

OBSTETRICS & GYNECOLOGY



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

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

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.

Date: Sep 06, 2022
To: "Jenny Wu" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-1393

RE: Manuscript Number ONG-22-1393

TikTok and #IUD: the user experience with intrauterine devices on social media

Dear Dr. Wu:

Thank you for sending us your work for consideration for publication in Obstetrics & Gynecology. Your manuscript has been reviewed by the Editorial Board and by special expert referees. The Editors would like to invite you to submit a revised version for further consideration.

If you wish to revise your manuscript, please read the following comments submitted by the reviewers and Editors. Each point raised requires a response, by either revising your manuscript or making a clear argument as to why no revision is needed in the cover letter.

To facilitate our review, we prefer that the cover letter you submit with your revised manuscript include each reviewer and Editor comment below, followed by your response. That is, a point-by-point response is required to each of the EDITOR COMMENTS (if applicable), REVIEWER COMMENTS, STATISTICAL EDITOR COMMENTS (if applicable), and EDITORIAL OFFICE COMMENTS below. Your manuscript will be returned to you if a point-by-point response to each of these sections is not included.

The revised manuscript should indicate the position of all changes made. Please use the "track changes" feature in your document (do not use strikethrough or underline formatting).

Your submission will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Sep 27, 2022, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

Review of Manuscript ONG-22-1393 "TikTok and #IUD: the user experience with intrauterine devices on social media"

A research letter that evaluated the potential impact of the social media platform TikTok and its portrayal of IUD information has been submitted. As noted by the authors, social media including other platforms has been utilized to convey medical information and messaging, both positive and unfortunately negative as well. As noted, TikTok is often viewed by reproductive age women and information related to reproduction, in various forms, may have either positive or negative impacts on the viewers of this information. The authors note the limitations of their study including the potential lack of applicability of standardized scales on this format. I have the following comments/questions:

Title - Should it be the "reported user experience" or something similar?

Abstract - If space allows consider adding the absolute N and not just the % for the various videos.

Introduction - No comments

Methods - Line 25 - Not being a user of TikTok how does one know that the videos selected were in fact the top 100?
Line 29 - How often was arbitration needed?

Results - Line 41 - see previous comments about adding N's if space allows.
Line 44 - Any more granularity to add to this comment?

Discussion - No comments

Tables/Figures -

Figure 1 - Does "#" need to be added to IUD in the first box?

Table 1 - For ethnicity, do individuals with accounts that create videos select this or was this an interpretation of their

appearance?

Reviewer #2:

Line 26:

Elaborate more on how Apify works

Lines 28 and 29:

Two independent reviewers (E.T. and M.H.) performed standardized video coding with another reviewer (J.W.) to arbitrate differences.

Unclear on how the videos were distributed (or not) between the reviewers. Clarify on the background of these reviewers, why and how they were chosen.

This would help understand the results mentioned in lines 54-56 better.

Lines 29-30:

We used a modified 5-point DISCERN scale to evaluate information quality and the Patient Education Materials Assessment Tool (PEMAT) to evaluate understandability and actionability of each video.

More description is needed regarding the scale and tool mentioned here. Why these were used and how they function.

Also, their definitions need to be moved under Abstract lines 12&13.

Line 38:

Video types included 38 personal patient experience with placement and removal of IUDs (32%), educational (30%), and humorous (24%) (Table 1).

The table uses the term insertion vs placement in the text. Is there a difference?

Placement/ insertion and Removal add up to 31% not 32%.

Here it would be helpful to separate the two in the text as placement is significantly higher 28% than insertion 8% and could have a higher link to the negative experience.

STATISTICAL EDITOR COMMENTS:

Table 1: Need units for age.

EDITORIAL OFFICE COMMENTS:

1. If your article is accepted, the journal will publish a copy of this revision letter and your point-by-point responses as supplemental digital content to the published article online. You may opt out by writing separately to the Editorial Office at em@greenjournal.org, and only the revision letter will be posted.

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:

* Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and at the end of the abstract. For industry-sponsored studies, describe on the title page how the funder was or was not involved in the study.

* 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's Copyright Transfer Agreement (CTA) must be completed by all authors. When you uploaded your manuscript, each coauthor received an email with the subject, "Please verify your authorship for a submission to Obstetrics & Gynecology." Please ask your coauthor(s) to complete this form, and confirm the disclosures listed in their CTA are included on the manuscript's title page. If they did not receive the email, they should check their spam/junk folder. Requests to resend the CTA may be sent to em@greenjournal.org.

4. 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, describe the reasons that race and ethnicity were assessed in the Methods section and/or in table footnotes. Race and 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.

List racial and ethnic categories in tables in alphabetic order. Do not use "Other" as a category; use "None of the above" instead.

Please refer to "Reporting Race and Ethnicity in Obstetrics & Gynecology" at https://edmgr.ovid.com/ong/accounts/Race_and_Ethnicity.pdf.

5. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "People with disabilities" or "women with disabilities" instead of "disabled people" or "disabled women"; "patients with HIV" or "women with HIV" instead of "HIV-positive patients" or "HIV-positive women"; and "people who are blind" or "women who are blind" instead of "blind people" or "blind women."

6. The journal follows ACOG's Statement of Policy on Inclusive Language (<https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2022/inclusive-language>). When possible, please avoid using gendered descriptors in your manuscript. Instead of "women" and "females," consider using the following: "individuals;" "patients;" "participants;" "people" (not "persons"); "women and transgender men;" "women and gender-expansive patients;" or "women and all those seeking gynecologic care."

7. Please add whether you received IRB or Ethics Committee approval or exemption to your Methods. Include the name of the IRB or Ethics Committee. If you received an exemption, explain why in this section.

8. 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.

9. Make sure your manuscript meets the following word limit. The word limit includes the manuscript body text only (for example, the Introduction through the Discussion in Original Research manuscripts), and excludes the title page, précis, abstract, tables, boxes, and figure legends, reference list, and supplemental digital content. Figures are not included in the word count.

Research Letters: 600 words (do not include more than two figures and/or tables [2 items total])

10. Specific rules govern the use of acknowledgments in the journal. Please review the following guidelines and edit your title page as needed:

- * 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 or indicate whether the meeting was held virtually).
- * 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]."
- * Do not use only authors' initials in the acknowledgement or Financial Disclosure; spell out their names the way they appear in the byline.

11. Provide a précis 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."

12. Be sure that each statement and any data in the abstract are also stated in the body of your manuscript, tables, or figures. Statements and data that appear in the abstract must also appear in the body text for consistency. Make 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 manuscript.

In addition, the abstract length should follow journal guidelines. Please provide a word count.

Research Letter: 125 words

13. 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.

14. The journal does not use the virgule symbol (/) in sentences with words, except with ratios. 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.

15. ACOG avoids using "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.

16. 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.

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

Express all percentages to one decimal place (for example, 11.1%). Do not use whole numbers for percentages.

17. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available at http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

18. Please review examples of our current reference style at https://edmgr.ovid.com/ong/accounts/ifa_suppl_refstyle.pdf. 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 formal reference list. Please cite them on the line in parentheses.

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. In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript.

Please make sure your references are numbered in order of appearance in the text.

19. Figure 1: Please cite Figure 1 within the text. Please upload as a figure file on Editorial Manager.

20. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <https://wkauthorservices.editage.com/open-access/hybrid.html>.

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.

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 a point-by-point response to each of the received comments in this letter. Do not omit your responses to the EDITOR COMMENTS (if applicable), the REVIEWER COMMENTS, the STATISTICAL EDITOR COMMENTS (if applicable), or the EDITORIAL OFFICE COMMENTS.

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

Again, your manuscript will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Sep 27, 2022, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

John O. Schorge, MD
Deputy Editor, Gynecology

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.

Jenny Wu, MD
Department of Obstetrics and Gynecology
Duke University Medical Center
Durham, NC 27705


Jason Wright, MD and John O. Schorge, MD
Editor-in-Chief
Obstetrics & Gynecology

Dear Dr. Wright and Dr. Schorge,

We are grateful for the opportunity to submit revisions for our research letter entitled “TikTok and #IUD: the user experience with intrauterine devices on social media” for consideration for publication in *Obstetrics & Gynecology*.

We greatly appreciate the opportunity to revise this manuscript, in which we have hoped to adequately address the reviewer, statistical, and editorial office comments. Of note we have received IRB exemption for this research study. See below for our point-by-point revisions.

We submitted this project as an abstract for the Conference for Society of Family Planning. Otherwise, we confirm that this work is original and has not been published elsewhere, nor is it currently under consideration for publication elsewhere. We intend not to submit elsewhere unless a final negative decision is made. We have no conflicts of interest to disclose.

Please feel free to contact me regarding this manuscript at 

Thank you for your consideration of this manuscript.

Sincerely,

Jenny Wu, MD
Resident, Department of Obstetrics & Gynecology
Duke University Medical Center
Durham, NC

Co-author
Jonas Swartz, MD, MPH
Assistant Professor, Division of Women’s Community and Population Health
Duke University Medical Center
Durham, NC

Dear editors of Obstetrics & Gynecology,

Thank you for the opportunity to revise our manuscript entitled "TikTok and #IUD: the user experience with intrauterine devices reported on social media" (ONG-22-1393).

We have provided responses to each of the questions from the editors below. We would be happy to provide any additional information that may be needed.

Sincerely,

Jenny Wu

REVIEWER COMMENTS:

Reviewer #1:

Review of Manuscript ONG-22-1393 "TikTok and #IUD: the user experience with intrauterine devices on social media"

A research letter that evaluated the potential impact of the social media platform TikTok and its portrayal of IUD information has been submitted. As noted by the authors, social media including other platforms has been utilized to convey medical information and messaging, both positive and unfortunately negative as well. As noted, TikTok is often viewed by reproductive age women and information related to reproduction, in various forms, may have either positive or negative impacts on the viewers of this information. The authors note the limitations of their study including the potential lack of applicability of standardized scales on this format. I have the following comments/questions:

1. Title - Should it be the "reported user experience" or something similar?

Thank you for the comment. We revised the title.

"TikTok and #IUD: the user experience with intrauterine devices reported on social media"

2. Abstract - If space allows consider adding the absolute N and not just the % for the various videos.

We have added the absolute N and % throughout. As suggested by the reviewer, because of limitations in the word count, this does constrain our ability to address some of the other reviewer suggestions. We defer to the editors and reviewers about whether reverting to reporting % only would be preferred given space constraints.

3. Introduction - No comments

4. Methods - Line 25 - Not being a user of TikTok how does one know that the videos selected were in fact the top 100?

Thank you for the opportunity to clarify. In searching by hashtag, the top 100 videos are ranked by the number of users who have “liked” the video. This has been clarified within the manuscript.

The underlying question—reflecting why videos are ranked highly—is somewhat complex as the TikTok algorithm is proprietary to the parent company, ByteDance.

We invite you to read more from the TikTok company about their recommendation algorithm: <https://newsroom.tiktok.com/en-us/how-tiktok-recommends-videos-for-you>

5. Line 29 - How often was arbitration needed?

There was not space to include detail on the frequency of arbitration in the manuscript. In reviewing the frequency of arbitration, we broke it down into three areas: 1) coded elements about the videos 2) DISCERN 3) PEMAT .

The primary reviewers disagreed most frequently about tone (30 disagreements) and accuracy of facts (33 disagreements). In the case of tone, the primary reviewers never disagreed on whether a video was positive versus negative. Rather, one reviewer might have thought it was positive while the other thought it was ambiguous or neutral.

The modified DISCERN scale had the following elements and breakdown of agreement and disagreement between reviewers.

1. Are the explanations given in the video clear and understandable? 78 agree, 20 disagree
2. Are useful reference sources given? 93 agree, 5 disagree
3. Is the information in the video balanced and neutral? 76 agree, 22 disagree
4. Are additional sources of information given from which the viewer can benefit? 93 agree, 5 disagree
5. Does the video evaluate areas that are controversial or uncertain? 81 agree, 17 disagree

PEMAT A/V had the following elements and breakdown of agreement and disagreement.

1. The material makes its purpose completely evident - 72 agree, 26 disagree
2. The material uses common, everyday language – 74 agree, 24 disagree
3. Medical terms are used only to familiarize audience with terms. When used, medical terms are defined – 43 agree, 55 disagree (variation in many videos that did not define IUD, but used IUD in an understandable way)
4. The material uses active voice –63 agree, 35 disagree.
5. The material breaks or “chunks” information into short sections – N/A (very short material)
6. The material’s sections have informative headers – N/A (very short material)
7. The material presents information in a logical sequence – 76 agree, 22 disagree
8. The material provides a summary – N/A (very short material)
9. The material uses visual cues to draw attention to key points – N/A (video)
10. Text on the screen is easy to read – 82 agree, 16 disagree

11. The material allows the user to hear the words clearly – 92 agree, 7 disagree
12. The material uses illustrations and photographs that are clear and uncluttered – 77 agree, 21 disagree
13. The material uses simple tables with short and clear row and column headings – N/A (no tables)
14. The material clearly identifies at least one action the use can take – 83 agree, 15 disagree
15. The material addresses the user directly when describing actions – 83 agree, 15 disagree
16. The material breaks down any action into manageable, explicit steps – 88 agree, 10 disagree
17. The material explains how to use the charts, graphs, tables, or diagrams to take action – N/A (no charts, graphs, tables, diagrams)

For questions 14-16, there was initial difference in congruence due to inconsistent use of 0 or N/A. When reviewing the PEMAT guidelines, the scale is graded as 0 (disagree) or 1 (agree). Once this was arbitrated, the average actionability was recalculated and is now 17.7%, as reflected in the manuscript, with a standard deviation of 33.9%.

6. Results - Line 41 - see previous comments about adding N's if space allows.

Thank you for your comment. We have added the N as indicated.

7. Line 44 - Any more granularity to add to this comment?

Thank you for your comment. We unfortunately do not have space to offer further detail. Content creators frequently discussed how their healthcare professional did not talk about the pain involved in the procedure, side effects associated with the procedure, and were unresponsive to concerns.

We have provided some transcribed descriptive comments that highlighted distrust:

"maybe they don't want us...to know...about it?"

"nowhere did I find anything that told me it was going to be so painful I would pass out then projectile vomit"

"there are actual gynecologists in my comments...gaslighting other people who have had similar experiences with iud insertion... I didn't go to the gynecologist for 3 years after I got my iud"

"my cervix was violated"

On the other hand, we wanted to highlight a comment that highlighted trust with their healthcare provider in one video, when a provider offered anesthesia for an IUD insertion:

“I have never had a doctor take me that seriously, that quickly”

8. Discussion - No comments

Tables/Figures -

9. Figure 1 - Does "#" need to be added to IUD in the first box?

Thank you for your suggestion. This was added to figure 1.

10. Table 1 - For ethnicity, do individuals with accounts that create videos select this or was this an interpretation of their appearance?

Our reviewers searched through the creator’s user profile and other social media platforms (Instagram, Twitter, website) to evaluate for self-identifiable demographic information including race and ethnicity. When this was not available this was subjectively interpreted. We have removed reporting of race and ethnicity to comply with journal reporting requirements.

Reviewer #2:

1. Line 26:

Elaborate more on how Apify works

Thank you for this question. There unfortunately is not space to include further discussion in the manuscript. Apify is a website platform in which developers can share ready-made tools for users to extract data and web scraping. Web scraping is a program tool to automatically extract data from websites or sites such as TikTok, YouTube or Google as opposed to manually compiling the data.

2. Lines 28 and 29:

Two independent reviewers (E.T. and M.H.) performed standardized video coding with another reviewer (J.W.) to arbitrate differences.

Unclear on how the videos were distributed (or not) between the reviewers. Clarify on the background of these reviewers, why and how they were chosen.

This would help understand the results mentioned in lines 54-56 better.

Thank you for your question. The manuscript was updated to clarify. E.T., M.H., and J.W. reviewed all 100 videos. E.T. and M.H. independently compiled user demographics, content information, and evaluated health information and video quality on two standardized scales, PEMAT and DISCERN. J.W. arbitrated any differences between reviewers. All reviewers were oriented to standardized coding and use of scales.

“Two independent reviewers (E.T. and M.H.) performed standardized video coding on all 100 videos with another reviewer (J.W.) to arbitrate differences. We used two standardized scales to assess quality: a modified 5-point DISCERN scale to evaluate information quality and the Patient Education Materials Assessment Tool (PEMAT) to evaluate understandability and actionability of each video.(6, 7)”

Given space constraints, we did not give detail on the reviewers’ background outside the title page. E.T. and M.H. are both graduate medical students. J.W. is a resident in Obstetrics & Gynecology. J.W. and J.S. were responsible for idea formation. E.T. and M.H. were chosen due to their interest in contraception and reproductive health. The three video reviewers also are TikTok users.

3. Lines 29-30:

We used a modified 5-point DISCERN scale to 30 evaluate information quality and the Patient Education Materials Assessment Tool (PEMAT) to evaluate understandability and actionability of each video.

More description is needed regarding the scale and tool mentioned here. Why these were used and how they function. Also, their definitions need to be moved under Abstract lines 12&13. DISCERN is a scale

Thank you for your suggestion. We defer to the editors on whether we might exceed word count limits to include further detail. We unfortunately do not have space in the abstract to offer further detail.

DISCERN is a standardized scale used to evaluate consumer health information and quality in publications. DISCERN is a commonly used scale with originally 16 questions to evaluate the quality of health information. We used a modified DISCERN scale of 5 questions that has been previously used in studies that evaluated video information.

PEMAT is another commonly used standardized scale to assess patient education material in particularly in two domains: understandability and actionability. There are 13 questions under understandability that evaluate content, word choice and style, use of numbers, organization, layout and design and use of visual aids. There are 4 questions under actionability that evaluate actions the user can take. Some questions are non-applicable to short video format, and were calculated as NA.

We picked these two scales due to their prevalent use in other social media health education literature. Of validated measures we reviewed, these two were the most applicable to this video format even though, as we note in limitations, the measures are not ideal for this medium.

4. Line 38:

Video types included 38 personal patient experience with placement and removal of IUDs (32%), educational (30%), and humorous (24%) (Table 1).

The table uses the term insertion vs placement in the text. Is there a difference?

Thank you for the suggestion. Insertion and placement were previously used interchangeably. We now consistently use placement throughout the manuscript to avoid confusion.

5. Placement/ insertion and Removal add up to 31% not 32%.

We have updated our % to correct this error.

6. Here it would be helpful to separate the two in the text as placement is significantly higher 28% than insertion 8% and could have a higher link to the negative experience.

Thanks for this point. Our data demonstrated that all but one video about IUD removal had a negative tone. Therefore, we combined these data points together in part to save space in this short research brief.

STATISTICAL EDITOR COMMENTS:

1. Table 1: Need units for age.

Thank you for your suggestion. This was added as you suggested.

EDITORIAL OFFICE COMMENTS:

1. If your article is accepted, the journal will publish a copy of this revision letter and your point-by-point responses as supplemental digital content to the published article online. You may opt out by writing separately to the Editorial Office at em@greenjournal.org, and only the revision letter will be posted.

Thank you. We would welcome this revision letter to be submitted as supplemental content, as we hope to clarify on our methods more specifically to those interested.

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:

* Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and at the end of the abstract. For industry-sponsored studies, describe on the title page how the funder was or was not involved in the study.

This is now included.

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

Not applicable.

* Name the IRB or Ethics Committee institution in the Methods section (if applicable).

See below. We have added this to the methods section.

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

We don't think this context varies significantly by state in this case.

3. Obstetrics & Gynecology's Copyright Transfer Agreement (CTA) must be completed by all authors. When you uploaded your manuscript, each coauthor received an email with the subject, "Please verify your authorship for a submission to Obstetrics & Gynecology." Please ask your coauthor(s) to complete this form, and confirm the disclosures listed in their CTA are included on the manuscript's title page. If they did not receive the email, they should check their spam/junk folder. Requests to resend the CTA may be sent to em@greenjournal.org.

Thank you for the reminder. We will have our coauthors complete this form.

4. 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, describe the reasons that race and ethnicity were assessed in the Methods section and/or in table footnotes. Race and 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.

List racial and ethnic categories in tables in alphabetic order. Do not use "Other" as a category; use "None of the above" instead.

Please refer to "Reporting Race and Ethnicity in Obstetrics & Gynecology" at [https://urldefense.com/v3/https://edmgr.ovid.com/ong/accounts/Race_and_Ethnicity.pdf;!OToaGQ!pa0_XBBqvGqAxoSGI6eiHtYzvIZE42f4YcQSafuloZ6Y1es71e8ZBbfy_CVLJ7NdxRrteChMgO9-RwFSyA\\$](https://urldefense.com/v3/https://edmgr.ovid.com/ong/accounts/Race_and_Ethnicity.pdf;!OToaGQ!pa0_XBBqvGqAxoSGI6eiHtYzvIZE42f4YcQSafuloZ6Y1es71e8ZBbfy_CVLJ7NdxRrteChMgO9-RwFSyA$) .

We have now omitted racial and ethnic categories used in the initial draft of the submission. On review, we do not believe our categorization was consistent with these standards. Our reviewers searched through the creator's user profile and other social media platforms (Instagram, Twitter, website) to evaluate for self-identifiable demographic information including race and ethnicity. When this was not available this was subjectively interpreted.

5. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "People with disabilities" or "women with disabilities" instead of "disabled people" or "disabled women"; "patients with HIV" or "women with HIV" instead of "HIV-positive patients" or "HIV-positive women"; and "people who are blind" or "women who are blind" instead of "blind people" or "blind women."

Thank you for your comment. We have reviewed our manuscript to make sure we are using person-first language.

6. The journal follows ACOG's Statement of Policy on Inclusive Language (<https://urldefense.com/v3/https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2022/inclusive-language>;!!OToaGQ!pa0_XBBqvGqAxoSGI6eiHtYzvIZE42f4YcQSafuloZ6Y1es71e8ZBbfy_CVLJ7NdxRrteChMgO9tIC-62Q\$). When possible, please avoid using gendered descriptors in your manuscript. Instead of "women" and "females," consider using the following: "individuals;" "patients;" "participants;" "people" (not "persons"); "women and transgender men;" "women and gender-expansive patients;" or "women and all those seeking gynecologic care."

Thank you for your comment. We have reviewed our manuscript to make sure we are avoiding gendered descriptions where possible.

7. Please add whether you received IRB or Ethics Committee approval or exemption to your Methods. Include the name of the IRB or Ethics Committee. If you received an exemption, explain why in this section.

We have added this detail.

"Duke University Medical Center's IRB determined this non-human subjects research exempt."

8. 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://urldefense.com/v3/https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions>;!!OToaGQ!pa0_XBBqvGqAxoSGI6eiHtYzvIZE42f4YcQSafuloZ6Y1es71e8ZBbfy_CVLJ7NdxRrteChMgO8lzzReTAS and the gynecology data definitions at <https://urldefense.com/v3/https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions>;!!OToaGQ!pa0_XBBqvGqAxoSGI6eiHtYzvIZE42f4YcQSafuloZ6Y1es71e8ZBbfy_CVLJ7NdxRrteChMgO-qnZtzRg\$. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

Thank you. We have reviewed our manuscript to use revitalize definitions.

9. Make sure your manuscript meets the following word limit. The word limit includes the manuscript body text only (for example, the Introduction through the Discussion in Original Research manuscripts), and excludes the title page, précis, abstract, tables, boxes, and figure legends, reference list, and supplemental digital content. Figures are not included in the word count.

Research Letters: 600 words (do not include more than two figures and/or tables [2 items total])

We have condensed our language to comply with this word limit.

10. Specific rules govern the use of acknowledgments in the journal. Please review the following guidelines and edit your title page as needed:

- * 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 or indicate whether the meeting was held virtually).
- * 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]."
- * Do not use only authors' initials in the acknowledgement or Financial Disclosure; spell out their names the way they appear in the byline.

Thank you for your comment. We have included any financial support, assistance, and disclosures to our title page.

11. Provide a précis 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."

Thank you. Our précis is added as below:

"Popular videos about intrauterine devices on TikTok often portray negative experiences related to pain and informed consent."

12. Be sure that each statement and any data in the abstract are also stated in the body of your manuscript, tables, or figures. Statements and data that appear in the abstract must also appear in the body text for consistency. Make 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 manuscript.

In addition, the abstract length should follow journal guidelines. Please provide a word count.

Research Letter: 125 words

Thank you. We have adhered to this suggestion.

13. Only standard abbreviations and acronyms are allowed. A selected list is available online at <https://urldefense.com/v3/http://edmgr.ovid.com/ong/accounts/abbreviations.pdf> ;!!OToaGQ!pa0_XBBqvGqAxoSGI6eiHtYzvIZE42f4YcQSafuloZ6Y1es71e8ZBbfy_CVLJ7NdxRrteChMgO9BepSP3Q\$. 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.

Thank you. These acronyms have been removed.

14. The journal does not use the virgule symbol (/) in sentences with words, except with ratios. 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.

Thank you. This has been changed.

15. ACOG avoids using "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.

Thank you. The word provider has been edited to healthcare professional where applicable.

16. 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.

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

Express all percentages to one decimal place (for example, 11.1%). Do not use whole numbers for percentages.

Thank you. We do not use effect size or p values in this paper. We have added the appropriate decimal places to our manuscript and tables.

17. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available

at [https://urldefense.com/v3/_http://edmgr.ovid.com/ong/accounts/table_checklist.pdf_!!OToaGQ!pa0_XBBqvGqAxoSGI6eiHtYzvIZE42f4YcQSafuloZ6Y1es71e8ZBbfy_CVLJ7NdxRrteChMgO_R0s9Lqg\\$](https://urldefense.com/v3/_http://edmgr.ovid.com/ong/accounts/table_checklist.pdf_!!OToaGQ!pa0_XBBqvGqAxoSGI6eiHtYzvIZE42f4YcQSafuloZ6Y1es71e8ZBbfy_CVLJ7NdxRrteChMgO_R0s9Lqg$) .

Thank you. We have updated our table to conform to the journal style.

18. Please review examples of our current reference style at [https://urldefense.com/v3/_https://edmgr.ovid.com/ong/accounts/ifa_suppl_refstyle.pdf_!!OToaGQ!pa0_XBBqvGqAxoSGI6eiHtYzvIZE42f4YcQSafuloZ6Y1es71e8ZBbfy_CVLJ7NdxRrteChMgO8dmA3v1g\\$](https://urldefense.com/v3/_https://edmgr.ovid.com/ong/accounts/ifa_suppl_refstyle.pdf_!!OToaGQ!pa0_XBBqvGqAxoSGI6eiHtYzvIZE42f4YcQSafuloZ6Y1es71e8ZBbfy_CVLJ7NdxRrteChMgO8dmA3v1g$) . 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 formal reference list. Please cite them on the line in parentheses.

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://urldefense.com/v3/_https://www.acog.org/clinical_!!OToaGQ!pa0_XBBqvGqAxoSGI6eiHtYzvIZE42f4YcQSafuloZ6Y1es71e8ZBbfy_CVLJ7NdxRrteChMgO8zadnDJg\\$](https://urldefense.com/v3/_https://www.acog.org/clinical_!!OToaGQ!pa0_XBBqvGqAxoSGI6eiHtYzvIZE42f4YcQSafuloZ6Y1es71e8ZBbfy_CVLJ7NdxRrteChMgO8zadnDJg$) (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. In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript.

Please make sure your references are numbered in order of appearance in the text.

Thank you. We have updated our references compliant to Obstetrics & Gynecology as using the EndNote style.

19. Figure 1: Please cite Figure 1 within the text. Please upload as a figure file on Editorial Manager.

Thank you. This Figure has been added to our methods section.

20. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at [https://urldefense.com/v3/_http://links.lww.com/LWW-ES/A48_!!OToaGQ!pa0_XBBqvGqAxoSGI6eiHtYzvIZE42f4YcQSafuloZ6Y1es71e8ZBbfy_CVLJ7NdxRrteChMgO_LTmchwg\\$](https://urldefense.com/v3/_http://links.lww.com/LWW-ES/A48_!!OToaGQ!pa0_XBBqvGqAxoSGI6eiHtYzvIZE42f4YcQSafuloZ6Y1es71e8ZBbfy_CVLJ7NdxRrteChMgO_LTmchwg$) . The cost for publishing an article as open access can be found at [https://urldefense.com/v3/_https://wkauthorservices.editage.com/open-access/hybrid.html_!!OToaGQ!pa0_XBBqvGqAxoSGI6eiHtYzvIZE42f4YcQSafuloZ6Y1es71e8ZBbfy_CVLJ7NdxRrteChMgO8WqZPCtQ\\$](https://urldefense.com/v3/_https://wkauthorservices.editage.com/open-access/hybrid.html_!!OToaGQ!pa0_XBBqvGqAxoSGI6eiHtYzvIZE42f4YcQSafuloZ6Y1es71e8ZBbfy_CVLJ7NdxRrteChMgO8WqZPCtQ$) .

If your article is accepted, you will receive an email from the Editorial Office asking you to

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Thank you very much for this consideration.