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

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

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

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

Questions about these materials may be directed to the Obstetrics & Gynecology editorial office: obgyn@greenjournal.org.
RE: Manuscript Number ONG-21-862

Coronavirus Disease 2019 (COVID-19) and access to abortion: Assessing patient sociodemographic and travel characteristics

Dear Dr. Hill:

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 Jun 11, 2021, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

I think this is well-written and insightful. I feel that is adds to existing knowledge on abortion access.

Reviewer #2:

Thank you for your evaluation of differences across states pre and post COVID restrictions.

Introduction: Please state clearly the rationale for studying the three states represented here. It is stated that Arkansas and Oklahoma are among the states with executive order restrictions but it does not state this about Kansas. Would not overstate your aim. It is not to "assess characteristics of patients receiving abortion care in [these three states]" unless the providers chosen are the only providers or provide the majority of abortion care for these states.

Methods: How do the providers chosen represent access to care in the state? Are these the only providers for these states? What percent of the state's abortion care takes place in the provider site chosen? Please specify the Institutional Review Board that deemed the protocol was exempt

Results: Would clearly state that Table 2 shows comparison during COVID.

Discussion: Would limit any restatement of results in favor of increased word availability in explanation of states/providers chosen for analysis (introduction and methodology). It may be helpful in the discussion to explain how these differences between years (pre and post COVID) are not representative of differences seen between other years.
Reviewer #3:

The authors abstracted data from the medical record of patients receiving abortion care at four providers across three
division of states, AK, KS, and OK. They compared 9 months' of data (April-Dec 2019) pre-pandemic to 9 months' (April-Dec 2020)
during COVID. More patients had medication abortions during COVID overall, but more out-of-state patients had surgical
abortions during COVID. More patients traveled more and were residents of TX, LA, and TN during COVID. Out of state
patients were more likely to be Black and have lower educational attainment.

As the authors point out, there are limitations to the study, perhaps most importantly that they were not able to assess
patients' motivations for travel, but point to important changes in demographics that are feasibly linked to changing legal
restrictions on abortions. These changes may indeed have a differential impact on lower-income patients or minority
patients, providing additional evidence of disparities in medicine.

STATISTICS EDITOR COMMENTS:

Tables 1, 2: Rather than mean difference/% change, should simply show stats results as to whether the changes were
statistically significant. Need to enumerate any missing data.

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.
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2. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (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. Each of your
coauthors received an email from the system, titled "Please verify your authorship for a submission to Obstetrics &
Gynecology." Each author should complete the eCTA if they have no yet done so.

3. For studies that report on the topic of race or include it as a variable, authors must provide an explanation in the
manuscript of who classified individuals' race, ethnicity, or both, the classifications used, and whether the options were
defined by the investigator or the participant. In addition, the reasons that race/ethnicity were assessed in the study also
should be described (eg, in the Methods section and/or in table footnotes). Race/ethnicity must have been collected in a
formal or validated way. If it was not, it should be omitted. Authors must enumerate all missing data regarding race and
ethnicity as in some cases, missing data may comprise a high enough proportion that it compromises statistical precision
and bias of analyses by race.

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. If you use "Other" in your study, please add detail to the manuscript to describe which patients were included
4. Your submission indicates that one or more of the authors is employed by a pharmaceutical company, device company, or other commercial entity. This must be included as a statement in the Financial Disclosure section on the title page.

5. 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.

6. 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.

7. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Research Letters articles should not exceed 600 words. Stated word limits include the title page, précis, abstract, text, tables, boxes, and figure legends, but exclude references.

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).
* If your manuscript was uploaded to a preprint server prior to submitting your manuscript to Obstetrics & Gynecology, add the following statement to your title page: "Before submission to Obstetrics & Gynecology, this article was posted to a preprint server at: [URL]."
9. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

10. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like “This paper presents” or "This case presents."

11. 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.

12. 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.

13. 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.

14. In your 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%).

15. 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.

16. 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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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 Jun 11, 2021, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

John O. Schorge, MD
Associate Editor, Gynecology

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

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: https://www.editorialmanager.com/ong/login.asp?a=r). Please contact the publication office if you have any questions.
May 25, 2021

John O. Schorge, MD  
*Obstetrics & Gynecology*, Associate Editor  
Department of Obstetrics and Gynecology,  
Division of Gynecologic Oncology  
Tufts Medical Center  
Boston, MA

Dear Dr. Schorge:

Thank you for your review of our manuscript and the invitation to respond to the reviewers’ comments and resubmit our manuscript. Attached please find our revised Research Letter, “Coronavirus Disease 2019 (COVID-19) and access to abortion: Assessing patient sociodemographic and travel characteristics” for consideration.

We have read and adhere to the journal’s Instructions for Authors.

Below we respond to each of the reviewers’ comments and have opted to make public our point-by-point response letter.

Thank you in advance for your consideration.

Sincerely,

Brandon J. Hill, PhD  
President and CEO, Planned Parenthood Great Plains (PPGP)  
Research Fellow, The Kinsey Institute, Indiana University, Bloomington
Response to Reviewers

Reviewer #1:
I think this is well-written and insightful. I feel that is adds to existing knowledge on abortion access.

Response: We thank the reviewer for his/her/their comment and appreciate his/her/their evaluation that our research letter adds to the existing literature on abortion access.

Reviewer #2:
Thank you for your evaluation of differences across states pre and post COVID restrictions.

Introduction: Please state clearly the rationale for studying the three states represented here. It is stated that Arkansas and Oklahoma are among the states with executive order restrictions but it does not state this about Kansas. Would not overstate your aim. It is not to "assess characteristics of patients receiving abortion care in [these three states]" unless the providers chosen are the only providers or provide the majority of abortion care for these states.

Response: We acknowledge the need to make clear the rationale for the study as well as the three states. Throughout the revised manuscript we have edited to add clarity that the four abortion facilities within the three states are part of a non-profit network of sexual and reproductive health care providers and were open without disruption to abortion services during the pandemic. More specifically, in the Introduction we now clarify that the aim is:

“To assess the potential influence of the pandemic on abortion, this study compares the sociodemographic and travel characteristics of patients receiving abortion care at four abortion facilities in Arkansas, Kansas, and Oklahoma prior to and during the COVID-19 pandemic.”

In the Methods section we now clarify that the four abortion facilities are among only 10 facilities in the three states providing abortion care and comprise approximately 51.9% of all abortions in this area based on state-level vital statistics (2019).

Methods: How do the providers chosen represent access to care in the state? Are these the only providers for these states? What percent of the state's abortion care takes place in the provider site chosen? Please specify the Institutional Review Board that deemed the protocol was exempt

Response: Based on the total number of abortions in these three states and the number provided by these four facilities, we estimated that sites in this study provide just over half (51.9%) of all abortions in this region. This region is particularly significant for abortion access during the COVID-19 pandemic as neighboring states (those within less than 200 miles) experienced disruptions in abortion services during this time, potentially displacing patients as referenced in the Introduction. We now clarify in the Methods that:

“Patient electronic health record data was extracted from four non-profit abortion facilities in Arkansas, Kansas, and Oklahoma. These facilities were among only ten abortion facilities open during the pandemic period and provided approximately 51.9% of all abortions in the region in 2019.”

The Institutional Review Board is now named in the revised manuscript:
“Our study protocol was deemed exempt by the Solutions Institutional Review Board.”

Results: Would clearly state that Table 2 shows comparison during COVID.
Response: The revised manuscript now clarifies in the text that in-state and out-of-state patient comparisons were during the COVID-19 period:

“Comparisons between in-state and out-of-state patients during the COVID-19 period (Table 2) revealed that out-of-state patients traveled more miles (mean difference = 27.8 miles) and were more likely to have surgical abortions (48.4% increase).”

Discussion: Would limit any restatement of results in favor of increased word availability in explanation of states/providers chosen for analysis (introduction and methodology). It may be helpful in the discussion to explain how these differences between years (pre and post COVID) are not representative of differences seen between other years.

Response: The revised Discussion section now omits restatements of findings and has included a statement on how differences observed in the study are not typical of year-over-year abortion trends with references to the three states’ abortion statistics:

“Our findings suggest that the sociodemographics and travel among abortion patients differed during the COVID-19 pandemic and do not reflect previous state-level year-over-year abortion trends.”

Reviewer #3:
The authors abstracted data from the medical record of patients receiving abortion care at four providers across three states, AK, KS, and OK. They compared 9 months' of data (April-Dec 2019) pre-pandemic to 9 months' (April-Dec 2020) during COVID. More patients had medication abortions during COVID overall, but more out-of-state patients had surgical abortions during COVID. More patients traveled more and were residents of TX, LA, and TN during COVID. Out of state patients were more likely to be Black and have lower educational attainment.

As the authors point out, there are limitations to the study, perhaps most importantly that they were not able to assess patients' motivations for travel, but point to important changes in demographics that are feasibly linked to changing legal restrictions on abortions. These changes may indeed have a differential impact on lower-income patients or minority patients, providing additional evidence of disparities in medicine.

Response: We appreciate the thoughtful comments from the reviewer and agree that it is important to acknowledge the limitations of the study, namely that the patient perspective and experience is missing from this manuscript. We hope that our data will contribute to the literature and subsequent research on the patient experiences of individuals seeking abortion care during the COVID-19 pandemic and executive orders restricting abortion access.

STATISTICS EDITOR COMMENTS:
Tables 1, 2: Rather than mean difference/% change, should simply show stats results as to whether the changes were statistically significant. Need to enumerate any missing data.

Response: We have removed the mean differences and percentage changes from Tables 1 and 2 and now include the comparison statistic p-value. Additionally, we have added a footnote to clarify missing sociodemographic data.
Response: We have addressed all Editorial Office comments, including:
1. opting-in for publication of point-by-point reviewer responses,
2. adhering to the electronic Copyright Transfer Agreement,
3. reporting race as described and addressing missing data for race and ethnicity,
4. clarification on the non-profit institution of all authors,
5. have adhered to the STROBE checklist for cross-sectional studies,
6. revised the manuscript to adhere to the standard OBGYN data definitions,
7. have maintained the revised manuscript under 600 words,
8. report all financial and manuscript preparatory support,
9. have provided a short title,
10. have provided a précis,
11. use only standard abbreviations and acronyms,
12. have removed the virgule symbol,
13. have replaced the word “provider” with a more specific term,
14. have provided mean differences and percentage changes within text and p-values within the tables,
15. have reviewed the Table Checklist,
16. have revised the Reference section,
17. and have determined our preferred publishing option.