

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains comments from the reviewers and editors generated during peer review of the initial manuscript submission and sent to the author via email.

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

Date: Jan 04, 2019
To: "Madelyne Zuehlke Greene" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-2260

RE: Manuscript Number ONG-18-2260

Sexual Minority Women's Experiences with Sexual Identity Disclosure in Contraceptive Care

Dear Dr. Greene:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Jan 25, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

REVIEWER #1:

OVERALL COMMENTS:

The material presented in this paper would be of high interest and importance in providing patient-centered care. The structure of the report is a bit daunting; however, the content is of high interest. The authors limit their discussion to those women that identify as lesbian, gay, bisexual, queer, or other non-heterosexual identities. Some specific comments below.

TITLE:

Good.

SHORT TITLE:

Good.

PRECIS:

Good.

ABSTRACT:

Good.

INTRODUCTION:

I would like to see an objective and/or hypothesis.

METHODS:

Was there an intended final ultimate work product from this qualitative analysis? That is; is the plan for the development of some sort of a questionnaire which can be used in clinical care with this patient population? I would have also liked to have seen a control group of heterosexual women and their thoughts on the same types of issues. I think it would have been more interesting or easier to work through if it was organized such that the main themes were noted in a table and specific comments to these themes perhaps in a supplemental part of the paper. What proportion of patients noted in this population requested contraceptive care?

DISCUSSION:

Reasonably well laid out.

TABLES:

As noted above, I would like to see more of the information in the results in tables.

REVIEWER #2:

This is important research and provides invaluable clarification and direction for provider interactions with the LGBTQ communities with respect to contraceptive care.

Please consider the following:

1. It would be helpful for the reader if the "themes" were identified consistently throughout the manuscript.

Abstract

2. Objective states: To describe a group of young SMW's experience with and preferences or sexual identity disclosure.
3. The methods section states "contraceptive care and use" but this manuscript focuses on the provider/participant interaction and not "use".
4. The results section is described in a precise fashion and is easy to understand-this approach should be used with the objective and methods sections.

Methods

5. Approach: The original aim seems to describe SMW use and thoughts about contraceptive methods but what is described in the rest of the manuscript is related to provider interactions around sexual identify disclosure and contraceptive care. Please clarify.

Recruitment

6. Please further describe "online survey". How was it determined which participants would be part of the focus group versus personal interview? Was there overlap? How was it decided enough participants had been recruited-pre-specified time frame or thematic saturation (explanation may fit better in data collection or analysis)

Data collection

7. Lines 131-32 state "interviews based on study aims and topics in previous literature" but no previous literature is referenced. Please include references or further describe focus-group and interview guides.

Results

8. This section is well organized and descriptive within the 3 stages.

Discussion

9. Implications for clinical care and research: would not restate points made earlier in results-would pare this section down to highlights. Would only include recommendations here that are specifically outlined given your described results. For example, there is not discussion within the results section regarding the non-contraceptive benefits of contraception.

REVIEWER #3:

This paper covers a timely and important topic, namely, what are sexual minority women's experiences and preferences regarding disclosure of the various aspects of their sexual identities at the time of contraceptive care visits. It would be strengthened by addressing a few points, however:

1. Lines 113-114 -- Would the authors speak to why they included both focus groups and individual interviews? Each data collection approach has its specific value in qualitative data and I suspect both were important to this project, but it would be helpful to hear the specifics of this decision-making process.
2. Line 131 -- Can the authors say more about the interview guides used? Would they consider including them as an appendix to the paper? This would help readers understand to what extent the guide and results were informed by a priori domains of inquiry vs emergent themes in the interviews.
3. Line 134 -- Can the authors comment on the choice of location for the interviews? Did participants have a tendency to be affiliated with the institutions at which interviews were conducted? How might the interaction between location of interview and composition of the study population affect the data / conclusions? Did the authors give thought to working

with communities to identify other sites for interviews? Might this have increased the diversity of the study population?

4. Line 167 -- The model of three stages of sexual orientation disclosure is a helpful one for framing the responses. Did participants explicitly identify this model as the structure by which they navigate health care encounters, or did this arise as an emergent framework during data interpretation? Especially if the latter, can the authors explain a bit more about how they developed this very concrete framework during a thematic content analysis process? That is to say, if this was not an explicit theme in the text, methodologically, how did the authors go about framework development based on the primary emergent themes?

5. Line 306 -- The authors may wish to reconsider the description of "most women in [the] sample." This reads more as a quantitative conclusion, rather than a qualitative one. Perhaps a change as small as, "Expectation of discrimination or judgement...was a common emergent theme in our data."

6. Lines 511-512 -- How was thematic saturation determined? Was it assessed independently for focus groups and individual interviews? Would the authors consider including more about this process in their methods and results sections?

ASSOC EDITOR - GYN:

Please decrease the amount of content in Results: it is an interesting topic with distinct and non-repetitive points, but too much for publication

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, as well as subsequent author queries. 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:

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Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

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. 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), 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, 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 and gynecology data definitions at <https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

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 26 typed, double-spaced pages (6,500 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. 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).

8. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

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 limits for different article types are as follows: Original Research articles, 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. 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.

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

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

by Jan 25, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2017 IMPACT FACTOR: 4.982

2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

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