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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.

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-21-2122

Abortion Among Physicians

Dear Dr. Salles:

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).

Please be sure to address the Editor comments (see "EDITOR COMMENTS" below) in your point-by-point response.

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 24, 2021, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

This research letter examines the utilization of abortion among physicians and trainees as determined by survey advertised on various social media platforms.

Introduction
Line 6-8. Although a citation is included with this statement (Biggs et al results states financial reasons, timing, partner related reasons, and need to focus on other children), I feel that the selected examples of reasons for abortion care are a bit skewed or the phrasing is off. One reason one may pursue an abortion is simply the lack of desire to be pregnant! The overall conclusion from Biggs et al is that people seek abortions for complex, interrelated reasons. I think this sentence could be reworked a little.

Line 10. Is the objective of this survey study actually to characterize the utilization of abortion among physicians and trainees who desire biological children? It may be worthwhile to really define the objective here, rather than clarifying for the reader later on that the study only included participants who desired biological children. As it is written now, when I get to the discussion I do feel confusion (and regret) about why participants who do not desire children were not asked about their utilization of abortion services.

Results
Line 23. Regarding the question about desiring biological children, was this regarding now/ the near future or ever? I'm curious why desiring children and having been pregnant before are tied together - potentially one could have been pregnant before (with or without a subsequent abortion) and not have desired children / not desired children but had been pregnant before (with or without a subsequent abortion).

Line 34. Based on the table, I assume the authors mean "reporting having delayed childbearing" for training purposes. Would include for training purposes in this sentence.

Line 37. Please expand on how many participants left comments. I do understand that scope of the research letter will not allow additional discussion of participants comments. If comments cannot be discussed in greater detail, the inclusion of this comment should be moved to the discussion, where it will strengthen the conclusion the authors are trying to make.

Discussion
Line 45. Consider expanding for one sentence regarding social desirability bias.

Line 47-49. I understand what the authors are trying to convey - difficult training and long training times may be a reason for abortion utilization among physicians/trainees, and thus it is critical to promote systems-level changes that support family building. This conclusion as stated implies that avoiding abortion is a goal unto itself. I would clarify that it is critical to promote systems-level changes that support family building so that those that would prefer childrearing rather than abortion can do so (again, some may still choose abortion and that's ok too). I am grateful the final sentence of this research letter does explicitly support reproductive autonomy.

Line 48. fertility preservation was not previously discussed as part of this survey study and would not necessarily include here.

Reviewer #2:

This is an internet survey of physicians and abortion.
1. Introduction: I don't like the term "psychological decompensation" as a reason for abortion. It seems very dramatic. Perhaps change to physical or mental health reasons. I would also add fetal anomalies. The list is really exhaustive.
2. Methods: How was the study advertised? I see the appendix but it should also be described in the methods if abortion was mentioned in the advertisement. This may have influenced those who chose to respond. What was preventing a subject from responding multiple times? Were there unique links? Please specify in the methods.
3. Methods: How do we know that the subjects who responded were actually physicians? Did you ask about specialties?
4. Methods: I think the sampling is a major concern for this study. It is not a representative sample of physicians in the US, therefore, it is uncertain what conclusions can be drawn.
5. Methods: How was the survey created? Were the questions tested and piloted for example?
6. Discussion: Line 42-44. How do we know the sample only includes participants who desire children?

Reviewer #3:

Line 22: Should express the completion rate as a % of the consented.

line 30: Need to clarify "t(1515)=5.929". Given the sample sizes, the means and SD in Table 1, the p value should be < 0.001, not p=0.015.

lines 31-32: The rate among medical students was 21/142=14.8%, while the rate among "Prefer to describe" was slightly higher (6/40 = 15%), so the rate was not highest among Med students. Applying Chi-square across all groups, there was no statistical difference. There was a statistical difference between med students and residents.

Table 2, lines 35-37: The Table states "If you are partnered, what profession is your partner in?" The last category is "not partnered", but all % are calculated based on all, not just those with a partner. The percentages in the Table and in text need to be corrected. The percentage among those with abortion was 59/170 = 34.7%, while among the no abortion cohort, the percentage was 372/1310=28.3%. By Chi-square, there is no statistical difference (p = 0.09). Also, need to include the N for all missing values.

EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology have increased 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. When you submit your revised manuscript, please make the following edits to ensure your submission contains the required information that was previously omitted for the initial double-blind peer review:
   * Include your title page information in the main manuscript file. The title page should appear as the first page of the document. Add any previously omitted Acknowledgements (ie, meeting presentations, preprint DOIs, assistance from non-byline authors).
   * Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and in the body text. For industry-sponsored studies, the Role of the Funding Source section should be included in the body text of the manuscript.
   * Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).
   * Name the IRB or Ethics Committee institution in the Methods section (if applicable).
   * Add any information about the specific location of the study (ie, city, state, or country), if necessary for context.

3. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA), which must be completed by all authors. When you uploaded your manuscript, each co-author received an email with the subject, "Please verify your authorship for a submission to Obstetrics & Gynecology." Please check with your co-authors to confirm that they received and completed this form, and that the disclosures listed in their eCTA are included on the manuscript's title page.

4. 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.

5. 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 in that category.

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 should not exceed 600 words and may include no more than two figures and/or tables (2 items total). 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 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 (i.e., 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."

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.

11. 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.

12. ACOG avoids using "provider." Please replace "provider" throughout your paper with either a specific term that defines the group to which you are referring (for example, "physicians," "nurses," etc.), or use "health care professional" if a specific
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").

In the Discussion: Your manuscript contains a priority claim. We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

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.

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 references you are citing are still current and available. Check the Clinical Guidance page at https://www.acog.org/clinical (click on "Clinical Guidance" at the top). If the reference is still available on the site and isn't listed as "Withdrawn," it's still a current document.

If the reference you are citing has been updated and 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.

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Kluwer, and instructions on how to submit any open access charges. The email will be from publicationservices@copyright.com with the subject line, "Please Submit Your Open Access Article Publication Charge(s)." Please complete payment of the Open Access charges within 48 hours of receipt.

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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 as a Microsoft Word document. 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 24, 2021, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

John O. Schorge, MD
Deputy Editor, Gynecology

2020 IMPACT FACTOR: 7.661
2020 IMPACT FACTOR RANKING: 3rd out of 83 ob/gyn journals

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: https://www.editorialmanager.com/ong/login.asp?a=r). Please contact the publication office if you have any questions.
December 24th, 2021

Dear Dr. Schorge,

Thank you for the opportunity to revise our manuscript, “Abortion Among Physicians” (ONG-21-2122) for Obstetrics and Gynecology.

We thank the reviewers for their thoughtful and constructive comments and suggestions on our original draft. We believe that our revisions based on the reviewers’ comments have significantly strengthened our manuscript. Responses to the comments of the editorial office and three reviewers follow on subsequent pages. We would be glad to make any other revisions that you deem appropriate.

We appreciate the opportunity to have our paper considered for publication at Obstetrics and Gynecology. We look forward to hearing your response.

Sincerely,
Arghavan Salles, MD, PhD
Special Advisor for DEI Programs,
Stanford Department of Medicine;
Senior Research Scholar,
Clayman Institute for Gender Research
Authors’ Response to Reviewers

Manuscript ID: ONG-21-2122
Manuscript Title: Abortion Among Physicians

Reviewer #1

This research letter examines the utilization of abortion among physicians and trainees as determined by survey advertised on various social media platforms.

Introduction

Line 6-8. Although a citation is included with this statement (Biggs et al results states financial reasons, timing, partner related reasons, and need to focus on other children), I feel that the selected examples of reasons for abortion care are a bit skewed or the phrasing is off. One reason one may pursue an abortion is simply the lack of desire to be pregnant! The overall conclusion from Biggs et al is that people seek abortions for complex, interrelated reasons. I think this sentence could be reworked a little.

Thank you for this suggestion. The sentence has been edited to reflect that patients seek abortion care for complex, interrelated reasons (page 2, line 7).

Line 10. Is the objective of this survey study actually to characterize the utilization of abortion among physicians and trainees who desire biological children? It may be worthwhile to really define the objective here, rather than clarifying for the reader later on that the study only included participants who desired biological children. As it is written now, when I get to the discussion I do feel confusion (and regret) about why participants who do not desire children were not asked about their utilization of abortion services.

Thank you for this suggestion. This study is a subanalysis of a larger study characterizing family building patterns in physicians and medical students. We have updated the sentence to clarify that this study is part of a larger study on family building in physicians (page 2, line 8-10).

Results

Line 23. Regarding the question about desiring biological children, was this regarding now/ the near future or ever? I'm curious why desiring children and having been pregnant before are tied together - potentially one could have been pregnant before (with or without a subsequent abortion) and not have desired children / not desired children but had been pregnant before (with or without a subsequent abortion).

Thank you for requesting this clarification. The questions about abortion were in the context of how physicians build their families. All those who received questions about children conceived naturally, assisted reproductive technology, and pregnancy outcomes had expressed that they desired biological children. We have now clarified in the methods that questions about abortion were only asked to participants who desired biological children (page 2, line 16). This is a limitation that should be addressed in future work.

Line 34. Based on the table, I assume the authors mean "reporting having delayed childbearing" for training purposes. Would include for training purposes in this sentence.

Thank you for this suggestion. We have added “for training related purposes” to the sentence (page 3, line 35).
Line 37. Please expand on how many participants left comments. I do understand that scope of the research letter will not allow additional discussion of participants comments. If comments cannot be discussed in greater detail, the inclusion of this comment should be moved to the discussion, where it will strengthen the conclusion the authors are trying to make.

There were a total 10 comments mentioning having an abortion mostly during medical school or residency training due to career related demands. Thank you for the suggestion to move the comment to the discussion, we have moved the comment from the participant to the discussion (page 3, line 46) as we agree that it strengthens the conclusion. Due to space constraints, we were not able to discuss the comments in greater detail; however, should the editor feel strongly we are happy to add this to the body of the paper.

Discussion

Line 45. Consider expanding for one sentence regarding social desirability bias.

Thank you for this suggestion. We have mentioned social desirability bias as a limitation of our study (page 3, line 43).

Line 47-49. I understand what the authors are trying to convey - difficult training and long training times may be a reason for abortion utilization among physicians/trainees, and thus it is critical to promote systems-level changes that support family building. This conclusion as stated implies that avoiding abortion is a goal unto itself. I would clarify that it is critical to promote systems-level changes that support family building so that those that would prefer childrearing rather than abortion can do so (again, some may still choose abortion and that's ok too). I am grateful the final sentence of this research letter does explicitly support reproductive autonomy.

Thank you for this recommendation. We agree in promoting systems level changes that support family building and reproductive autonomy in physicians, whether that includes having an abortion or having a child during training. We have edited this sentence to state “As medical training often occurs during prime reproductive years, it is critical to support the reproductive autonomy of trainees in decisions including having a child during training, or having an abortion,” (page 3, line 48-50).

Line 48. fertility preservation was not previously discussed as part of this survey study and would not necessarily include here.

Thank you for this suggestion. We have removed the mention of fertility preservation from the discussion (page 3, line 48).
Reviewer #2

This is an internet survey of physicians and abortion.

1. **Introduction:** I don't like the term "psychological decompensation" as a reason for abortion. It seems very dramatic. Perhaps change to physical or mental health reasons. I would also add fetal anomalies. The list is really exhaustive.

   Thank you for this suggestion. It is challenging to include a list that truly encompasses the breadth of reasons patients seek abortion care. The sentence has been edited to instead state that there are a variety of complex reasons that patients seek abortion care (page 1, line 7).

2. **Methods:** How was the study advertised? I see the appendix but it should also be described in the methods if abortion was mentioned in the advertisement. This may have influenced those who chose to respond. What was preventing a subject from responding multiple times? Were there unique links? Please specify in the methods.

   Thank you for this concern. Abortion was not mentioned in the advertisement, which has been added to the methods section (page 2, line 14). The Qualtrics form for the study was set to only allow one response for each participant. Due to space constraints, we were not able to state how participants were prevented from participating multiple times; however, should the editor feel strongly we are happy to add this to the body of the paper.

3. **Methods:** How do we know that the subjects who responded were actually physicians? Did you ask about specialties?

   Unfortunately, a limit of self reported data on social media is that we were unable to validate that our participants are physicians and medical students. With our study, we have followed methods for surveying participants on social media utilized by other studies published in high impact journals that capture data on medical professionals. We have noted that the data was self reported as a limitation (page 3, line 43).

   We did ask participants what specialty they practice in, and found no significant differences in abortion rates between those who reported abortions vs not in field of practice. Due to space constraints, we were not able to add specialties to the body of the paper; however, should the editor feel strongly we are happy to add this to the body of the paper or as part of the results tables.

4. **Methods:** I think the sampling is a major concern for this study. It is not a representative sample of physicians in the US, therefore, it is uncertain what conclusions can be drawn.

   Thank you for this inquiry. We recognize the inherent nonrepresentative nature of the sample, as mentioned in the methods section (page 2, line 12-13), and as a limitation in the discussion (page 3, line 43). We are following methods used in other social media studies of healthcare workers that have been led by Dr. Arora (coauthor on this study). This is the first study to report on abortion practices in the physician population, future work should include studying this phenomena in a larger, more representative sample.

5. **Methods:** How was the survey created? Were the questions tested and piloted for example?

   The survey was designed by the study team members that belong to the AMWA Physician Fertility Task Force which included physicians in multiple specialties, residents, and medical students. The questions were tested and piloted with 10 participants to obtain feedback. We edited the methods section to note that
the survey had been pilot tested (page 1, line 14). Due to space constraints, we were not able to elaborate further, but can expand the description should the editor feel strongly.

6. Discussion: Line 42-44. How do we know the sample only includes participants who desire children?
Thank you for requesting this clarification. The questions about abortion were in the context of how physicians build their families. All those who received questions about children conceived naturally, assisted reproductive technology, and pregnancy outcomes (including abortion) had expressed that they desired biological children. We have now clarified in the methods that questions about abortion were only asked to participants who desired biological children (page 1, line 16). This is a limitation that should be addressed in future work.
Reviewer #3

Line 22: Should express the completion rate as a % of the consented.
Of 3810 participants consented, 3104 completed the survey for an 81.4% completion rate. The methods have been updated to reflect this (page 2, line 23).

Line 30: Need to clarify "(t(1515)=5.929". Given the sample sizes, the means and SD in Table 1, the p value should be < 0.001, not p=0.015.
Thank you for requesting this clarification. We retabulated the t test to confirm accuracy, and agree that the p value should be < 0.001. We have updated this in the results (page 3, line 30), and table 1 (page 6, line 85).

Lines 31-32: The rate among medical students was 21/142=14.8%, while the rate among "Prefer to describe" was slightly higher (6/40 = 15%), so the rate was not highest among Med students. Applying Chi-square across all groups, there was no statistical difference. There was a statistical difference between med students and residents.
Thank you for noting this discrepancy. In this revision we took a closer look at our data and found that many people who described their title were able to be classified. Accordingly, the new rate among medical students was 15.4% (22/143), residents 7.5% (12/159), fellows 8.3% (9/109), practicing physicians 11.4% (146/1272), prefer to describe 16.7% (2/12). We also have updated the body of the text to no longer state the rate was highest amongst medical students (page 3, line 33).

When we applied the chi squared difference across all groups based on standard guidance for tables of this type of survey data. We chose not to do independent subgroup comparisons to avoid having to adjust for multiple comparisons.

Table 2, lines 35-37: The Table states "If you are partnered, what profession is your partner in?"
The last category is "not partnered", but all % are calculated based on all, not just those with a partner. The percentages in the Table and in text need to be corrected.
Thank you for this recommendation. We have updated the table (page 8, line 88) and text (page 3, line 36-38) so the percentages reflect only those who are partnered, and included the number of those without partners in a footnote in the table.

The percentage among those with abortion was 59/170 = 34.7%, while among the no abortion cohort, the percentage was 372/1310=28.3%. By Chi-square, there is no statistical difference (p = 0.09).
Thank you for this recommendation. In those who partnered, the number who have physician partners is 59/170 (34.7%) among those with abortion and 372/1441 (25.8%) in the no abortion cohort. By chi square, there was a statistical difference ($\chi^2(1, \ N=1611)=6.133, p=0.013$). We have double checked our calculations and arrived at slightly different numbers than you have listed. To simplify the burden on the reader, we have revised the table to only include the row of physician partner or not (page 8, line 88).

Also, need to include the N for all missing values.
Thank you for this recommendation, we have amended the footnotes of both tables to include the N for missing values on each applicable item (page 6, line 85) and (page 8, line 88).

Authors’ Response to Editorial Office Comments
1. The Editors of Obstetrics & Gynecology have increased 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:
OPT-IN: Yes, please publish my point-by-point response letter.

2. When you submit your revised manuscript, please make the following edits to ensure your submission contains the required information that was previously omitted for the initial double-blind peer review:
* Include your title page information in the main manuscript file. The title page should appear as the first page of the document. Add any previously omitted Acknowledgements (ie, meeting presentations, preprint DOIs, assistance from non-byline authors).
  Title page is enclosed in the main manuscript file.

  * Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and in the body text. For industry-sponsored studies, the Role of the Funding Source section should be included in the body text of the manuscript.
    N/A

  * Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).
    N/A

  * Name the IRB or Ethics Committee institution in the Methods section (if applicable).
    The IRB name has been added to the methods section.

  * Add any information about the specific location of the study (ie, city, state, or country), if necessary for context.
    N/A

3. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA), which must be completed by all authors. When you uploaded your manuscript, each co-author received an email with the subject, "Please verify your authorship for a submission to Obstetrics & Gynecology." Please check with your coauthors to confirm that they received and completed this form, and that the disclosures listed in their eCTA are included on the manuscript's title page.
Confirmed.

4. 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.
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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.
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