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Dear Dr. Kulier,

In response to your reviewers' thoughtful and helpful comments on our previous submission, we have revised and are resubmitting our manuscript, "Brazilian Obstetrician-Gynecologists and Abortion: A Survey of Knowledge, Opinions and Practices," for consideration for publication in *Reproductive Health*.

As noted by reviewer Jos Guilherme Cecatti, two other studies have recently been published on Brazilian obstetrician-gynecologist abortion opinions, and we are excited by this opportunity to reinforce, complement, and expand upon these new findings by Anibal Faúndes and his colleagues. We build upon Dr. Faúndes *et al.*'s work by documenting not only this population's knowledge and opinions on abortion, but also their practical experience with abortion using different techniques (such as medical abortion regimens and manual vacuum aspiration).

Furthermore, of particular political relevance given an ongoing legal furor in Brazil over whether to legalize abortion in cases of fetuses with anencephaly, we provide valuable data illustrating that when Brazilian obstetrician-gynecologists have performed abortions in the past, in more than half of these cases the physician cited fetal malformation as justification for the procedure. We feel strongly that our study would be a significant and timely contribution to the abortion debate in Brazil, and we appreciate this opportunity to submit this revised manuscript to *Reproductive Health*.

Thank you again for your consideration, and we look forward to hearing from you.

Sincerely,

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Author responses to reviewer's reports

Brazilian Obstetrician-Gynecologists and Abortion: A Survey of Knowledge, Opinions and Practices, Goldman et al.

Reviewer: Victoria Coleman

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. The response rate of 38% is quite low for a physician questionnaire. It is unclear whether your sample is equivalent in terms of demographic features as the membership of FEBRASGO, but this should be addressed especially given the sample is taken from a 10% sample of FEBRASGO members.

We only are able to obtain information on geographic distribution of FEBRASGO members, which roughly mirror the distribution of our sample. We have added the following clarification to the first paragraph of the Results:

"The geographic distribution of respondents was roughly equivalent to that of the FEBRASGO membership overall."

2. The manuscript would greatly benefit from a further breakdown of age. The authors separate age groups as 26-45 and over 45. The literature points to significant differences in opinion for ob-gyns that have been out of residency 5 years or less. There may be difference hidden that should be explored, especially given the authors report of a study on p. 5 that found that "the majority of medical students thought that abortion should be legal in cases of..."

We have broken down the ages of participants in 10-year age groups (see Tables 1 and 6) as suggested by the reviewer. We did not observe significant differences in opinion according to age.

3. Reliability and validity should be addressed in the Methods section.

We have added additional information on our Methods and the piloting of the instrument:

"The anonymous questionnaire, which had undergone two rounds of pre-testing prior to fielding the study..."

4. Greater focus should be given on the authors' policy recommendations or educational initiatives that may benefit Brazilian ob-gyns in the Conclusions section.

In the Conclusion, we have added some concrete suggestions on the utility of our findings for policy and educational activities:

"...Not only do these findings underscore the widespread confusion and misperceptions surrounding abortion law, but they also provide powerful evidence of the fact that abortions are being performed by OB-GYNs even in cases where they are technically illegal. This information is particularly valuable to those advocating for liberalization of abortion law to permit legal abortions in cases of fetal malformation. ... Educational efforts, ideally

beginning with medical trainees in universities, should focus on introducing these safer, less costly abortion techniques for legally indicated abortions in Brazil.”

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. How many mailings were done? There should be a bit more clarification in the first paragraph of the Methods section.

We have specified in this paragraph that we mailed 1,500 questionnaires.

2. Given that the sample is 72% Catholic, please check stats. to make sure that your statement that physicians who felt the law should be more liberal were more likely to be Catholic doesn't simply reflect the fact that the majority of your sample is Catholic. Also, given that you state that Catholicism is a predictor of more liberal views, it may be appropriate to define the religions that fall under the category of "Other".

We reanalyzed our data and revised the Results section as follows:

“Catholic physicians and Evangelical physicians were not significantly different in their abortion opinions from those who reported that they were not religious; however, physicians who reported having an “other” religious affiliation had a lower odds of thinking the abortion laws should be more liberal.... In the final model, we combined Catholic and Evangelical physicians into a single group and compared them with non-religious respondents and respondents reporting “other” as their religion. We found that Catholic and Evangelical physicians were not significantly different in their abortion opinions from physicians who reported no religious affiliation.”

We modified the Discussion section accordingly:

“Overall, OB-GYNs who had correct knowledge of abortion law, who identified as Catholic, Evangelical, or not religious (as compared to “other” religion), and who supported public funding of legal abortion services were more likely to be in favor of a more liberal abortion law. A limitation of our study in terms of this particular finding is that respondents did not specify what their religion was if it fell under the “other” category, so we cannot hypothesize about why these participants would have more conservative attitudes about abortion.”

3. In the abstract, you state that "less than half of respondents had accurate knowledge about abortion..." Consider toning down the language to say that "less than half respondents reported accurate knowledge..."

We have modified the abstract in accordance with the reviewer's recommendation.

4. "One-third of respondents had ever performed an abortion..." is confusing language. Consider revising the sentence so that it more clearly states what you are trying to say.

We have changed this clause to *“One-third of respondents reported having previous experience performing an abortion...”*

5. There is a spelling error in the results section of the abstract. "in favor or public funding" should be "in favor of"

We have corrected this spelling error.

6. In the paragraph prior to the start of the Discussion section, there is a spelling error--"preformed" should be "performed"

We have corrected this spelling error.

Discretionary Revisions (which the author can choose to ignore)

1. The first two sentences of the Conclusions section don't gel well with the stated purpose of the study. Consider revising.

We have revised the beginning of the Conclusions section:

"The majority of OB-GYNs in both our study and in the previous Faundes et al. studies agreed that abortion should be legal when the pregnancy endangers the life of the woman or is a result of a rape (the two cases already permitted under Brazilian law).[14, 15] However, among those OB-GYNs with previous experience performing abortions, more than half of them had done so in cases of fetal malformation, a circumstance that was not explicitly permitted under current abortion law."

2. You have a lot of tables. Consider re-configuring some of the tables into figures that may be easier to read. Tables 3 & 4 seem most appropriate as figures.

Because each of these tables contain quite a bit of information, we feel that it is more efficient to leave this data in table format rather than using figures.

3. You may want to state explicitly that abortion is the fourth leading cause of maternal death in Brazil. This is a powerful statistic.

In the Background section on the first page of the text we state, *"Unsafe abortion represents the third leading cause of maternal mortality."* We are unaware of a statistic citing abortion as the fourth leading cause of maternal mortality.

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Reviewer: Jos Guilherme Cecatti

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

- In the Abstract, the variables studied should be stated in the methods session. The results session should include the information on to how many professionals the questionnaire was sent and how many answered it.

We have included this information in the abstract and results section.

- Background, page 4, last paragraph: the authors state that "No published study has surveyed a nationally representative sample of Brazilian obstetricians-gynecologists (OB-GYNs) about abortion". This is not true. There is a bigger survey performed in 2003, also using a mailed questionnaire and sent to all Ob-Gyn registered in FEBRASGO, with 4.261 valid respondents (at least four times higher than the current sample). At the best of my knowledge, there are two articles already published focusing these data: Faundes A et al. Rev Bras Ginecol Obstet 2004; 26(2): 89-96 and Faundes A et al. Reproductive Health Matters 2004; 12(Suppl.1): 47-56. I believe that is necessary to include this information and, as well, to compare the current results with those from these articles in the discussion session.

We have edited the text to reflect these recently published studies and on page 3, we have described how our study builds upon and complements these previously published works:

"In 2003, Faúndes et al. surveyed a national sample of 4,261 Brazilian obstetricians-gynecologists (OB-GYNs) about abortion, asking participants whether they had helped their patients or relatives access an abortion, and whether they themselves had had an abortion. The authors found that the respondents were progressively more accepting of legal abortion the closer they were to the person with the unwanted pregnancy: 41% of respondents had helped a patient obtain an abortion, 49% had helped a relative obtain an abortion, 78% of female physicians had obtained an abortion when they themselves had an unwanted pregnancy, and 80% of male physicians had helped their partners to obtain abortions. The vast majority of participants believed abortion should be legal if the woman's life is at risk (79%), if the pregnancy resulted from rape (80%), and in cases of fetal malformation (77%). Younger respondents were less supportive of abortion when confronted with unwanted pregnancies of patients or relatives, and twice as many physicians with no religious beliefs had helped patients or relatives to have an abortion compared to physicians to whom religion was very important. Nevertheless, when the physician herself or the male physician's partner had had an unwanted pregnancy, almost 70% of those to whom religion was very important had had an abortion. [14, 15]

The relevance of Brazilian physicians' abortion knowledge, attitudes, and practices extends far beyond the current legal limbo regarding abortion of anencephalic fetuses, and we seek to build on and compare our results to the Faundes et al. findings, some of which have not been published in an English-language journal. [15] We will explore not only Brazilian OB-GYNs' knowledge and opinions on the legality of abortion in their country, but also their clinical experiences and training (or lack thereof) performing abortions using different techniques [including medical abortion and manual vacuum aspiration (MVA)] and under different circumstances (e.g., in cases of risk to the woman's life or when the unwanted pregnancy is the result of a rape). Faundes et al. documented OB-GYN abortion practices in terms of the relationship the provider held with the pregnant women, and we will expand on these findings by investigating the circumstances under which the pregnancies arose in those cases where OB-GYNs performed abortions. Finally, we will analyze the relationships between experience performing abortions and opinions on abortion law."

- Methods session, page 6: I think it should be included the information on how many professionals were registered in the FEBRASGO at the moment of the survey, and how was the random sample obtained. Was the proportion of professionals in regions or states taken into account the sampling procedure? This would be

important considering some arguments are used regarding the region the professionals come from.

We have clarified our sampling strategy in this paragraph as follows:

“From December 2001 through September 2002, we mailed 1,500 questionnaires to a 10% random sample of OB-GYNs affiliated with the Brazilian Federation of Obstetricians and Gynecologists (FEBRASGO). At the time, FEBRASGO consisted of approximately 15,000 members. Our sample consisted of 10% of FEBRASGO members in each state, selected by assigning random digits to each member and then selecting a 10% random sample.”

- Methods session, page 6-7: Was the questionnaire anonymous? Was it pre tested? Was the research proposal previously approved by a local Institutional Review Board?

We have clarified the methods as follows:

“The Council’s Institutional Review Board as well as FEBRASGO approved this study....The anonymous questionnaire, which had undergone two rounds of pre-testing prior to fielding the study...”

- Methods session, page 7, last paragraph, line 6: according to my understanding of the article, the p-value should be equal or below 0.1 and not 0.01. Is that right?

We have corrected this error so that the text now reads *“p-value \leq 0.10.”*

- Results session, page 8, 2nd paragraph, lines 5-7: there is an informational problem here. The Brazilian law in fact does not fixe a maximum limit of gestational age for legal abortion. Who does that is the MOH in its guidelines.

We have clarified the language to make it clear that the recommendation regarding gestational age limitation is a MOH guideline rather than a law:

“Considerable confusion existed over the Ministry of Health guidelines on the gestational age limit for abortion. A quarter of physicians did not know of a such a gestational age limit guideline, while 40% thought it was 12 weeks and 30% thought it was 20 weeks.”

- Results session, page 9, 3rd paragraph focusing results from Table 5: It should be highlighted that almost 70% of professionals have never received training on abortion procedures at all. This would be important for the final arguments the authors use in the discussion.

We have added the sentence, *“Nearly 70% had never received any training on abortion procedures.”*

- Results session, page 9, 3rd paragraph, line 5: the text report a percentage for D&C of 95%, but in Table 5 a 59.6% is reported. What is the real figure?

We have corrected the statistic in the text to reflect the correct figure in Table 5.

- Results session, page 10, paragraph focusing the results of multivariate analysis: I think that the results finding "to be Catholic" as a factor associated with a more liberal opinion should carefully be considered. It could lead to the misinterpretation that Catholicism is really a positive influence on liberal position of the professionals, and I think that it is not really the case. The special situation of religion in Brazil should be taken into account (official versus real religion, mixed religions, etc, etc.). This should also be taken into account for comments in the discussion session, like the one in page 13, end of the second paragraph ("Unexpectedly, Catholic physicians were among...").

We reanalyzed the data and revised this section as follows:

"Catholic physicians and Evangelical physicians were not significantly different in their abortion opinions from those who reported that they were not religious; however, physicians who reported having an "other" religious affiliation had a lower odds of thinking the abortion laws should be more liberal.... In the final model, we combined Catholic and Evangelical physicians into a single group and compared them with non-religious respondents and respondents reporting "other" as their religion. We found that Catholic and Evangelical physicians were not significantly different in their abortion opinions from physicians who reported no religious affiliation."

- Results session, page 10, paragraph focusing the results of multivariate analysis: a consideration should be made on the use of the variable "in favor of public funding for legal abortion services", considering the reference (No) is based in a very few number of cases (only 24!).

This information is provided in the tables, and we revised the text to explicitly mention this small number of cases:

"Finally, physicians who were in favor of public funding for legal abortion services had six times the odds of favoring a more liberal abortion law compared to those who were opposed to public funding of legal abortions (OR 6.01 (95% CI: 2.53, 14.28)); however, it must be taken into account that only a small number (24) had said that they opposed public funding for legal abortions."

- Tables: all tables report a 572 total number of respondents. However, for several variables reported, the total number are different! The missed information should be provided.

We have added information on missing data for relevant tables.

Discretionary Revisions (which the author can choose to ignore)

- Background, 1st paragraph, lines 4-5: instead "severe fetal malformation", "fetal malformation incompatible with neonatal life" should better describe the real situation often approved for abortion in Brazil.

We have made the recommended change in the text.

- Background, 1st paragraph, line 12: maternal mortality "ratio", other than "rate".

We have made the recommended change in the text.

- Results session, 1st paragraph: I would recommend to include the word "states" in the end of the paragraph.

We have revised the sentence to include the word "states:"

"...which includes the states of Rio de Janeiro, Minas Gerais, São Paulo, and Espírito Santo."

- Table 6. It is a very large table. I understand that it means a first step for the next multivariate analysis. However, I think that it would look much better if some changes were performed. The first would be to interchange the position of both columns, being that for "more liberal" the first. The second radical suggestion is, instead of reporting Chi square and p-value, to report prevalence ratios and their 95%CI. For the variable Regions, for instance, some additional comments could also be drawn from this approach.

We have revised Table 6 in accordance with the reviewer's recommendation. We did not observe significant differences in opinions according to region, however.