OBSTETRICS & GYNECOLOGY

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

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

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

Date: Jan 07, 2020
To: "Heidi Moseson" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-2297

RE: Manuscript Number ONG-19-2297

Beyond ‘women’s health’: the imperative for transgender and gender non-binary inclusion

Dear Dr. Moseson:

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 Jan 28, 2020, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This is an interesting current commentary with a purpose to "describe barriers to clinical care and research participation unique to transgender and gender nonbinary people, and offer concrete suggestions for creating more inclusive environments."

1. Could the authors expand their discussion to include barriers to clinical care and research participation for pediatric and adolescent transgender and gender nonbinary people?

2. Do the authors have any data on how many medical/osteopathic schools in the US have educational programs devoted to clinical care and research participation for transgender and gender nonbinary people? How many residencies and fellowships have similar training programs? Could the authors discuss the importance of sexual and reproductive health education for everyone in medical school and residency curricula?

3. Another issue with the EMR is the electronic communication of lab values to patients as soon as they are available, using lab normal ranges based on cis-female or cis-male normal levels. This can be unsettlingly for the patient when they view an abnormal lab value which is actually normal based on hormones they are taking or surgery they have had. Please include in discussion of EMR.

4. In Table 1. Are there clinics that have designated "Women's" vs "men's" waiting areas?

5. IN Table 2. "Offer (at a minimum) the opportunity to identify as a man, woman, non-binary or genderqueer/gender-nonconforming, or another gender not specified." How about an option of choosing not to identify gender?

Reviewer #2: In this commentary, the authors describe institutionalized barriers to sexual and reproductive healthcare for transgender and gender nonbinary people. The authors make recommendations that may help to create a more gender-affirming healthcare community and may improve the quality of research for people of marginalized gender identities. The commentary includes specific suggestions for gender-inclusive clinical settings and research that are not just relevant to obstetrician-gynecologists, but are also relevant to anyone who cares for patients and/or is involved in clinical research. I have only superficial critiques below.

1. Page 3, Abstract, Line 48: Please define "colleagues." This commentary has relevance for any physician who cares for patients.

2. Page 4, Introduction, Line 60: You can remove the "e.g." and the parentheses and just refer to the papers. There are

several other instances in the manuscript where you can do the same.

3. Page 4, Introduction, Line 65-66: This notion that transgender and gender non-binary people are similar and unique is quite nicely described in Light and Obedin-Maliver's article "Opening the ob/gyn door for sexual and gender minority patients" from Contemporary OBGYN. Please consider referencing this paper.

4. Page 6, Harms, Line 100: Please define "clinical care settings." Your point is that these barriers are most pronounced in the OBGYN's office (I suspect that is true), but you should be more clear here.

5. Page 14, Table 1: Do you have an example of an all-gender intake form? It may strengthen the manuscript if you could upload an example (as supplemental material).

Reviewer #3: The authors have presented an commentary that is very needed in the reproductive health sciences and integration into medical education. This is a very timely topic as the manuscript points out that the number of TGNB is likely underestimated and will be higher in future generations. The references were broad and reputable. The suggestions for inclusivity in care and research were very well written. For clinicians the table was laid out nicely so that it can be utilized in the office setting and the same is true for the research table. The major weakness of the commentary is the tone and syntax used, especially in the abstract, introduction and conclusion. At times it seems judgmental instead of informative. This can be off putting to some readers and may even deter them for reading this important commentary.

Comments
1. Abstract line 45 - would recommend changing the flow of the first sentence as well as when the aim is listed in the introduction. This changes the tone of the manuscript.
"With this commentary, we aim to make evident that SOLEY REFERENCING cisgender women in the context of sexual and reproductive health (SRH)……"

2. Line 48, consider changing sentence to: "EXCLUDING TGNB PEOPLE IS HARMFUL. WE CALL…"

3. Lines 54-63 need to be rearranged and reworded. Consider starting the paragraph with the "we, the authors statement." Remove wording, FAR TOO LONG. Frame the opening paragraph more in the context of "common practice" that needs to change.

4. Line 131, start with "THE FOCUS…."

5. Line 216-218 you mention your own patients. This would be something better discussed above in the "Harms from exclusive language and images in SRH research" section. It could have its own paragraph is there bring in other published works as an example of why TGNB research is important.

6. Lines 207-211 need to be reworked similar to m suggestions for the opening paragraph

7. Lines 211-214 are powerful. They can stand alone as it's own paragraph right before the last sentence.

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. 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.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Current Commentary articles should not exceed 12 typed, double-spaced pages (3,000 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.

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

* All financial support of the study must be acknowledged.
* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form verifies that permission has been obtained from all named persons.
* 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).

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

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Current Commentary articles, 250 words Please provide a word count.

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

9. 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.

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 Journal's Production Editor had the following comments about the figures in your manuscript:

"Figure 1: Note that we may need a letter of permission from the EMR company."

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.

12. 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.

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If you choose to revise your manuscript, please submit your revision through Editorial Manager at http://ong.editorialmanager.com. Your manuscript should be uploaded 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 Jan 28, 2020, 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

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January 27, 2020

Manuscript #: ONG-19-2297

Dear Dr. Chescheir, the *Obstetrics & Gynecology* Editorial Board, and the reviewers:

We are so grateful for the thoughtful and specific comments from the reviewers and editors, and for the opportunity to be considered for publication in *Obstetrics & Gynecology*. We have responded to each reviewer and editor comment on a point-by-point basis below, and attach a revised manuscript with all edits highlighted via Track Changes. This revised submission includes a revised version of the electronic medical record (EMR) screenshot, with permission from Epic EMR company for publishing it in the journal (in the event that the journal decides to move forward with this submission).

Please do not hesitate to reach out with any questions or clarifications.

Many thanks,

Heidi Moseson, PhD, MPH
Corresponding author
[redacted]

Response to Reviewers

Manuscript #: ONG-19-2297

Manuscript title: Beyond 'women's health': the imperative for transgender and gender non-binary inclusion

REVIEWER COMMENTS:

Reviewer #1: This is an interesting current commentary with a purpose to "describe barriers to clinical care and research participation unique to transgender and gender nonbinary people, and offer concrete suggestions for creating more inclusive environments."

1. Could the authors expand their discussion to include barriers to clinical care and research participation for pediatric and adolescent transgender and gender nonbinary people?

The reviewer makes an important point that pediatric and adolescent TGNB people face additional, and unique, barriers to clinical care and research. As a team of authors, one of us specializes in pediatric and/or adolescent care, and we agree with the reviewer that highlighting how barriers may be different, or more restrictive for populations within the TGNB umbrella is

important. Within the word and page limits placed by the journal, we are not certain that we have the space to go more in depth, but wish to highlight that there are indeed many other barriers. Consequently, we have added the following text to the conclusion to acknowledge this, and hopefully inspire more research (lines 229-235): "In this commentary, we have endeavored to highlight key barriers to inclusion of TGNB people in SRH care and research, and to provide suggestions for addressing these barriers. We have by no means covered all barriers, and indeed, know that more is needed to understand barriers faced by more vulnerable and differently resourced communities within the larger TGNB umbrella, including barriers specific to youth and adolescent TGNB people, such as parental involvement and consent, coming out or disclosure to parents, and more, as well as barriers unique to differently abled TGNB people, TGNB people of color, and TGNB people who do not speak English."

2. Do the authors have any data on how many medical/osteopathic schools in the US have educational programs devoted to clinical care and research participation for transgender and gender nonbinary people? How many residencies and fellowships have similar training programs? Could the authors discuss the importance of sexual and reproductive health education for everyone in medical school and residency curricula?

Thank you for raising this. Research on the state of educational programs/training re sexual and gender minority health is a small but growing body of literature in and of itself, although the literature that has been published rarely distinguishes between training focused on sexual orientation versus gender identity. The research that does ask about transgender specific education/training suggests that topics related to transgender or other gender-minority healthcare are the least understood topics among the broader umbrella of LGBTQ+ focused trainings. In short, the state of medical school and residency curricula with regard to the sexual and reproductive health of gender minority patients leaves much to be desired, and this leads directly to the shortage of trained, competent providers for TGNB people. We have added a discussion of the importance of this training to the manuscript, in lines 131-137. The newly added text reads: "Research suggests that most health care providers in the United States do not receive comprehensive training on how to provide care for TGNB patients – in fact, only 16% of participating Liaison Committee on Medical Education accredited academic practices reported a comprehensive LGBTQ-competency training program; and more than half (52%) reported no LGBTQ training[26,27]. Even when training is provided, it may not be of high quality[28]. More specifically, a survey of OBGYN providers in the US found that only a third (or less) were comfortable providing care for transgender patients.[23]"

3. Another issue with the EMR is the electronic communication of lab values to patients as soon as they are available, using lab normal ranges based on cis-female or cis-male normal levels. This can be unsettlingly for the patient when they view an abnormal lab value which is actually normal based on hormones they are taking or surgery they have had. Please include in discussion of EMR.

This is an illustrative example of another challenge with EMR systems, and a point worth raising. We have added a sentence to our discussion of the EMR in lines 117-121 to address this, that now reads: “Another challenge with some EMR systems is the electronic communication of lab values to patients as soon as they are available using lab “normal” ranges based on cisgender patients, meaning that a patient may see their result flagged as “abnormal”, even when it is actually normal based on the hormones the patient is taking or the surgeries they have had.”

4. In Table 1. Are there clinics that have designated "Women's" vs "men's" waiting areas?

We are aware of some clinics that do not allow partners who are assumed to be men in the waiting rooms, or ask them to occupy other spaces. We are most familiar with this scenario in clinics that provide abortions, for presumed or historic security and privacy reasons but this may result in patients who are masculine presenting themselves being excluded. Without describing all of these nuances, we used this as a prompt such that clinicians who work in segregated settings might recognize these situations and begin to question them.

5. IN Table 2. "Offer (at a minimum) the opportunity to identify as a man, woman, non-binary or genderqueer/gender-nonconforming, or another gender not specified." How about an option of choosing not to identify gender?

We thank the reviewer for this excellent suggestion. This option to allow people not to identify gender speaks to our experience that for many people, categorizing by gender in any way can be problematic. We have edited the table to add this option. The revised text in Table 2 on the bottom of page 17 now reads: “Offer (at a minimum) the opportunity to identify as a man, woman, non-binary genderqueer/gender-nonconforming, another gender not specified, or to opt not to identify a gender at all.”

Reviewer #2: In this commentary, the authors describe institutionalized barriers to sexual and reproductive healthcare for transgender and gender nonbinary people. The authors make recommendations that may help to create a more gender-affirming healthcare community and may improve the quality of research for people of marginalized gender identities. The commentary includes specific suggestions for gender-inclusive clinical settings and research that are not just relevant to obstetrician-gynecologists, but are also relevant to anyone who cares for patients and/or is involved in clinical research. I have only superficial critiques below.

1. Page 3, Abstract, Line 48: Please define "colleagues." This commentary has relevance for any physician who cares for patients.

This point is well taken. We have revised the text in question to refer to clinicians and researchers, not just “our colleagues”, and not just OBGYNs. The revised abstract text incorporates edits from Reviewer #3 as well, and in lines 48-49 now reads: “Excluding TGNB people is harmful. We call on **clinicians and researchers** to ensure that all points of SRH access, research, sources of information, and care delivery comprehensively include and are

accessible to people of all genders." As a similar sentence is included in the introduction (lines 68-69), we revised the text there as well to read: "We call on clinicians and researchers to ensure that all points of SRH access…"

2. Page 4, Introduction, Line 60: You can remove the "e.g." and the parentheses and just refer to the papers. There are several other instances in the manuscript where you can do the same.

Fair enough. We initially included the "e.g." to convey that we were not exhaustively citing all work relevant to the point being made, just some – but per the reviewer's point, this is likely understood. We have thus removed "e.g." and parentheses from our citations throughout the paper, specifically in lines 62, 93, 107, and 197.

3. Page 4, Introduction, Line 65-66: This notion that transgender and gender non-binary people are similar and unique is quite nicely described in Light and Obedin-Maliver's article "Opening the ob/gyn door for sexual and gender minority patients" from Contemporary OBGYN. Please consider referencing this paper.

Thank you for this suggestion. We reviewed the article, and agree that it describes a similar idea well. We have added this as a reference following the sentence in lines 64-67: "With this commentary, we aim to make evident that speaking only about cisgender women (or cisgender men) in the context of sexual and reproductive health (SRH) – particularly pregnancy planning and care - excludes a diverse group of people who have both similar and unique SRH needs and experiences.[6]"

4. Page 6, Harms, Line 100: Please define "clinical care settings." Your point is that these barriers are most pronounced in the OBGYN's office (I suspect that is true), but you should be more clear here.

We have attempted to clarify what we mean by offering three examples of clinical care settings where these barriers are most pronounced. The revised text, now in lines 101-103, reads: "This can be particularly pronounced in clinical care settings, such as OBGYN offices, family planning centers, and other sexual and reproductive health clinics."

5. Page 14, Table 1: Do you have an example of an all-gender intake form? It may strengthen the manuscript if you could upload an example (as supplemental material).

We agree that this would be an excellent addition to the manuscript. In response to this suggestion, we collected and reviewed 5-6 examples from clinics known to provide gender-affirming care; however, we found areas for improvement in each. We would like to develop a better example form ourselves, but acknowledge that this is an entire project in and of itself and requires more time than currently available for this commentary. Instead, we provide more detail in the table and link to a simple example form, with caveat that each clinic may should review and tailor their own form with input from a diverse cross-section of the patient population. In Table 1, the revised text in this section now reads: "Consider an all-gender intake form that asks

people to indicate the organs they have, and solicits words that each patient uses to talk about their body parts, to guide patient/provider interactions. (An example of a simple, if specific, intake form can be found in Pederson S, A new and inclusive intake form for diagnostic imaging departments. *Journal of Medical Imagine and Radiation Sciences*. 49 (2018);p. 371-375). Any intake form should receive input from a diverse cross-section of patient representatives."

Reviewer #3: The authors have presented a commentary that is very needed in the reproductive health sciences and integration into medical education. This is a very timely topic as the manuscript points out that the number of TGNB is likely underestimated and will be higher in future generations. The references were broad and reputable. The suggestions for inclusivity in care and research were very well written. For clinicians the table was laid out nicely so that it can be utilized in the office setting and the same is true for the research table. The major weakness of the commentary is the tone and syntax used, especially in the abstract, introduction and conclusion. At times it seems judgmental instead of informative. This can be off putting to some readers and may even deter them for reading this important commentary.

We are grateful to the reviewer for this constructive comment. As a group of authors and collaborators, we feel strongly about this issue – and in some instances, that may have come through unintentionally as judgmental. We have taken the comment seriously, and made key revisions throughout to address the tone – particularly where the reviewer made specific recommendations.

Comments

1. Abstract line 45 - would recommend changing the flow of the first sentence as well as when the aim is listed in the introduction. This changes the tone of the manuscript.
"With this commentary, we aim to make evident that SOLEY REFERENCING cisgender women in the context of sexual and reproductive health (SRH)…."

We have revised the first sentence of the abstract accordingly, and it now reads as follows in lines 45-48: "With this commentary, we aim to make evident that solely referencing cisgender women in the context of sexual and reproductive health (SRH) – particularly pregnancy planning and care - excludes a diverse group of transgender and gender non-binary (TGNB) people who have both similar and unique SRH needs and experiences." Similarly, in the introduction, we revised the corresponding text in lines 64-65 to read: "With this commentary, we aim to make evident that **solely referencing** cisgender women (or cisgender men) in the context of sexual and reproductive health (SRH)…." The subsequent line goes on to say: "This exclusion prevents the advancement of science and clinical care for people of all genders, including cisgender women."

2. Line 48, consider changing sentence to: "EXCLUDING TGNB PEOPLE IS HARMFUL. WE CALL…"

We have changed the sentence accordingly. The revised text in lines 48-51 reads: "Excluding TGNB people is harmful. We call on clinicians and researchers to ensure that all points of SRH

access, research, sources of information, and care delivery comprehensively include and are accessible to people of all genders."

3. Lines 54-63 need to be rearranged and reworded. Consider starting the paragraph with the "we, the authors statement." Remove wording, FAR TOO LONG. Frame the opening paragraph more in the context of "common practice" that needs to change.

We have shortened and removed several sentences from the introduction, in an attempt to condense the first paragraph, shift the tone to informative, and frame in terms of common practice. The revised introductory paragraph now reads, in lines 56-71: "In current practice, pregnancy - as well as contraception, abortion, prenatal care, birth, post-partum care, chest/breastfeeding, and childrearing - are often presented as experiences of cisgender women. Yet, people of many genders – women, men, genderqueer, non-binary, and more – can and do carry pregnancies.[1,2] We, the authors of this commentary, are sexual and reproductive health advocates, counselors, health-care providers, and researchers with a range of identities, including those who are transgender and gender non-binary (TGNB). With this commentary, we aim to make evident that solely referencing cisgender women (or cisgender men) in the context of sexual and reproductive health (SRH) – particularly pregnancy planning and care - excludes a diverse group of people who have both similar and unique SRH needs and experiences.[6] This exclusion is harmful, and prevents the advancement of science and clinical care for people of all genders, including cisgender women. We call clinicians and researchers to ensure that all points of SRH access, sources of information, and care delivery comprehensively include and are accessible to people of all genders."

4. Line 131, start with "THE FOCUS…."

We removed the introductory clause: "In different forms, albeit with different results, the focus on…" and the revised text in line 144 now reads: "The focus on cisgender women in SRH research has led to data that are either irrelevant or inaccurate for those of us who are TGNB."

5. Line 216-218 you mention your own patients. This would be something better discussed above in the "Harms from exclusive language and images in SRH research" section. It could have its own paragraph is there bring in other published works as an example of why TGNB research is important.

We appreciate the reviewer's comment. We initially included this discussion of the learnings in reproductive medicine that stem directly from the inclusion of TGNB people in research as a BENEFIT of their inclusion, and to leave readers with an important argument for why people of all genders should care about TGNB inclusion. However, the reviewer makes a good point that we could flip this to emphasize what is lost / missed by exclusion of TGNB people in clinical care and research. So, we have moved this text from the conclusion to the "Consequences of exclusive language and images in SRH research" section. The revised text, in its new location in lines 183-189 now reads: "Further, the lack of inclusion of TGNB people in much SRH research limits the advancement of reproductive medicine. For instance, in the small but growing body of research in which TGNB patients have been included, we are learning about the impact of testosterone on ovarian function, puberty, bone health, and sex drive, as well as other biological

and pathological processes.[32-37] Broader inclusion in research could open up new understandings of medicine for people of all genders."

6. Lines 207-211 need to be reworked similar to my suggestions for the opening paragraph

Upon revisiting this text, which formerly read: "Clinical care and research are inextricably linked: situations that arise in clinical care motivate much research, and research subsequently supports changes and innovations in clinical care. If people are left out of either space, they are left out of both, and this absence hurts the SRH field broadly, as well as the people and communities left out. Language reflects and reinforces our attitudes; so in evaluating our language, we examine more deeply the assumptions that frame our work. Changing the language we use and the environments in which we work is necessary for greater inclusion and quality, but it is not an all-encompassing solution. Rather, it is the first of many crucial steps needed to move us toward greater inclusivity, kindness, and ultimately, higher quality clinical care and research for people of all genders."

Per the reviewer's suggestion, we have reworked the text similar to suggestions for the opening paragraph. The revised, shorter text in lines 210-218 now reads: "Clinical care and research are closely linked: questions that arise in clinical care motivate much research, and research subsequently informs changes and innovations in clinical care. If people are left out of either space, they are left out of both." We then moved the sentence about attitudes to the final paragraph, per the suggestion below.

7. Lines 211-214 are powerful. They can stand alone as it's own paragraph right before the last sentence.

We appreciate this feedback. We have moved the text from lines 211-214 to a new paragraph, that now ends with the final sentence of the conclusion. The revised text in lines 247-253 now is the last text in the commentary, and reads: "Language reflects and reinforces our attitudes. When we evaluate our language, we examine more deeply the assumptions that frame our work. Changing the language we use and the environments in which we work is necessary for greater inclusion and quality, but it is not an all-encompassing solution. Rather, it is the first of many crucial steps needed to move us toward greater inclusivity, kindness, and ultimately, higher quality clinical care and research for people of all genders. We hope this commentary contributes to shifting the paradigm of SRH clinical care and research toward this vision of comprehensive inclusion and effective high-quality health care for all."

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. *(← we choose this option)*

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.

We have confirmed that disclosures are correctly listed.

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.

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All content in our manuscript is original. The screen shot of the EMR has been approved by the EMR company, Epic. We have uploaded permission from the EMR company for use of the image – please note though that this permission contains email addresses. If the revisions need to be blinded, you will need to remove these email addresses from the document sent to reviewers.

4. 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.

We have reviewed these definitions and accept them.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Current Commentary articles should not exceed 12 typed, double-spaced pages (3,000 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.

We have reviewed the space limitations and believe our manuscript to be in accordance with these. When Track Changes is turned off, the Manuscript is 10 double spaced pages including title page, precis, abstract and main text (2,770 words). It is unclear how many pages the tables will add, pending journal formatting. Please let us know if we need to cut anything further; in trying to accommodate the excellent reviewer suggestions, it was difficult to remove any more text. Please let us know if further reductions are necessary.

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

** All financial support of the study must be acknowledged.*
** Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.*
** All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form verifies that permission has been obtained from all named persons.*
** 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).*

We have reviewed these rules and our submission is in compliance.

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

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Current Commentary articles, 250 words Please provide a word count.

We have reviewed these rules and our submission is in compliance, the abstract in particular.

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

We have reviewed these abbreviations and our submission is in compliance.

9. 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 all instances of the virgule symbol in sentences with words, inclusive of footnotes and tables.

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 Journal's Production Editor had the following comments about the figures in your manuscript:

"Figure 1: Note that we may need a letter of permission from the EMR company."

Just a note that we contacted the EMR company via the Stanford School of Medicine Epic representative, and received permission to use a revised version of the screen shot, which we have uploaded with this revised submission. We have also uploaded a PDF of the email chain with permission from the Epic representative.

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.

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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.

Our figure has been saved as a high-res TIFF file, per these guidelines.

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