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: Nov 13, 2020
To: "Charisse Loder" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-2679

RE: Manuscript Number ONG-20-2679

A call to action: Changing ob-gyn residency education to combat reproductive injustice

Dear Dr. Loder:

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 Dec 04, 2020, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: While I think the issue of reproductive justice is important, I would recommend some revisions to strengthen the manuscript

1) Any survey is inherently biased - some more numbers indicating survey response to better understand significance of these issues would be useful - if there were only 158 cases, though tragic, that is actually a small number. Were they centralized to certain regions of the country? More information to better understand would be helpful and to provide greater strength to the survey component

2) I think it would be useful to provide more clarity on the proposed measures to combat reproductive injustice earlier in the manuscript. By the time the specifics of addressing the problem are reviewed it is at the very end, and I think it would be stronger to discuss these strategies and then elucidate examples showing why they are necessary. It starts out appearing to be a research paper with a survey, but the truth is the meat of the manuscript is at the end and it should be presented earlier. Then the cases can be used to exemplify the issues. As it is now, the solutions seem very vague, so more information should be elucidated earlier

3) Perhaps it would be better to discuss the Black lives Matter movement as a whole rather than address George Floyd specifically.

Reviewer #2: The authors conducted an online, qualitative survey that evaluated residents' clinical and educational experiences with reproductive injustice. Respondents were asked to report examples of discrimination or reproductive injustice that they had witnessed and how equipped they were to respond. The responses were coded by themes such as discrimination, language barriers, structural barriers to care, professionalism and trust, and residents' preparedness to respond. The authors found evidence of significant issues around reproductive injustice with little evidence of residents' being prepared to respond. They concluded that the development of a formal educational component to teach reproductive justice training during residency training was key to addressing discrimination and reproductive injustice. This is a novel subject matter and one that is relevant, particularly in the context of the broader discussions around systemic racism. Very little has previously been published asking participants to identify the failings of our healthcare system in such a personal and specific context. I applaud the authors for their clear passion for reproductive justice and their desire to use their self-identified privilege to amplify the voices of our patients who may not feel empowered to speak up. The cases are very

powerful and serve as a reminder that we as a specialty still have a long way to go in terms of providing just and equitable care for our patients.

In the introduction, on pages 4- 5 lines 87-89: the authors state that gynecology oncology providers revealed negative attitudes associated with cervical cancer patients; could they expand on why? If they explicitly stated that more patients of color and patients from lower socioeconomic groups have cervical cancer diagnoses, that may help to support their argument that bias based on race/SES is prevalent.

Methodology:
I would like to know more about the survey and specifically what questions the survey asked. Was the survey anonymous? Were the respondents asked any demographic questions? Were the respondents given parameters for what reproductive injustice entailed? Were they provided with a definition of reproductive injustice? My concern is that without a uniform definition of the term, we cannot just assume that people will know or acknowledge cases of reproductive injustice when they see them. This is inherently subjective, given the fact that we know that implicit bias exists within medicine, and so the survey results may be biased in that only the people who were already familiar with the terms and the concepts around reproductive injustice responded. In addition, most likely, these results were underreported, as residents not aware of the definition of reproductive injustice may not have responded even though they may have witnessed events that would be defined as discriminatory.

I would particularly like to see any demographics collected about the residents' training location and environment. I would also like to see the % of residents who responded to the survey; the manuscript mentions 158 cases reported, but how many residents completed the survey? How many residents reported more than 1 case? Where did these residents practice? Are there any geographic patterns that could be identified? This is particularly important in the section under structural barriers, as those states with universal access to healthcare may fare better. The generalizability of the study cannot be assessed until we have further information about the geographic diversity of programs represented in this national study.

The authors should expand on how they coded the qualitative data; their current explanation should include more information on who coded the data and whether it was inductive or deductive.

On page 6, line 111, the authors mention that "many residents described witnessing discrimination." Can you provide a percentage?

On pages 9-10 when discussing residents' preparedness to respond, what exactly did the survey ask? I would like to know how many residents actually responded and how many witnessed faculty or other healthcare professionals respond, if possible. I would also like the authors to evaluate and expand further on why residents did not respond. The authors at the very least should expand on the % of residents who actually responded and further develop the reasons they started to explore behind why residents do not report (this is well documented in the microaggressions/discrimination literature, the most common reason being fear of reprisal).

The manuscript is overall well written, with a clear and cogent argument. The authors' passion for the subject is clearly presented in the discussion, which I thought was excellent, especially because it provided suggestions for residency programs that would move us into the realm of actively being antiracist and to becoming advocates for reproductive justice for our patients.

Minor grammatical suggestions:
In the introduction, line 79 should read "in maintaining" rather than "to maintain."

Line 86: the sentence starting with "Several studies" should all be in the past tense (change feel to felt).

Lines 90-91: could combine the 2 sentences, with a transition after healthcare that reading "reproductive healthcare, making it likely that"

Line 95: replace "to be" with as.

Line 112: delete previous

Reviewer #3: Interesting commentary, highly relevant at this time. I think the abstract could be cleaner and shorter. The lay out of your case studies is somewhat confusing with the mix of short and long quotes and stories. Again, I think this could be organized in a cleaner manner. In your discussion, I think it would be helpful to give some more concrete suggestions of how to realize your goals.

EDITOR 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. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA). 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. Use "Black" and "White" (capitalized) when used to refer to racial categories. The nonspecific category of "Other" is a convenience grouping/label that should be avoided, unless it was a prespecified formal category in a database or research instrument.

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 data definitions at https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions and the gynecology data definitions at https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions. 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 limit for Current Commentary articles is 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. ACOG is moving toward discontinuing the use of "provider." Please replace "provider" throughout your paper with

either a specific term that defines the group to which are referring (for example, "physicians," "nurses," etc.), or use "health care professional" if a specific term is not applicable.

11. Please review examples of our current reference style at http://ong.editorialmanager.com (click on the Home button in the Menu bar and then "Reference Formatting Instructions" document under "Files and Resources). Include the digital object identifier (DOI) with any journal article references and an accessed date with website references. Unpublished data, in-press items, personal communications, letters to the editor, theses, package inserts, submissions, meeting presentations, and abstracts may be included in the text but not in the reference list.

In addition, 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 at the Clinical Guidance page at https://www.acog.org/clinical (click on "Clinical Guidance" at the top).

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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.

13. 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. Do not omit your responses to the Editorial Office or Editors' comments.

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

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Dec 04, 2020, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Dwight J. Rouse, MD, MSPH

2019 IMPACT FACTOR: 5.524
2019 IMPACT FACTOR RANKING: 6th out of 82 ob/gyn journals

December 10, 2020

Editor-in-Chief
Dr. Nancy C. Chescheir
Dr. Dwight J. Rouse
Obstetrics & Gynecology

Dear Drs. Chescheir and Rouse,

We would like to offer gratitude for the insightful comments and suggestions you and the reviewers provided on our commentary “A call to action: Changing ob-gyn residency education to combat reproductive injustice.” In response to reviewer comments, we reorganized the paper so that each theme from our qualitative analysis is followed by a discussion of how to take action. All references to “provider” have been edited to reference nurses, physicians, or healthcare professionals. We believe that the manuscript is much improved as a result. Please see specific responses below.

We look forward to any additional comments that you and the reviewers may have as the review process moves forward.

Thank you,

Charisse Loder, MD, MSc
[redacted]

Reviewer 1

1) Any survey is inherently biased - some more numbers indicating survey response to better understand significance of these issues would be useful - if there were only 158 cases, though tragic, that is actually a small number. Were they centralized to certain regions of the country? More information to better understand would be helpful and to provide greater strength to the survey component

Response: We incorporated additional information regarding the survey and survey participants in the Approach section of the paper. Pages 5-6. Additionally, we have added a statement about our ability to generalize about experiences with injustice based on this qualitative data. Lines 297-299.

2) I think it would be useful to provide more clarity on the proposed measures to combat reproductive injustice earlier in the manuscript. By the time the specifics of addressing the problem are reviewed it is at the very end, and I think it would be stronger to discuss these strategies and then elucidate examples showing why they are necessary. It starts out appearing to be a research paper with a survey, but the truth is the meat of the manuscript is at the end and it should be presented earlier. Then the cases can be used to exemplify the issues. As it is now, the solutions seem very vague, so more information should be elucidated earlier

Response: Thank you. After reviewing our results, we restructured the manuscript so that each of the main themes from the qualitative analysis are now followed by a discussion or action item. Additionally, we combined two sections on “bias and discrimination” and “language barriers” to describe “Bearing witness to discrimination,” Page 6.

We removed some repetitive data during this process so that results were succinct and that the discussion could be presented earlier, at your suggestion.

3) Perhaps it would be better to discuss the Black lives Matter movement as a whole rather than address George Floyd specifically.

Response: We have incorporated this suggestion into the manuscript. Line 166.

Reviewer 2

The authors conducted an online, qualitative survey that evaluated residents' clinical and educational experiences with reproductive injustice. Respondents were asked to report examples of discrimination or reproductive injustice that they had witnessed and how equipped they were to respond. The responses were coded by themes such as discrimination, language barriers, structural barriers to care,

professionalism and trust, and residents' preparedness to respond. The authors found evidence of significant issues around reproductive injustice with little evidence of residents' being prepared to respond. They concluded that the development of a formal educational component to teach reproductive justice training during residency training was key to addressing discrimination and reproductive injustice. This is a novel subject matter and one that is relevant, particularly in the context of the broader discussions around systemic racism. Very little has previously beenpublished asking participants to identify the failings of our healthcare system in such a personal and specific context. I applaud the authors for their clear passion for reproductive justice and their desire to use their self-identified privilege to amplify the voices of our patients who may not feel empowered to speak up. The cases are very powerful and serve as a reminder that we as a specialty still have a long way to go in terms of providing just and equitable care for our patients.
Thank you.

4) In the introduction, on pages 4- 5 lines 87-89: the authors state that gynecology oncology providers revealed negative attitudes associated with cervical cancer patients; could they expand on why? If they explicitly stated that more patients of color and patients from lower socioeconomic groups have cervical cancer diagnoses, that may help to support their argument that bias based on race/SES is prevalent.

Response: We included additional information about the types of healthcare professionals described in the cited paper and the authors' theory that negative attitudes regarding cervical cancer patients may be related to their race/ethnicity and low socioeconomic status. Lines 85-89.

5) Methodology: I would like to know more about the survey and specifically what questions the survey asked. Was the survey anonymous? Were the respondents asked any demographic questions? Were the respondents given parameters for what reproductive injustice entailed? Were they provided with a definition of reproductive injustice? My concern is that without a uniform definition of the term, we cannot just assume that people will know or acknowledge cases of reproductive injustice when they see them. This is inherently subjective, given the fact that we know that implicit bias exists within medicine, and so the survey results may be biased in that only the people who were already familiar with the terms and the concepts around reproductive injustice responded. In addition, most likely, these results were underreported, as residents not aware of the definition of reproductive injustice may not have responded even though they may have witnessed events that would be defined as discriminatory

Response: We carefully considered our approach to writing this paper, including whether to present our findings using a research paper format versus a commentary format. We choose to write a commentary because the cases shared in this survey were particularly concerning and we feel they require definitive action. While we have quantitative data from the survey, we have chosen to focus this commentary on the qualitative data. While 358 residents consented to the research, 204 participants (54%) completed the entire survey. Regarding the clinical cases shared, 153 residents shared 158 clinical scenarios, with five residents sharing two clinical scenarios each. Respectfully, we have decided not to include quantitative demographics so that qualitative data could be emphasized.

To address the questions about survey methodology, we included additional information about the survey in the Approach section, including information about the number of respondents and number of cases shared. We added information about how the survey included the SisterSong definition of reproductive justice and shared examples of several historical reproductive injustices before asking participants about experiences with reproductive injustice. Pages 5-6.

6) The authors should expand on how they coded the qualitative data; their current explanation should include more information on who coded the data and whether it was inductive or deductive.

Response: We included more information about our analysis in the Approach section. Lines 111-113.

7) On page 6, line 111, the authors mention that "many residents described witnessing discrimination." Can you provide a percentage?

Response: We have edited this statement to clarify that this was a common theme in the data, but that we do not have quantitative data to provide. Line 117.

8) On pages 9-10 when discussing residents' preparedness to respond, what exactly did the survey ask? I would like to know how many residents actually responded and how many witnessed faculty or other healthcare professionals respond, if possible. I would also like the authors to evaluate and expand further on why residents did not respond. The authors at the very least should expand on the % of residents who actually responded and further develop the reasons they started to explore behind why residents do not report (this is well documented in the microaggressions/discrimination literature, the most common reason being fear of reprisal).

Response: We asked participants who shared clinical scenarios whether their felt they had adequate knowledge and/or support to manage the situation and clarified this in the approach (Lines 107-108). We did not survey participants about whether they reported concerns and thus have not expanded on this topic.

9) Grammatical changes
Response: All changes have been addressed.

Reviewer 3

10) Interesting commentary, highly relevant at this time. I think the abstract could be cleaner and shorter. The lay out of your case studies is somewhat confusing with the mix of short and long quotes and stories. Again, I think this could be organized in a cleaner manner. In your discussion, I think it would be helpful to give some more concrete suggestions of how to realize your goals.

Response: Thank you. We have shortened the abstract and restructured the cases and discussion as discussed in response 2. We have added more concrete suggestions, such as concrete knowledge and skills that a physician should have following reproductive training (page 9). Additionally, we provided more specifics regarding how to approach advocacy using a reproductive justice-informed approach (page 12).