

OBSTETRICS & GYNECOLOGY



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obgyn@greenjournal.org.

Date: Nov 19, 2020
To: "Ushma D Upadhyay" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-2702

RE: Manuscript Number ONG-20-2702

Abortion Waiting Periods and Decision Certainty among People Searching Online for Abortion Care

Dear Dr. Upadhyay:

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 10, 2020, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: The authors present a study of a cohort of women recruited via Google using previously published and effective methods and looks to answer an important question regarding whether the two-visit requirement has its intended effect of increasing decisional certainty. The study is generally well executed with limitations that do not minimize the meaning of the results. The data is well and clearly presented.

Abstract:

The results section requires more expansion. How many were recruited and how many completed study?

the phrase "still seeking an abortion" appears several times and is confusing: after what event/period of time were patients "still seeking an abortion"?

conclusion: "by follow-up", follow-up after abortion? or follow-up at study completion?

Introduction:

line 36: "force people to..." while this may be true, the written intent of the laws is to, as you write in the preceding and subsequent sentences, allow for more "consideration of decision" and it sounds like speculation. This may be best re-written while the written intent of the laws is to..., the intended or unintended consequence of them is to create an obstacle to timely abortion care"; this statement is supported by the literature you cite.

line 58: for clarity, I recommend adding to end of sentence "...compared to states without two-visit requirements"

Otherwise, very well written and supportive of the need for this study.

Methods:

line 90: change "at baseline" to at time of recruitment,, change "at follow-up" to "at 4-week follow-up"

Line 97-101: the hypothesis in the introduction is written as determining if two-visit requirements are associated with increased certainty, is this a secondary hypothesis described in this section? please clarify

please discuss why reason for abortion: fetal anomaly, maternal health, or other, or some variation of this was not included in the questionnaire; indication for abortion likely influences decision certainty

please provide a brief description of DCS in terms what score indicates "certain" vs "uncertain" or if this is just a spectrum scale, or please define what a "significant change in decision certainty" would be on this scale

was a power analysis performed to determine how many people would need to be recruited to demonstrate a significant difference in decision certainty change between groups? if not, please explain why

otherwise, clear and well written.

Results:

well written

Discussion:

line 191-192: I would highlight the fact that the group with the least decision certainty after 4-weeks is likely the group that is being targeted by the laws, and the laws are not having their intended effect

Reviewer #2: This is a prospective study comparing decision certainty among people considering abortion at 2 different time points in states without waiting periods or 2-visit requirements, with a waiting period requirement only and both of these requirements.

This is an innovative study and seeks to challenge a common state abortion policy that mandates pregnant people to give more thought to pregnancy termination before proceeding. I have several comments to enhance the clarity of the paper.

Abstract:

-revise methods to be more specific about "abortion-related" keywords. I think you mean related to abortion services in particular? Otherwise it may mean ethics of abortion, what an abortion is, etc.

-Results needs to include number of participants and states represented at minimum, to contextualize these findings. Please revise so that the abstract can stand on its own without the manuscript.

Introduction:

-Besides decision certainty, are there other purported benefits of these "protections"/restrictions, such as decreasing regret or poor mental health outcomes? It would be important to mention what is already known on the topic here and state it explicitly, so that the reader does not have these doubts. I think you are trying to say that decision certainty means that a person will not have regret or a more serious mental health condition due to not giving abortion sufficient thought?

-It is important to acknowledge the distinction about pregnant people themselves choosing to have more time between counseling and the abortion - which obviously respects patient autonomy, versus the state mandating patients to have time to think about it as a means to protect them from self harm. Did you ask participants whether they needed time to achieve decision certainty? Is that part of DCS?

Methods:

-Please provide more information regarding recruitment goals, how you determined state representation and numbers needed to recruit to determine a difference in decisional certainty? How was the google ad response monitored and changed based on your response rate? Is there a concern for bias?

-How was the \$50 gift card provided (electronic vs mailed)? If mailed, I can see concern for privacy and may it decrease participation.

-How did you reconcile unknown LMP or gestational age? Did you repeat the question at the 4wk follow-up, presumably after many got care and learned their gest age?

-Did you use IP addresses to confirm geographic location? Please briefly mention controls for fraud (or cite the original paper) to demonstrate to the reader steps taken to collect accurate data.

-Please describe DCS for readers who may not be familiar with it. Is it framed as decision certainty for having an abortion or decision certainty with respect to any decision made regarding pregnancy? This explanation will help me interpret your results. In the discussion, you mention lack of clear prompt as a limitation yet it would be helpful to state this earlier in the paper.

-Why did you exclude patients with live birth? Is that a proxy for being too far along in pregnancy to be eligible for an abortion? Also you excluded those who did not contact an abortion clinic—was in part of the inclusion criteria to have made contact with an abortion clinic in order to test the exposure to the waiting period/2-visit requirement? Please clarify.

Results:

-how does the geographic distribution of your sample compare to the United States distribution? Is the distribution you have due to chance or was there intentional targeting during recruitment? See my related query under methods.

-please explain "meeting their basic needs"- are you referring to buying food, paying rent, etc?

Discussion:

I would add that waiting periods and other restrictions make the abortion process more rigid may actually make it more likely for someone to have an abortion rather than change one's mind. Once someone initiates the process, which is time sensitive and requires up-front investment of arranging travel, child care, etc, it makes it more difficult to change one's mind. These pressures may coerce a person to pursue an abortion because it may feel like "now or never". People experiencing ambivalence/low decisional certainty may actually be most "emotionally" hurt by these policies.

- Is there concern for desirability bias—participants guessing the intention of the study and answering in such a way to demonstrate their decisional certainty? \$50 is a lot of money and may encourage this bias. Please comment.

Reviewer #3:

General

- * This manuscript evaluates whether living in a state with a waiting period before abortion affects decision certainty among patients researching abortions online.
- * This is a very important research question, with equally important policy implications. The study is well-designed and the manuscript well-written

Abstract

- * There is a period missing in line 10
- * Lines 22-24: since you are reporting baseline and follow-up mean scores for those who did and did not obtain an abortion, consider reporting the statistics in a uniform way (i.e. the same information in parentheses for both groups)
- * Lines 52-53: I think it might be helpful to have another sentence here exploring the theoretical background of this analysis. Why would you think that patients seeking information on the internet, or prior to presenting for care, would be different from patients who have already presented for care? Is the idea that just the knowledge of an impending waiting period might change decision certainty? Or is it simply that you want to broaden the population analyzed regarding the question of if waiting periods affect certainty? (I think it is the latter). I think spelling this out at the end of this paragraph would be helpful (as done very well in discussion lines 230-232). By explaining a little bit more regarding your thinking here, it will also be helpful to clarify how this study is different from previous studies.

Manuscript

- * This is very well-done. It is clear, concise, and well-written.
- * Figure 2: What does "fraudulent" refer to? Can this be explained?

STATISTICAL EDITOR COMMENTS:

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

lines 67-70: Is there an estimate as to how many were eligible, but did not consent or complete the baseline survey?

lines 77-86: I suspect that many readers are not familiar with the DCS scale. Should give more detail (could be on-line supplement), to make this more transparent.

Fig 2: Need to explain the 255 who were excluded from analysis. There were two instances of exclusion cited on lines 105 and 109. Were these each a contributor to the 255? Please clarify.

Fig 3: I surmise that there were NS differences among the 3 types of States, but should make clear either in figure itself or in legend to figure.

Table 1: Need units for age.

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. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained."

*The manuscript's guarantor.

If you are the lead author, please include this statement in your cover letter. If the lead author is a different person, please ask him/her to submit the signed transparency declaration to you. This document may be uploaded with your submission in Editorial Manager.

4. Please submit a completed STROBE checklist.

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), observational studies using ICD-10 data (ie, RECORD), 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, RECORD, 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 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.

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. Titles in Obstetrics & Gynecology are limited to 100 characters (including spaces). Do not structure the title as a declarative statement or a question. Introductory phrases such as "A study of..." or "Comprehensive investigations into..." or "A discussion of..." should be avoided in titles. Abbreviations, jargon, trade names, formulas, and obsolete terminology also should not be used in the title. Titles should include "A Randomized Controlled Trial," "A Meta-Analysis," or "A Systematic Review," as appropriate, in a subtitle. Otherwise, do not specify the type of manuscript in the title.

8. 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).

9. 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 Original Research articles is 300 words. Please provide a word count.

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

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12. 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.

13. In your Abstract, manuscript Results sections, and tables, the preferred citation should be in terms of an effect size, such as odds ratio or relative risk or the mean difference of a variable between two groups, expressed with appropriate confidence intervals. When such syntax is used, the P value has only secondary importance and often can be omitted or noted as footnotes in a Table format. Putting the results in the form of an effect size makes the result of the statistical test more clinically relevant and gives better context than citing P values alone.

If appropriate, please include number needed to treat for benefits (NNTb) or harm (NNTh). When comparing two procedures, please express the outcome of the comparison in U.S. dollar amounts.

Please standardize the presentation of your data throughout the manuscript submission. For P values, do not exceed three decimal places (for example, "P = .001"). For percentages, do not exceed one decimal place (for example, 11.1%).

14. 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.

15. 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.

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16. Figures: For all three, please upload as figure files to Editorial Manager.

Figure 1: Please replace the stats with a pattern with a solid color, we find that patterns do not work well in print.

Figure 2: The current file may be resubmitted as-is.

Figure 3: Please add tick marks along the y-axis

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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.

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- * A confirmation that you have read the Instructions for Authors (<http://edmgr.ovid.com/ong/accounts/authors.pdf>), and

- * A point-by-point response to each of the received comments in this letter. Do not omit your responses to the Editorial Office or Editors' comments.

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

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Dec 10, 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

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