Reviewer’s report

Title: Reducing underreporting of stigmatized pregnancy outcomes: results from a mixed-methods study of self-managed abortion in Texas using the list-experiment method

Version: 0 Date: 27 Mar 2019

Reviewer: Lisa Martin

Reviewer's report:

I thank the authors and journal for the opportunity to review this manuscript. I find it very well-written, easy to understand and significantly contributes to the field. The authors are taking on an important research question - how accurate are our current estimates of self-managed abortion experiences - and can we improve our instruments to obtain better estimates? This issue is timely because as medication abortion becomes more accessible and acceptable and restrictions at the state-level in the US continue to erode abortion access, assessing self-managed abortion practices in the US will only become more important. I also appreciated the author’s use of a novel approach - the list experiment method to try and address self-report biases of a stigmatized health practice. While the authors are quite clear about the limitations of the results of this current survey, given the findings from the cognitive interviews, nevertheless the study makes a worthwhile contribution to the literature. I believe that with minor revision this manuscript could be suitable for publication. I have summarized suggested revisions and questions below, by section of the manuscript. Please note, I have referred to pages based on the pdf file - not the pages listed on the original document.

BACKGROUND:

Pg 4, line 5, Could you please change "Nationally" to reference these were searches conducted in the US - this is an international journal, so nationally doesn't hold a specific context.

Pg 4, line 24, could the authors please expand a little on the "best friend" method for those readers unfamiliar with the technique?

Pg 5, line 35 can you expand the description of what "careful design and analysis" means? For example, can only 1 item vary on the lists subjects are given to do these estimates?
METHODS:

General question - could you provide an explanation or rationale for why you conducted cognitive interviews with women living OUTSIDE and inside Texas, instead of just Texas residents?

RESULTS:

Pg 12, line 196, could you rephrase the sentence regarding the self-induction status of one cognitive interview participant - currently reads "one was not known at the time of recruitment" - which could be read as not being known to the participant, but I believe the authors mean her history was not known to the researchers.

Pg13, lines 211-12, Can the authors please report the percentage of participants who interpreted the item wording as it was intended in the list experiment, rather than just reporting "the most common interpretation". Getting this meaning is really at the heart of why you're doing the cognitive interviews - because you want to have some confidence in how respondents in the list experiment interpreted the item. Without that percentage it's difficult to know whether you are (or should) be fairly confident.

Pg 17, lines 321-323, Did the authors use the opportunity to test out any other phrases to refer to ectopic/tubal pregnancy or pap smear, as participants reported not knowing what those terms meant?

DISCUSSION

Pg 17, line 325, The authors traced the history of the list-experiment to the 1980's and stated its intent was to be used for reporting stigmatized experiences at that time - so I would caution how much they term it a "novel" approach - unless being specific to measuring self-managed abortion experiences.

Pg 21, line 403, The authors claim that the diversity of geographic regions that are sampled in the cognitive interviews are a strength, but as mentioned earlier - that rationale was never provided and is not expanded on here. If the authors truly see this as a strength of the study it would be helpful if they could elaborate on that point.

General question: Recently abortion doulas have become more common in the United States and anecdotally this reviewer knows that abortion doulas have been consulted for assistance with self-managed abortion. How would the authors characterize an abortion doula - would you put them in the category of medical professional, lay health worker, or something else? How else
might that complicate the way your questions are worded? Did any of the participants in the cognitive interviews mention doulas?

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

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Please indicate the quality of language in the manuscript:

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