

OBSTETRICS & GYNECOLOGY



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

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

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

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

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

Date: Sep 27, 2019
To: "Rebecca Jeanne Mercier" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-1648

RE: Manuscript Number ONG-19-1648

"I need to share": Instagram Users' Experiences of Miscarriage

Dear Dr. Mercier:

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 Oct 18, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This is a unique study examining how social media posts about miscarriage can inform the care of patients clinically as well as provide support to women. research on instagram is an interesting phenomenon as topics can be followed by the tags created by the hashtag placed on the post. this creates a database of searchable information on a topic of interest.

methods : posts were time limited in selection and the authors make a point of avoiding certain days that could possibly influence the number of posts. posts were excluded if not related to miscarriage. What is not clear is if the authors excluded other posts in the comments section. The authors state that any continuation of the original post into the comments section then that post was extracted but no mention is made of other posts in the comments section. all info was de identified. coding methodology as reported seems appropriate.

results: interrater reliability is high as well as agreement of all codes. 5 themes were noted. 1) medical/physical experiences of miscarriage, 2) social experiences of miscarriage, 3) emotional spectrum, 4) impact of miscarriage and family identity, 5) how to cope through a miscarriage. the reporting of the themes and selected quotes is appropriate. Given the nature of the raw material, descriptive statistics are difficult to report.

Discussion: strengths of this research - novel idea, demonstrates an alternative method of coping and finding support. also confirms prior research that providers are unable to provide the dedicated emotional support needed for pregnancy loss. Instagram provides an outlet of support as well as allow women to feel a part of a larger community. also a place for partners to feel included. weaknesses include the apparent homogeneity of the population seeking solace on Instagram. also used only one hashtag while experiences may be filed under other hashtags that were not searched.

Reviewer #2: Overall:

This is a qualitative study that collected social media (Instagram) posts on the subject of miscarriage and through content analysis, identified recurring themes. It acknowledges the ability of this social media space to provide support and perhaps to serve as a coping mechanism for those experiencing pregnancy loss.

Disclosures: None

Human subjects: IRB approval was obtained from Thomas Jefferson University.

Abstract:

1. The abstract represents the article.

Introduction:

2. The purpose of the study is plainly stated and the background review is thorough. Nice description of the psychological effects of pregnancy loss and the role of online community sharing as the predecessor to social media posting.

3. Line 62: It might be useful to include a reference link to Dr. Zucker and her work.

Methods:

4. Line 95: Were videos excluded due to confidentiality concerns?

5. Lines 106-107: Please clarify - were these 33 posts included in the data set?

6. Line 113-114: Just to clarify - the open coding was based on word and phrase repetitions?

7. Lines 123-124: How often on average, were there discrepancies in coding in the 25% of the database that was reviewed by 2 team members?

Results:

8. Generous use of quotes are included.

Discussion:

9. Can the authors identify any negative aspects of the use of social media in the context of pregnancy loss?

References:

10. Well developed reference list.

Figures:

11. Figure 1: Any specific reason why fewer posts were assessed on extraction day 4?

Reviewer #3: This study provides interesting insight into the behavior of women experience miscarriages, however I am not sure how they can help providers counsel their patients better, especially since the population surveyed through their IG post is homogenous, leaving a significant number of women out.

STATISTICAL EDITOR'S COMMENTS:

1. lines 115-116: Should expand this section slightly to explain the process for the interested reader.

2. lines 121-130: Should include a Table or some other summary detailing the agreement method and number of posts that were doubly coded.

3. lines 133-134: The range (-0.15 to 1.00, or the range of % agreement from 64-100%), do not seem to support the statement of "almost perfect interrater reliability. Should cite the CIs for the mean κ value and mean of 99% agreement, or eliminate the statement of "almost perfect reliability".

EDITORIAL OFFICE COMMENTS:

1. 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. 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.

B. OPT-OUT: No, please do not publish my point-by-point response letter.

2. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will

be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

3. Tables, figures, and supplemental digital content should be original. The use of borrowed material (eg, lengthy direct quotations, tables, figures, or videos) is discouraged, but should it be considered essential, written permission of the copyright holder must be obtained. Permission is also required for material that has been adapted or modified from another source.

Both print and electronic (online) rights must be obtained from the holder of the copyright (often the publisher, not the author), and credit to the original source must be included in your manuscript. Many publishers now have online systems for submitting permissions request; please consult the publisher directly for more information.

When you submit your revised manuscript, please upload 1) the permissions license and 2) a copy of the original source from which the material was reprinted, adapted, or modified (eg, scan of book page(s), PDF of journal article, etc.).

4. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), quality improvement in health care studies (ie, SQUIRE 2.0), and studies reporting results of Internet e-surveys (CHERRIES). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at <http://ong.editorialmanager.com>. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, CHEERS, SQUIRE 2.0, or CHERRIES guidelines, as appropriate.

5. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at <https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

6. 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 print appendixes) but exclude references.

7. 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.
- * 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).

8. 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.

9. 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.

10. 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.

11. 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.

12. The American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG 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 (exceptions could include manuscripts that address items of historical interest). 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 an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found via the Clinical Guidance & Publications page at <https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance>.

13. The Journal's Production Editor had the following to say about the figures in your manuscript:

"Figures 2–7: Do you have permission to use these images in print and online?"

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

If the figures were created using a statistical program (eg, STATA, SPSS, SAS), please submit PDF or EPS files generated directly from the statistical program.

Figures should be saved as high-resolution TIFF files. The minimum requirements for resolution are 300 dpi for color or black and white photographs, and 600 dpi for images containing a photograph with text labeling or thin lines.

Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce.

14. 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 <http://edmgr.ovid.com/acd/accounts/ifauth.htm>.

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

If you choose to revise your manuscript, please submit your revision through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded in a word processing format such as Microsoft Word. Your revision's cover letter should include the following:

- * 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.

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 Oct 18, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2018 IMPACT FACTOR: 4.965

2018 IMPACT FACTOR RANKING: 7th out of 83 ob/gyn journals

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

Nancy C. Chescheir, MD
Editor in Chief
Obstetrics and Gynecology

Dear Dr Chescheir,

Thank you for the opportunity to revise and resubmit our manuscript, “‘I need to share’: Instagram Users’ Experiences of Miscarriage”, for consideration for publication in Obstetrics & Gynecology. The manuscript reports the results of a qualitative study of social media use by women who have experienced miscarriage and pregnancy loss. We have considered the reviewer and editorial comments and made the requested changes and clarifications in the manuscript. Our response to the reviewers is found in the pages following this cover letter.

Thank you in advance for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Rebecca J. Mercier". The signature is fluid and cursive, with a large initial "R" and "M".

Rebecca J. Mercier MD, MPH

We have provided responses to the reviewer and editor comments. For clarity, we have placed our responses in italicized text immediately below each point where a query or request for clarification was made. We have provided adjusted line numbers in our responses reflecting where changes can be found in the revised manuscript. Changes in the manuscript in response to comments remain highlighted in track changes.

REVIEWER COMMENTS:

Reviewer #1: This is a unique study examining how social media posts about miscarriage can inform the care of patients clinically as well as provide support to women. research on instagram is an interesting phenomenon as topics can be followed by the tags created by the hashtag placed on the post. this creates a database of searchable information on a topic of interest.

methods : posts were time limited in selection and the authors make a point of avoiding certain days that could possibly influence the number of posts. posts were excluded if not related to miscarriage. What is not clear is if the authors excluded other posts in the comments section. The authors state that any continuation of the original post into the comments section then that post was extracted but no mention is made of other posts in the comments section. all info was de identified. coding methodology as reported seems appropriate.

We chose to incorporate the original post continuation into the comments as it frequently seemed to be a thematic continuation of the post itself; we chose to exclude further content from comments as this was typically dominated by other users, rather than the original poster, and we felt this did not clearly reflect the user's specific experience. A statement has been added to this section at approximately lines 103-105 to clarify this.

results: interrater reliability is high as well as agreement of all codes. 5 themes were noted. 1) medical/physical experiences of miscarriage, 2) social experiences of miscarriage, 3) emotional spectrum, 4) impact of miscarriage and family identity, 5) how to cope through a miscarriage. the reporting of the themes and selected quotes is appropriate. Given the nature of the raw material, descriptive statistics are difficult to report.

Discussion: strengths of this research - novel idea, demonstrates an alternative method of coping and finding support. also confirms prior research that providers are unable to provide the dedicated emotional support needed for pregnancy loss. Instagram provides an outlet of support as well as allow women to feel a part of a larger community. also a place for partners to feel included. weaknesses include the apparent homogeneity of the population seeking solace on Instagram. also used only one hashtag while experiences may be filed under other hashtags that were not searched.

We agree that the use of a single hashtag is a limitation of our methodology; this is acknowledged in the final portion of the manuscript.

Reviewer #2: Overall:

This is a qualitative study that collected social media (Instagram) posts on the subject of miscarriage and through content analysis, identified recurring themes. It acknowledges the ability of this social media space to provide support and perhaps to serve as a coping mechanism for those experiencing pregnancy loss.

Disclosures: None

Human subjects: IRB approval was obtained from Thomas Jefferson University.

Abstract:

1. The abstract represents the article.

Introduction:

2. The purpose of the study is plainly stated and the background review is thorough. Nice description of the psychological effects of pregnancy loss and the role of online community sharing as the predecessor to social media posting.

3. Line 62: It might be useful to include a reference link to Dr. Zucker and her work.

A reference has been added at approximately line 64 that includes a link to Dr Zucker's professional webpage which contains information about both her work and this campaign.

Methods:

4. Line 95: Were videos excluded due to confidentiality concerns?

Video was excluded for logistical reasons and in acknowledgement of the researchers' areas of expertise; video analysis was expected to be a substantively different process than the coding of text and photos, and our research team did not have the resources or expertise to approach this with confidence. Text has been added at approximately line 94 to explain this.

5. Lines 106-107: Please clarify - were these 33 posts included in the data set?

No, these posts were not included in the data set, as they were used to refine inclusion and exclusion criteria, and we did not feel they were appropriate to include – text has been added at approximately line 114 to clarify this.

6. Line 113-114: Just to clarify - the open coding was based on word and phrase repetitions?

Yes – our open coding process involved each researcher examining the same set of posts and proposing codes based on concepts that seemed to come up repeatedly in the posts. The team then met to discuss

and compare the code lists, and by consensus regarding the most common concepts and how they should be defined, the preliminary codebook was created. Per the statistical editors comments below, we have added some text at approximately lines 117-123 to provide additional detail on the qualitative method.

7. Lines 123-124: How often on average, were there discrepancies in coding in the 25% of the database that was reviewed by 2 team members?

There was very little discrepancy in coding in the double-coded posts. This is currently stated in the results section, with the description of kappa statistic and the percentage of agreement which was 99% (range 64%-100%) on the posts.

Results:

8. Generous use of quotes are included.

Discussion:

9. Can the authors identify any negative aspects of the use of social media in the context of pregnancy loss?

This is an insightful comment – certainly, posting about anything online has the potential for generating and unexpectedly negative experience, especially related to negative comments and ‘trolling’. Some text has been added to the discussion at about lines 338-342 to acknowledge this as a potential risk or negative aspect. In acknowledgement of this concept, the text in the discussion which notes that health care providers might consider suggesting online posting as a coping mechanism has been modified to state that this is most relevant for patients who are already engaged on these platforms.

References:

10. Well developed reference list.

Thank you!

Figures:

11. Figure 1: Any specific reason why fewer posts were assessed on extraction day 4?

This different number of posts was essentially due to the timing of Easter. We had determined that Easter was a date excluded due to potential impact of a religious holiday concerned with rebirth on the content of our data. Extraction date 3 was intended to reach a pre-determined target of a total of 150 posts; but working backwards in time, Easter date was reached prior to hitting that target. So, the extraction date 4 was added in order to bring that data collection event up to the target number of total included posts. This seemed complex to explain in the text, so we have not placed text in the document to clarify, but if the editors feel this would be of value to a reader, we will be happy to included it.

Reviewer #3: This study provides interesting insight into the behavior of women experience miscarriages, however I am not sure how they can help providers counsel their patients better, especially since the population surveyed through their IG post is homogenous, leaving a significant number of women out.

This is a valid concern. As we comment in our limitations section, it does seem that the Instagram community, at least in this aspect is rather homogenous. We do think that our findings, especially the overall finding that women seem to turn to social media posting to find community and support while experiencing a medical complication and loss that is frequently shrouded in silence may be of use to health care providers. Providers may simply be encouraged to ask their patients more specifically about sources of support and sharing, and may suggest to their patients that online resources, including the social media platforms in which they already engage, could become a place for community and support.

STATISTICAL EDITOR'S COMMENTS:

1. lines 115-116: Should expand this section slightly to explain the process for the interested reader.

Additional text now at approximately line 118-124 has been added which will hopefully better explain the typical qualitative process to a reader who is less familiar with these methods than quantitative methods.

2. lines 121-130: Should include a Table or some other summary detailing the agreement method and number of posts that were doubly coded.

Additional text has been added at approximately lines 129-131 to summarize the primary coding and double coding pattern.

3. lines 133-134: The range (-0.15 to 1.00, or the range of % agreement from 64-100%), do not seem to support the statement of "almost perfect interrater reliability. Should cite the CIs for the mean κ value and mean of 99% agreement, or eliminate the statement of "almost perfect reliability".

This text has been revised, now at approximately lines 140-143. We have adjusted our text to state that our Kappa of 0.95 is "excellent" rather than "near perfect"; this text reflects the guidance of our software that reliability over 0.75 may be considered excellent. We are happy to revise this language again if the statistical editor has a preferred term.

NVivo kappa results are typically provided with range rather than CI, in our team's experience. If it is strongly preferred to report a CI, we will be happy to change this.

Regarding the kappa range (- 0.15 – 1.00) and percentage of agreement range (64-100%); this was driven by a few instances where there was NO agreement on certain codes in certain posts – however, as this happened in only 4 out of a total of 1815 coding events, we do not think it substantially changes our impression of excellent agreement. Text has been added to the manuscript at lines approximately 140-

147 to explain this. If further analysis or revision is required we will be happy to comply with any suggestions.

EDITORIAL OFFICE COMMENTS:

1. 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. 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.
- B. OPT-OUT: No, please do not publish my point-by-point response letter.

We will OPT-IN; this will be indicated in the cover letter

2. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

No authors have additional conflicts to disclose

3. Tables, figures, and supplemental digital content should be original. The use of borrowed material (eg, lengthy direct quotations, tables, figures, or videos) is discouraged, but should it be considered essential, written permission of the copyright holder must be obtained. Permission is also required for material that has been adapted or modified from another source.

Both print and electronic (online) rights must be obtained from the holder of the copyright (often the publisher, not the author), and credit to the original source must be included in your manuscript. Many publishers now have online systems for submitting permissions request; please consult the publisher directly for more information.

When you submit your revised manuscript, please upload 1) the permissions license and 2) a copy of the original source from which the material was reprinted, adapted, or modified (eg, scan of book page(s), PDF of journal article, etc.).

As we detail below as the answer to the production editor comment – while we do not have copyright permissions from individual users for material in this study, we believe that our use of text and images is covered by the Fair Use Doctrine, as a research study; this has typically been the basis for publication of research incorporating materials retrieved online in studies looking at web pages, social media sites and online bulletin boards. We will not likely be able to obtain copyright permission for each piece of data in the study, so we hope this is acceptable to the editors.

4. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), quality improvement in health care studies (ie, SQUIRE 2.0), and studies reporting results of Internet e-surveys (CHERRIES). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at <https://nam01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fong.editorialmanager.com&data=02%7C01%7CRebecca.mercier%40jefferson.edu%7Cd6a501c26dc34f36ee0308d7437a05e2%7C55a89906c710436bbc444c590cb67c4a%7C0%7C0%7C637052063674867153&sdata=sam6DSAZKr%2BplgqWpn5kgTz7%2ByUZM9SHzXZHfi47NzU%3D&reserved=0>. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, CHEERS, SQUIRE 2.0, or CHERRIES guidelines, as appropriate.

STROBE Guidelines form for cross-sectional study has been completed, and will be submitted with the revised manuscript.

5. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at <https://nam01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.acog.org%2FAbout-ACOG%2FACOG-Departments%2FPatient-Safety-and-Quality-Improvement%2FreVITALize&data=02%7C01%7CRebecca.mercier%40jefferson.edu%7Cd6a501c26dc34f36ee0308d7437a05e2%7C55a89906c710436bbc444c590cb67c4a%7C0%7C0%7C637052063674867153&sdata=xdImUP%2BSV%2B47f5%2BRRmuGFII2VzCeyocRMdRw%2BSlau6A%3D&reserved=0>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

We have altered some text referring to recurrent pregnancy loss on page 12 to reflect the revitalize definitions.

6. 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 print appendixes) but exclude references.

Excluding references, but including all other pages, our manuscript word count is currently under the limit, at approximately 4900 words. We have done some minor editing to slightly shorten the introduction and discussion. The total length is greater than 22 pages, with each figure assigned to a single page; it is 19pages excluding the photo figures. This may be partly attributed to the particular formatting associated with the use of illustrative quotes, where these quotes offset from the text and increase the overall length. If the manuscript needs to be shortened further even though it is currently under the work limit, we would be happy to make further edits or consider elimination of some or all of the figures.

7. 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.
- * 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).

This study received no financial support and no other acknowledgements are indicated.

8. 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.

Word count has been added

9. 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.

10. 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 believe we have changed all instances of this in the text.

11. 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.

A line stating we believe this is the first study of Instagram and miscarriage has been removed from the discussion.

12. The American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG 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 (exceptions could include manuscripts that address items of historical interest). 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 an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found via the Clinical Guidance & Publications page at <https://nam01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.acog.org%2FClinical-Guidance-and-Publications%2FSearch-Clinical-Guidance&data=02%7C01%7Crebecca.mercier%40jefferson.edu%7Cd6a501c26dc34f36ee0308d7437a05e2%7C55a89906c710436bbc444c590cb67c4a%7C0%7C0%7C637052063674867153&reserved=0.13>.

We cite one Practice Bulletin and we believe it is up to date

The Journal's Production Editor had the following to say about the figures in your manuscript:

"Figures 2–7: Do you have permission to use these images in print and online?"

We do not have permission from users to use these images. We were IRB approved to access and report on de-identified text and images for this project. In general, material posted on Instagram is considered to be the property of the user, though Instagram retains some rights to reuse material in their typical EULA.

We believe that the use and publication of Instagram images in this project is not a violation of the users privacy (due to de-identification) or copyright due to the Fair Use doctrine. The Fair Use doctrine states that certain (particularly non-commercial) uses of material under copyright is allowed, without obtaining the copyright holders permission. While we are not legal experts, our understanding is that four factors are generally considered to determine whether the use of content is considered "fair":

*1. The purpose of use: educational, **nonprofit, scholarly**, reporting, reviewing, or **research**; 2. The nature of use: fact-based or public content (courts are usually more protective of creative works); 3. The amount and substantiality used: using only a small piece of the image, using only a small thumbnail/low-resolution version of the image; 4. The market effect: you could not have purchased or licensed the copyrighted work.*

We believe that the purpose of use – research – allows use of this content, specifically text and images, in this case. The Instagram online help page discusses this concept both in context of users posting content, and the use of content from the site: <https://help.instagram.com/126382350847838> and <https://help.instagram.com/116455299019699>

If the editors feel that this is NOT an example of fair use, and not covered under the typical interpretation of that doctrine, even as an IRB-approved research protocol, we would withdraw the use of photos for publication, and present only our textual excerpt and text descriptions of the photos currently included.

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

Figure 1 is a Microsoft Word file

When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

Each figure has been saved as an individual file. Figure Legends have been listed in the manuscript.

If the figures were created using a statistical program (eg, STATA, SPSS, SAS), please submit PDF or EPS files generated directly from the statistical program.

Figures should be saved as high-resolution TIFF files. The minimum requirements for resolution are 300 dpi for color or black and white photographs, and 600 dpi for images containing a photograph with text labeling or thin lines.

Figures 2-6 are photos, and have been submitted as TIFF format at the appropriate DPI.

Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce.