Missouri" from the title only. That is the final edit they will be asking for.

Thank you,
Randi

From: Randi Zung
Sent: Thursday, November 8, 2018 9:02 AM
To: [REDACTED]
Subject: Your Revised Manuscript 18-1733R1

Dear Dr. Sebert Kuhlmann:

Your revised manuscript is being reviewed by the Editors. Before a final decision can be made, we need you to address the following queries. Please make the requested changes to the latest version of your manuscript

that is attached to this email. **Please track your changes and leave the ones made by the Editorial Office.** Please also note your responses to the author queries in your email message back to me.

1. General: The Editor has made edits to the manuscript using track changes. Please review them to make sure they are correct.

2. Line 31: When you write that a study occurred between date 1 and date 2, it literally excludes those boundary dates. For instance, “This study was performed between Feb 2018 and Jan 2019” would mean it was performed from March 2018 to Dec 2018. Do you instead mean that the study was performed from date 1 to date 2? If so, please edit.

3. Line 32: Took me awhile to figure out what n=17 means. I think you can exclude it in the abstract.

4. Line 43: In the methods, you describe the survey of agencies but you provide no data from the survey in the results. Some results need to be mentioned.

5. Line 47: In the initial set of reviews, several reviewers, including me, suggested a change in saying that Ob GYN’s should “Take the lead”. I realize here that you’ve extended this to other types of docs and nurses, but in reality I think the intent was that this isn’t likely to be a project that docs will lead—more likely to be social service agencies, schools, public health agencies Are you ok with this suggested change? If not please make sure in the manuscript why you think docs should be the leaders of this effort and why that is the best use of their time/energy.

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To facilitate the review process, we would appreciate receiving a response within 24 hours.

Best,
Randi Zung

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Randi Zung (Ms.)

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[\[NCC1\]](#)