Instructions for Authors—July 2020

The following document outlines *Obstetrics & Gynecology*’s instructions for submitting a manuscript. To simplify this process for authors, the journal has instituted a set of essential requirements for authors to abide by when submitting a manuscript for consideration. These requirements are depicted in Figure 1. Note that manuscript formatting and style are not an essential requirement. If authors are invited to submit a revised manuscript, the Editorial Office will provide additional guidance in the revision letter invitation.

Submit all manuscripts at http://ong.editorialmanager.com (Editorial Manager). Once a manuscript is submitted through Editorial Manager, it will be assigned a number and the corresponding author will be notified by email.

Authors with questions may contact the Editorial Office by phone (202-314-2317) or email (obgyn@greenjournal.org). The journal’s mailing address is Obstetrics & Gynecology, 409 12th Street SW, Washington, DC 20024-2188.

I. POLICIES

The following policies apply to all manuscripts submitted to *Obstetrics & Gynecology*. The journal follows recommendations from the Committee on Publication Ethics (http://publicationethics.org), the International Committee of Medical Journal Editors (http://www.icmje.org), and the Council of Science Editors (http://www.councilofscienceeditors.org); these also guide the journal’s response to allegations of scientific misconduct. If the Editors discover or are notified of a serious problem with a published article, the journal will follow the guidelines on retraction published by the Committee on Publication Ethics.1

Articles published in *Obstetrics & Gynecology* are evaluated by different methods prior to publication. The following article types are evaluated via a single-blind peer-review process (meaning, the reviewers know the identity of the authors, but the authors do not).

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1 The American College of Obstetricians and Gynecologists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

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**Fig. 1.** Minimum requirements for submitting a manuscript to *Obstetrics & Gynecology*. Some requirements (in red) will result in automatic rejection. Note that manuscript formatting and style are not an essential requirement.
A. Authorship

The role of authorship in Obstetrics & Gynecology is reserved for those individuals who meet the criteria recommended by the International Committee of Medical Journal Editors (ICMJE; http://www.icmje.org):^2

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; and
2. Drafting the work or revising it critically for important intellectual content; and
3. Final approval of the version to be published; and
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged in a separate paragraph on the title page of the manuscript. All individuals named in the acknowledgments must give written permission to be named. Documentation of that permission should remain in the author’s files unless requested by the Editorial Office. Verification that permission has been obtained from all named persons should be included in the cover letter.

Author Declaration of Transparency

As proposed in a 2013 BMJ editorial,^3 Obstetrics & Gynecology requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript’s lead author. By signing this statement, the lead author declares that the manuscript’s contents are not misleading.

The following statement should appear in the submission’s cover letter or be uploaded in Editorial Manager as a separate attachment:

**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.

Signed by: ____________________________
*The manuscript’s guarantor.

Number of Authors

There are no limits to the number of authors that may appear in the byline of an article. However, all authors listed in the byline must meet the criteria recommended by the ICMJE. For guidance on assignment of authorship, please see “Addressing Authorship Issues...”
Prospectively: A Heuristic Approach” (available at http://dx.doi.org/10.1097/ACM.0000000000001285). 4

“Co-first authors” and notes in the manuscript describing the degree of author contribution are not permitted.

**Ghost Authorship**

A ghost author is someone who participates in one or more of the following—research, data analysis, or writing of a manuscript—but is not named or disclosed in the author byline or acknowledgments.5 Ghost authorship is prohibited by the journal. Authors must disclose whether any manuscript preparation assistance was received—including but not limited to topic development, data collection, analysis, writing, or editorial assistance—and, if so, who provided and who paid for the assistance (see V.A).

**Group Authorship**

If authorship is attributed to a group or collective, there must be at least one individual name included. List the names of the individuals in the group or collective in an appendix, which will be published online. A reference to the online appendix will appear in the print journal.

**ORCID Identifier**

We strongly encourage authors to enter their ORCID identifier in Editorial Manager. Please go to the “Update My Information” page to enter an existing identifier or to register with ORCID (http://orcid.org/).

**Continuing Medical Education**

First and second authors of articles published in Obstetrics & Gynecology are eligible to receive 10 Category 1 continuing medical education credits per article for one article per year.6 To receive credit, please email your request with a copy of the published article to cognates@acog.org.

### B. Clinical Trials

Obstetrics & Gynecology’s policies regarding clinical trial registration and data sharing statements are detailed below.

**Clinical Trial Registration**

Obstetrics & Gynecology complies with the ICMJE requirement that clinical trials be registered in a public trials registry at or before the time of first patient enrollment in order to be considered for publication.5–8 Notably, not all clinical trials are randomized trials (eg, observational studies can be clinical trials).

As of January 1, 2019, Obstetrics & Gynecology follows the U.S. National Institutes of Health (NIH) definition of a clinical trial: “A research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes.”9 The NIH encourages researchers to use the following questions to determine whether a study meets the NIH clinical trial definition:

a. Does the study involve human participants?

b. Are the participants prospectively assigned to an intervention?

c. Is the study designed to evaluate the effect of the intervention on the participants?

d. Is the effect being evaluated a health-related biomedical or behavioral outcome?

If the answers to a–d are all yes, the study is a clinical trial. For more information, see the NIH website, https://grants.nih.gov/policy/clinical-trials/definition.htm.

Clinical trials that are not registered at or before the time of first patient enrollment will be rejected.

Registries approved by the ICMJE are Clinical Trials.gov or any registry that is a primary register of the WHO International Clinical Trials Registry Platform (ICRTP; http://www.who.int/ictrp/network/primary/en/index.html).

Provide the trial registry name, URL, and the registration number at the end of the abstract.

In the cover letter, the corresponding author must attest to registering the trial and that the protocol they are reporting to Obstetrics & Gynecology is identical to the posted trial and, if not, precisely where and why it varies. Any changes in protocol should also be discussed in the manuscript itself as well as documented on the trial registry website.

Per ICMJE recommendations, the journal “expects authors to ensure that they have met the requirements of their funding and regulatory agencies regarding aggregate clinical trial results reporting in clinical trial registries.8

**Data Sharing Statements for Clinical Trials**

Obstetrics & Gynecology complies with the ICMJE requirement that manuscripts reporting clinical trials results submitted as of July 1, 2018, must include a data sharing statement.10 Data sharing statements must indicate the following, per ICMJE10:

- whether individual deidentified participant data (including data dictionaries) will be shared;
- what data in particular will be shared;
- whether additional, related documents will be available (eg, study protocol, statistical analysis plan, etc.);
• when the data will become available and for how long; and
• by what access criteria data will be shared (including with whom, for what types of analyses, and by what mechanism).

Responses to the five bullet points should be provided in a box at the end of the article.

Finally, authors should note that the ICMJE will also require clinical trials that begin enrolling participants on or after January 1, 2019, to include a data sharing plan in the trial’s registration.

Authors’ Data Sharing Statement*

- Will individual participant data be available (including data dictionaries)?
- What data in particular will be shared?
- What other documents will be available?
- When will data be available (start and end dates)?
- By what access criteria will data be shared (including with whom, for what types of analyses, and by what mechanism)?

*Authors should reply to each question. This box should appear at the end of article.

C. Database Validation

In order for an administrative database study to be considered for publication, the database used must be shown to be reliable and validated. In your cover letter, please tell us who entered the data and how the accuracy of the database was validated. This same information should be included in the Methods section of the manuscript.

D. Disclosure of Potential Competing or Conflicts of Interests

On submission, the author(s) must identify potential competing or conflicts of interest of a financial or other nature in the electronic Copyright Transfer Agreement. This form includes a section on the disclosure of potential conflicts of interest based on the recommendations of the International Committee of Medical Journal Editors, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals” (http://www.icmje.org/conflicts-of-interest/). Authors should err on the side of full disclosure and provide as much information as possible, whether or not they think the disclosure is relevant. Co-authors will receive a link to the Copyright Transfer Agreement by email when the Corresponding Author submits the manuscript.

In addition, on the title page, author(s) must:
• Identify all sources of financial support of the study, including provision of supplies or services or financial compensation (eg, salary) from a commercial organization.
• Provide a listing of all sponsor names. Include an explanation of any role the sponsor[s] had in the study design; collection, analysis, and interpretation of data; writing of the report; the decision to submit the report for publication; or a statement that the sponsor[s] had no such involvement.
• Disclose any financial involvement that could represent potential conflicts of interest for each author.

E. Industry-Sponsored Research

*Obstetrics & Gynecology* follows the Good Publication Practice (GPP3) guideline for manuscripts that report results that are supported or sponsored by pharmaceutical, medical device, diagnostics, and biotechnology companies. The GPP3 is designed to help individuals and organizations maintain ethical and transparent publication practices. Adherence to the GPP3 guideline should be noted in the cover letter (see below). The title page should contain all the requirements listed in V.A. An additional heading, “Funding Source,” should be added to the abstract and should contain an abbreviated listing of the funders. In the manuscript, the heading, “Role of the Funding Source” should be inserted before the Methods and contain a detailed description of the sponsor’s role as well as the following language:

“The authors had access to relevant aggregated study data and other information (such as study protocol, analytic plan and report, validated data table, and clinical study report) required to understand and report research findings. The authors take responsibility for the presentation and publication of the research findings, have been fully involved at all stages of publication and presentation development, and are willing to take public responsibility for all aspects of the work. All individuals included as authors and contributors who made substantial intellectual contributions to the research, data analysis, and publication or presentation development are listed appropriately. The role of the sponsor in the design, execution, analysis, reporting, and funding is fully disclosed. The authors’ personal interests, financial or non-financial, relating to this research and its publication have been disclosed.”

Authors should only include the above statement if all of it is true, and they should attest to this in the cover letter. If there are parts of the statement that are not true, please provide an explanation in your cover letter.
F. Institutional and Ethical Approval

All studies should follow the principles set forth in the Helsinki Declaration of 1975, as revised in 2013, and manuscripts should be approved by the necessary authority before submission. Applicable studies should be reviewed by an institutional review board (IRB). If the study was considered exempt. If your research is based on a publicly available data set approved by your IRB for exemption, please provide documentation of this in your cover letter by submitting the URL of the IRB website outlining the exempt data sets or a letter from a representative of the IRB. Similarly, if the IRB at your institution does not require approval of quality improvement studies for either the performance or reporting of the results, please submit a copy of this decision by your IRB. Insert a sentence in the Methods section stating that the study was approved or why it was deemed exempt from approval. In all cases, the complete name of the IRB should be provided in the cover letter and manuscript.

During consideration of a manuscript, it may become necessary to examine original source documents such as signed consent forms, IRB minutes, research data books or logs, and statistical calculations. If the Editor requests any such material, and the author is unable or unwilling to produce it, the manuscript will be withdrawn.

G. Open Access

Authors of accepted peer-reviewed articles have the option to pay a fee to allow perpetual unrestricted online access to their published article to readers globally, immediately upon publication. To ensure that this choice has no influence on the peer-review and acceptance process, authors will be offered the option after peer review and acceptance of their manuscript.

The article processing charge for Obstetrics & Gynecology is $3,350. The article processing charge for authors funded by the Research Councils UK (RCUK) is $3,900. The publication fee is charged on acceptance of the article and should be paid within 30 days by credit card by the author, funding agency, or institution. Payment must be received in full for the article to be published open access.

The FAQ for open access is available online at http://links.lww.com/LWW-ES/A48.

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Compliance With Research Funding Agency Accessibility Requirements

A number of research funding agencies now require or request authors to submit the postprint (the article after peer review and acceptance but not the final published article) to a repository that is accessible online by all without charge. As a service to our authors, WKH identifies to the National Library of Medicine (NLM) articles that require deposit and transmits the postprint of an article based on research funded in whole or in part by the National Institutes of Health, Howard Hughes Medical Institute, or other funding agencies to PubMed Central. The Copyright Transfer Agreement provides the mechanism. Wolters Kluwer Health ensures that authors can fully comply with the public access requirements of major funding bodies worldwide. Additionally, all authors who choose the open access option will have their final published article deposited into PubMed Central.

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RCUK and Wellcome Trust

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H. Patient Privacy and Consent

Some article types—such as Case Reports, Procedures and Instruments, and Personal Perspectives—may contain descriptions of individual patients. In these cases, a signed consent form must be obtained from each patient described in the manuscript and retained by the authors. The same rule applies to give patients the opportunity to read the manuscript and/or view the images or video containing their image. A sample form is available online at http://edmgr.ovid.com/ong/accounts/release.pdf.

Please state in the cover letter with your submitted manuscript that you have obtained a signed consent form and that this form will be filed with your records. Unless the Editorial Office requests that you do so, please do not submit the signed form to the journal.

In some cases, non-patients (eg, a physician or nurse) are visible in a photograph or video. In these cases, the Editorial Office will request and collect consent forms from those people.

I. Permissions

Tables and figures should be original. The use of borrowed material (eg, lengthy direct quotations, tables, or figures) or material adapted or modified from another source is strongly discouraged.

If borrowed material is used, written permission of the copyright holder must be obtained by the authors and credit to the original source indicated. Both print and electronic rights must be obtained. Authors must include this documentation with the submitted manuscript (eg, by uploading scanned copies of forms or by emailing the forms to the Editorial Office). Authors are responsible for any associated permission fees.

J. Plagiarism

Plagiarism is the act of presenting “as new or original an idea or product derived from an existing source.”13 The editorial staff checks all potentially acceptable manuscripts for plagiarism by using the CrossCheck/iThenticate software, which compares the manuscript to material uploaded to CrossCheck’s own database, articles published on PubMed, and text appearing on the Internet. Manuscripts that are to be rejected usually are not checked for plagiarism unless a reviewer has raised concerns about the manuscript.

Please note that CrossCheck/iThenticate also checks for self-plagiarism or text recycling. Authors should be careful to rework and/or cite text from their previously published works.

If the Editors discover plagiarism in a submitted or published article, the journal will follow the guidance of the Committee on Publication Ethics for addressing this type of misconduct.1,14,15

K. Prior Publication

Original submissions will be considered for publication with the understanding that they are contributed solely to Obstetrics & Gynecology. If any of the material in the manuscript is submitted or planned for publication elsewhere in any form (including electronic media), or if the information appeared in a previous publication, identify the other submission in the cover letter and include a copy of that publication. This does not apply to documented materials from other sources such as quotations, figures, and tables. Failure to comply with this stipulation may lead to a judgment of redundant publication.

Previous Submission to Obstetrics & Gynecology

If a version of the manuscript has previously been submitted for publication to Obstetrics & Gynecology, authors must include a point-by-point response to the comments from the previous round of peer review. Manuscripts that are resubmitted without a cover letter addressing the previous peer reviewers’ comments will be returned to the author.

Presentation at Meetings

The journal will consider a complete report that follows presentation at a scientific meeting (eg, abstract, oral presentation, or poster). Researchers who present their work at such a meeting may discuss...
their presentations with the media. However, offering more detail about the study than was presented in the abstract or poster (e.g., providing additional data or copies of tables and figures) is prohibited.\textsuperscript{16} Indicate such presentations in your cover letter and on the title page by providing the full name of the meeting, as well as the city, state, and dates. If your submission to the journal could conflict with a future scientific meeting presentation, please notify the Editorial Office so that journal does not unintentionally break the meeting’s embargo.

Preprint Servers
The journal will consider a manuscript that has been posted on a community preprint server. Please provide details about the preprint server posting in your cover letter and title page and include the DOI. Note that the peer-reviewed, edited, and typeset version of the manuscript may not be deposited to a preprint server.

L. Reporting Guidelines
Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research. For manuscripts that require reporting guidelines, a checklist or explanation in the cover letter must accompany the submission. The manuscript will be returned to the author if this information is not included in the initial submission. We ask authors to use the following guidelines when drafting their manuscripts:

- CONSORT\textsuperscript{19} (for reporting randomized controlled trials): Available at http://www.equator-network.org/reporting-guidelines/consort/.
- STROBE\textsuperscript{17,18} (for reporting observational studies): Available at http://www.equator-network.org/reporting-guidelines/strobe/.
- PRISMA\textsuperscript{19} (for reporting meta-analyses and systematic reviews of randomized controlled trials): Available at http://www.equator-network.org/reporting-guidelines/prisma/.
- PRISMA for harms\textsuperscript{20} (for reporting harms in systematic reviews, whether harms are a primary or secondary outcome). Available at http://www.equator-network.org/reporting-guidelines/prisma-harms/.
- STARD\textsuperscript{21} (for reporting studies of diagnostic accuracy): Available at http://www.equator-network.org/reporting-guidelines/stard/.
- MOOSE\textsuperscript{22} (for reporting meta-analyses and systematic reviews of observational studies): Available at http://dx.doi.org/10.1001/jama.283.15.2008.
- CHEERS\textsuperscript{23} (for reporting economic evaluations of health interventions): Available at http://www.equator-network.org/reporting-guidelines/cheers/. Of particular importance for articles submitted to Obstetrics & Gynecology are the following items on the checklist:
  - Item 15 (choice of model): Please justify the model used, describe the software, and provide a figure showing a summary of the model. The figure should clearly show how the various factors or processes lead to the outcome of interest.
  - Items 16 and 18 (assumptions): Please include a Table citing all assumptions of parameter values, with justification from either references or a footnote explaining the rationale for that value. In addition, please include a description of and justification for the range of values around the parameter estimate.
- SQUIRE \textsuperscript{24} (for reporting on quality improvement in health care): Available at http://www.equator-network.org/reporting-guidelines/squire/.
- CHERRIES\textsuperscript{25} (for reporting results of Internet e-surveys): Available at http://edmgr.ovid.com/ong/accounts/cherries.pdf.

Obstetrics & Gynecology does not require use of other reporting guidelines. However, authors may wish to search http://www.equator-network.org for guidelines for other types of studies to facilitate complete, transparent, and accurate reporting of their work.

Authors should address all items recommended by the guidelines. Where this is not possible, please provide an explanation in the text to give a transparent account of your study. If there are items on the checklist that you cannot attest to, please itemize these in your cover letter with an explanation.

Guidelines for Reporting of Multivariable Prediction Models
The Editors strongly suggest referring to “Transparent Reporting of a multivariable prediction model for Individual Prognosis Or Diagnosis (TRIPOD): Explanation and Elaboration.”\textsuperscript{27} Often authors use a nomogram (Figure 7 in reference 27), which is a useful visual aid for showing the various model inputs, but we also encourage use of a visual display of a calibration curve (Figure 8 in reference 27). This figure allows the reader to see the relationship of observed versus predicted probabilities along the spectrum of probabilities from the data, along with confidence intervals for those prediction estimates. An added feature is the display below the x-axis of the relative counts of adverse versus non-adverse outcomes. Alternatively, those could be displayed (similar to survival analysis graphs) with numerical counts of adverse
versus non-adverse outcomes at the intervals referred by the graph. The advantage to this level of detail is that it would convey to the reader the strength of association at various model scores, along with their relative uncertainty, reflecting how many data were available at various cut-points.


Transparency regarding data sources for observational studies is critical for understanding the patient population to which the results may apply. In addition to STROBE, the Editors extend this effort by incorporating additional requirements for transparency for studies using International Classification of Diseases (ICD) and Current Procedural Terminology (CPT) codes through the requirement of RECORD. This is important given the increased complexity of ICD-10 compared to ICD-9 coding and some difficulties with crosswalking between them. The Editors strongly encourage authors to read two publications related to this topic and to incorporate the recommendations in them. Utter et al articulate issues related to ICD-10 coding. Benchimol et al describe the RECORD extension to the STROBE statement, which includes 13 items that add nuance to observational studies using routinely collected health data.

Authors are encouraged to do the following in their manuscript:

a. State which ICD-10-CM/PCS codes or algorithms were used as Supplemental Digital Content.

b. Use both the diagnosis and procedure codes.

c. Verify the selected codes apply for all years of the study.

d. Conduct sensitivity analyses using definitions based on alternative codes.

e. For studies incorporating both ICD-9 and ICD-10-CM/PCS codes, the Discussion section should acknowledge there may be disruptions in observed rates related to the coding transition and that coding errors could contribute to limitations of the study. The limitations section should include the implications of using data not created or collected to answer a specific research question, including possible unmeasured confounding, misclassification bias, missing data, and changing participant eligibility over time.

f. The journal does not require that the title include the name of the database, geographic region or dates, or use of database linkage, but this data should be included in the abstract.

g. Include RECORD items 6.3 and 7.1, which relate to transparency about which codes, validation method, and linkage were used to identify participants and variables collected.

M. reVITALize Data Definitions

Standard obstetrics 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 adopted the use of these definitions, and they are available at https://www.acog.org/practice-management/health-it-and-clinical-informatics/reVITALize-gynecology-data-definitions (gynecology) and https://www.acog.org/practice-management/health-it-and-clinical-informatics/reVITALize-obstetrics-data-definitions (obstetrics). If use of the reVITALize definitions is problematic, please contact the Editorial Office at obgyn@greenjournal.org.

N. Survey Response Rates

The Editors rarely consider a survey study with a response rate of less than 60%. A response rate below 60% increases the risk of a sampling error that can result in biased survey estimates. The journal infrequently makes exceptions for outstanding studies, and only when non-responders have been well-characterized and there is clear evidence that non-response is not linked to the information sought in the survey. The authors need to demonstrate that respondents were representative of all those who were eligible to take the survey.

II. ARTICLE FORMATS

Several types of articles can be submitted for publication in Obstetrics & Gynecology: Original Research, Clinical Practice and Quality, Research Letters, Case Reports, Systematic Reviews, Current Commentaries, Executive Summaries, Consensus Statements, Guidelines, Procedures and Instruments, Personal Perspectives, Clinical Conundrums, Questioning Clinical Practice, and Letters to the Editor. Select article types, such as Editorials and Clinical Expert Series articles, are solicited by the Editors. Stated page limits in II.A–L include the numbered pages in a manuscript (ie, title page, précis, abstract, text, tables, boxes, and figure legends) but exclude the reference list. Checklists, the cover letter, and figures do not contribute to the page limits. See also Table 1.

A. Original Research

An Original Research article is a full-length report of an original clinical or basic investigation. Length should not exceed 5,500 words (approximately 22 manuscript pages; see Table 1).
Propensity Score Matching

In studies that are not randomized trials, often the groups being compared have baseline differences in some characteristics. Some of these characteristics may plausibly affect the probability of the adverse outcome(s). Often, mathematical modeling tools such as adjustment of an odds ratio or relative risk are used to mitigate the effect of those baseline differences. However, a problem can arise when the number of adverse events is low in relation to the number of variables used in the adjustment model. Basically, there can be insufficient information to adjust for the variables at hand, making the resulting model “overfitted.” That is, the model output contains more parameters than is justified by the data. The model may conform to the data at hand, but it is not reliably generalizable.

There are several ways to address this limitation. One may be able to design the study, based on the presumed rates of adverse outcomes, to have sufficient sample sizes to allow for several potential adjustors. Alternatively, the adjustment model could be supplemented with a matching algorithm (eg, propensity score matching) to create cohorts that are statistically equivalent at baseline. We encourage authors to address this potential limitation both in the design and analysis phases of their studies, believing this approach would strengthen their submission.

Table 1. Manuscript Length at a Glance

<table>
<thead>
<tr>
<th>Article Type</th>
<th>Abstract Length</th>
<th>Manuscript Word Count*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Research</td>
<td>300 words</td>
<td>5,500 words (~22 pages)</td>
</tr>
<tr>
<td>Clinical Practice and Quality</td>
<td>300 words</td>
<td>5,500 words (~22 pages)</td>
</tr>
<tr>
<td>Research Letter</td>
<td>NA</td>
<td>600 words (~2.5 pages)</td>
</tr>
<tr>
<td>Case Report</td>
<td>125 words</td>
<td>2,000 words (~8 pages)</td>
</tr>
<tr>
<td>Systematic Review</td>
<td>300 words</td>
<td>6,250 words (~25 pages)</td>
</tr>
<tr>
<td>Current Commentary</td>
<td>250 words</td>
<td>3,000 words (~12 pages)</td>
</tr>
<tr>
<td>Executive Summaries, Consensus Statements, and Guidelines</td>
<td>250 words</td>
<td>NA</td>
</tr>
<tr>
<td>Procedures and Instruments</td>
<td>200 words</td>
<td>2,000 (~8 pages)</td>
</tr>
<tr>
<td>Personal Perspectives</td>
<td>NA</td>
<td>3,000 words (~12 pages)</td>
</tr>
<tr>
<td>Clinical Conundrums</td>
<td>NA</td>
<td>1,500 words (~6 pages)</td>
</tr>
<tr>
<td>Questioning Clinical Practice</td>
<td>NA</td>
<td>1,500 words (~6 pages)</td>
</tr>
<tr>
<td>Letters to the Editor</td>
<td>NA</td>
<td>350 words</td>
</tr>
</tbody>
</table>

*, approximately; NA, not applicable.
* Manuscript length includes the numbered pages in a manuscript (ie, title page, précis, abstract, text, tables, boxes, figure legends, and appendices) but exclude the reference list. Figures are not included in the word count. Manuscript pages should be double-spaced.
† The Introduction should not exceed 250 words; the Discussion should not exceed 750 words.

P Values vs Effect Size and Confidence Intervals

While P values are a central part of inference testing in statistics, when cited alone, often the strength of the conclusion can be misunderstood. Whenever possible, 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.

1) Abstract: Original Research articles should have a structured abstract of no more than 300 words, using the following headings:

- Objective: Main question, objective, or hypothesis (single phrase starting with, for example, “To evaluate…” or “To estimate…” [never start with “To determine…”]).
- Methods: Study design, participants, outcome measures, and, in the case of a negative study, statistical power.
- Results: Measurements expressed in absolute numbers and percentages, and when appropriate indicate relative risks or odds ratios with confidence intervals and level of statistical significance; any results contained in the abstract should also be presented in the body of the manuscript, tables, or figures.
Conclusion: Directly supported by data, along with clinical implications. Do not include statements such as “further research is needed.”

Clinical Trial Registration: Registry name, URL, and registration number (if applicable). Note that abstracts for randomized controlled trials should be structured similarly to the example provided online (see http://edmgr.ovid.com/ong/accounts/sampleabstract_RCT.pdf) and should include the primary outcome and sample size justification in the Methods. The Results should begin with the dates of enrollment to the study, a description of demographics, and the primary outcome analysis.

2) Manuscript Sections: Organize original research articles in a manner similar to their structured abstract.

Introduction: Orients the reader to the problem(s) addressed by the report, preferably in one page or less, and clearly states the hypothesis or objective of the research. Avoid a detailed literature review in this section.

Methods: States the type of study conducted and describes the research methodology in sufficient detail so that others could duplicate the work. This section should address IRB approval (see I.F). Identify methods of statistical analysis and, when appropriate, state the basis (including alpha and beta error estimates) for their selection. Cite any statistical software programs used in the text. In most cases, express P values to no more than three decimal places. Indicate your study’s power to detect statistical difference. For administrative database studies, identify who entered the data and describe how the accuracy of the database was validated. Authors of clinical trials should include a data sharing statement in a box at the end of the Methods (see I.B).

Results: Presents the findings in appropriate detail. Tables and figures may be used, but take care to minimize duplication between the text and tables or figures. Clinical studies (observational or randomized) must include a flow diagram describing patient accrual or inclusion. Authors should report outcome data as both absolute and relative effects, since information presented this way is much more useful for clinicians. Actual numbers and percentages should be given in addition to odds ratios or relative risk. When appropriate, number needed to treat for benefits (NNTb) or harm (NNTh) should be supplied.31,32 When comparing the cost of two procedures, please express the outcome of the comparison in U.S. dollar amounts.

Discussion: Begin with a description of what your study found in relation to the purpose or objectives as stated in the Introduction. Address the primary outcome first, followed by the secondary outcomes (if appropriate). Describe rather than repeat results given earlier. The findings should be compared to previous studies with explanations in cases where they differ, although a complete review of the literature is not necessary. Comment on the limitations of your study. Clearly state the importance of these findings to clinicians and actual patient care. Although some degree of speculation as to the importance of the observations is permissible, avoid making conclusions unrelated to the data presented. Primacy claims purporting that your study is the first or largest of its type should either be supported by a description of your search strategy or omitted. A final summary is not necessary, as this information should be provided in the abstract and the first paragraph of the Discussion. Although topics that require future research can be mentioned, it is unnecessary to state that “further research is needed.”

B. Clinical Practice and Quality

A Clinical Practice and Quality article is a full-length report of the implementation of research findings into clinical practice, assessment of a change in clinical practice methods on outcomes, discussion of cost-conscious care, or a focused description of a quality improvement or a quality assessment program. Quality improvement and quality assessment studies are initiatives within a clinical unit or health care system that are designed to improve health care in terms of one or more of the aims for the health care system put forth by the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine (formerly the Institute of Medicine): safe, effective, patient-centered, timely, efficient, and equitable.

Clinical Practice and Quality articles should be structured like Original Research, and the same length restrictions apply (see Table 1).

Clinical Practice

Similar to Original Research, articles that focus on clinical practice should have a structured abstract of no more than 300 words. The content of the abstract differs from Original Research as follows:

Manuscripts that have industry funding must include the heading, “Role of the Funding Source,” before the Methods. This section should contain a detailed description of the sponsor’s role as well as the language specified in part I.E.
Methods: Describes the clinical setting, the intervention(s), or the practice patterns studied.

Results: Reports the observed associations between the interventions and relevant contextual elements and the primary outcome(s), and important secondary outcomes when appropriate.

Clinical practice articles should be organized in a manner similar to the structured abstract. The content of the text differs from Original Research as follows:

Introduction: Orient the reader to the clinical setting and research finding(s) implemented into practice or the clinical practice method being assessed.

Discussion: Describes how the research implementation or clinical practice change affected care, costs, workflow, or satisfaction for patients, health care professionals, or the health care system(s).

Quality Improvement and Assessment

Similar to Original Research, articles describing quality improvement and quality assessment should have a structured abstract of no more than 300 words. The content of the abstract differs from Original Research as follows:

Objective: Describes the nature and significance of the local problem and the purpose of the project and this report.

Methods: Describes the clinical setting, intervention(s), approach chosen, measures for reporting the processes and results, and analytic methods.

Results: Reports observed associations between the interventions and relevant contextual elements and the primary outcome(s), and important secondary outcomes when appropriate.

Quality improvement and quality assessment manuscripts should be organized in a manner similar to the structured abstract and should use elements found in the SQUIRE 2.0 reporting guideline. A completed checklist should be submitted. The content of the text differs from Original Research as follows:

Introduction: Describes why the study was performed and includes the nature and significance of the local problem, the framework used to explain the problem, and the assumptions used to develop the intervention.

Methods: Describes the contextual elements such as the clinical setting (eg, inpatient versus outpatient, size of unit, purpose of the clinical setting, number and type of staff and patients, hospital vs non-hospital setting) and timeframe of study. Describes the intervention in sufficient detail so that others could adapt the work to their settings and describes the specifics of the team involved. Describes the measures for studying the processes and outcomes, data collection, and analytic methods.

Results: Reports the initial steps of the intervention and their evolution over time; details the process measures and outcomes. Includes information regarding unintended outcomes and details about missing data. Addresses racially equitable outcomes.

Discussion: Describes the key findings, relevance to the rationale and specific aims of the study, and particular strengths of the study. Describes the associations between the intervention and the outcomes and considers the approach used to establish whether or not a cause–effect relationship was established. Considers outcomes in terms of the framework for quality assessment from the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine (formerly the Institute of Medicine). Considers the costs and strategic trade-offs involved in the intervention and the limitations of study, including generalizability, and how the achieved gains can be sustained or spread to other contexts in the current or other settings. Includes ethical aspects of the work and how these were addressed. A final summary may suggest next steps if appropriate.

C. Research Letters

The Research Letter is a concise, focused report of original research (including pre-clinical research, sub-analyses or updates of previously published research, small studies, or pilot studies). Length should not exceed 600 words (approximately 2 1/2 manuscript pages; see Table 1). Figures or tables are limited to two, total.

Research Letters should be organized using the following headings: Introduction, Methods, Results and Discussion. An abstract should not be included, and supplemental digital content is not allowed.

Submitted Research Letters undergo the same external peer review as other article types, and the policies outlined in the journal’s Instructions for Authors likewise apply.

D. Case Reports

A case report is a brief description of up to five cases of a particular condition that reports an unusual case presentation or novel diagnostic or therapeutic approach. Length should not exceed 2,000 words (approximately 8 manuscript pages; see Table 1). Write the case in a way that preserves the confidentiality of the participants. The report should have a clear
purpose and teaching point; simply being the first case reported does not usually justify publication.

1) Abstract: Case reports should have a structured abstract of no more than 125 words, using the following headings:

- **Background**: Importance of the subject matter and specific purpose of the report.
- **Case(s)**: Summary of pertinent features of the clinical findings, important laboratory abnormalities, treatment, and outcome.
- **Conclusion**: Summary of the principal finding and why it is unique or worthy of mention, indicating relevance to clinical practice.

2) Teaching Points: Please include a list of one to three lessons for clinical management that derive from your manuscript.

3) Manuscript Sections: Case report articles have three basic components:

- **Introduction**: Gives a brief background about why the case is important.
- **Case(s)**: Describes the case(s) in a narrative format and includes the essential findings and patient management.
- **Discussion**: Includes a brief review of the literature but focuses primarily on the clinical implications of the case(s) presented.

Please note that the Editors may consider case reports that contain a longer review of the literature. If authors include such a review, please include a note to the Editors in the cover letter, explaining why such a review is important for the case presented.

E. Systematic Reviews

A systematic review article is a comprehensive review of publications relating to a specific clinical subject accompanied by critical analysis and conclusions. The manuscript should not exceed 6,250 words (approximately 25 pages; see Table 1).

Systematic review articles must follow the PRISMA \(^{19,20}\) or MOOSE \(^{22}\) guidelines and, as of January 1, 2020, have been prospectively registered in PROSPERO (https://www.crd.york.ac.uk/PROSPERO/), an international database of prospectively registered systematic reviews. Please refer to the PROSPERO registration number in your submitted cover letter and include it at the end of the abstract. Finally, authors must search, at a minimum, MEDLINE and ClinicalTrials.gov (http://www.clinicaltrials.gov).

1) Abstract: Systematic review articles should have a structured abstract of no more than 300 words, using the following headings:

- **Objective**: Statement of purpose of the review.
- **Methods of Study Selection**: Number of studies reviewed and selection criteria, as well as any software used to assist with the review process.
- **Tabulation, Integration, and Results**: Guidelines for extracting data, methods of correlating, and results of review.
- **Conclusion**: Primary conclusions and their clinical applications.

2) Manuscript Sections: Review articles should be organized in a manner similar to their structured abstract.

- **Introduction**: Indicates why the topic is important and states the specific objective(s) of the review.
- **Sources**: Identifies what was searched and how; if a computerized system was used, specify the dates searched, the language(s) covered, and the search terms used.
- **Study Selection**: Identifies the number and nature of reports reviewed, the basis of any selection (ie, exclusion and inclusion criteria), and the reports in the final tabulation.
- **Results**: Describes how observations across studies were tabulated and integrated into a cohesive whole.
- **Discussion**: Includes what can be concluded from the review, along with clinical implications and need for additional research.

General, narrative, or non-systematic reviews should be submitted as Current Commentaries (see II.F).

F. Current Commentary

Current Commentary essays address issues, opinions, experiences, or perspectives of clinical relevance to the field of obstetrics and gynecology and obstetrician–gynecologists. Length should not exceed 3,000 words (approximately 12 manuscript pages; Table 1). The abstract should be a single paragraph that states what was done, what was found, and what the findings mean. Headings are not necessary in the body of the article but may be used if needed. Authors of reviews submitted as Current Commentaries should emphasize high-quality sources in their references.

G. Executive Summaries, Consensus Statements, and Guidelines

Executive summaries, consensus statements, and guidelines should be submitted as drafted by their respective author groups or organizations. Authors should attempt to be concise and limit the page length
to what is required to sufficiently discuss the topic. The abstract should be a single paragraph that states what was done, what was found, and what the findings mean. Headings are not necessary in the body of the article but may be used if needed.

H. Procedures and Instruments

Procedures and Instruments articles detail novel methods or applications of methods, treatments, interventions, instruments, or applications of instruments for clinical care or research in obstetrics and gynecology. Length should not exceed 2,000 words (approximately 8 manuscript pages; Table 1). Authors are strongly encouraged to include a video suitable for posting on the Obstetrics & Gynecology website.

1) Abstract: Procedures and Instruments articles should have a structured abstract of no more than 200 words, using the following headings:
- Background: Information as to why the technique may be important.
- Instrument, Method, or Technique (choose one): A summary description of what is being reported.
- Experience: A summary of the author’s experience with the technique.
- Conclusion: A simple statement of what can be concluded from the report.

2) Manuscript Sections: Procedures and Instruments articles have four components:
- Introduction: Outlines the need for the new development.
- Method or Technique (choose one): Describes the innovation, usually with illustrations and video.
- Experience: Reports experience with the technique and what the general outcomes were.
- Discussion: Describes the implications of the findings.

I. Personal Perspectives

Personal Perspectives essays offer insights into the practice of medicine, with an emphasis on the unique physician–patient relationship. Essays from various viewpoints—physician, nurse, patient—are welcome. A short essay for light reading addressing a topic pertinent to the discipline, including humor or satire, is also appropriate for this section. Poetry may also be considered. Length should not exceed 3,000 words (approximately 12 manuscript pages; Table 1). Abstracts are not included in this feature, and headings are not needed in the body of the article.

J. Clinical Conundrums

The Clinical Conundrums feature focuses on a specific clinical question that the obstetrician–gynecologist faces in day-to-day clinical practice for which evidence for diagnosis, management options, or prognosis are deficient. The intent of this feature is not to do an exhaustive review of a topic but to concentrate on that one query that has no straightforward answer (ie, a clinical conundrum) and to provide a reasonable course of action. Length should not exceed 1,500 words (approximately 6 manuscript pages; Table 1). There is no abstract.

1) Manuscript Sections: Clinical Conundrums have four components:
- Clinical Vignette: A brief, 1–3 sentence description of the clinical dilemma.
- The Conundrum: Describes the clinical problem.
- The Data: Discussion in response to 3 questions:
  - How should the patient be evaluated?
  - What is the evidence to counsel your patient?
  - What is a reasonable course of action?
- The Bottom Line: A brief conclusion based on the available data.

Clinical Conundrums is an invited feature. However, if you are interested in submitting a Clinical Conundrums article, please submit a brief proposal to the Editorial Office at obgyn@greenjournal.org.

K. Questioning Clinical Practice

The Questioning Clinical Practice feature examines tests or procedures that have become the standard of care in obstetrics and gynecology despite a lack of evidence to support their use or the availability of better or less-expensive options. Length should not exceed 1,500 words (approximately 6 manuscript pages; Table 1). There is no abstract.

1) Manuscript Sections: Questioning Clinical Practice articles have four components:
- Clinical Vignette: A brief, 1–3 sentence description of the clinical dilemma.
- Current Practice: Describes current practice around the test or procedure.
- Why Do We Do [Topic]? The Data: Discussion in response to 4 questions:
  - How did this practice get started?
  - How is it used to make decisions about the patient’s care?
  - What’s the cost of the procedure or test?
  - Are there alternatives?
- The Bottom Line: A brief conclusion based on the available data.

If you are interested in submitting a Questioning Clinical Practice article, please submit a brief proposal to the Editorial Office at obgyn@greenjournal.org.

L. Letters to the Editor

Letters posing a question or challenge to an article appearing in Obstetrics & Gynecology within 8 weeks of
the article’s print publication will be considered for publication. Letters received after 8 weeks will rarely be considered.

Submit letters at http://ong.editorialmanager.com (Editorial Manager). Letters are limited to a maximum of 350 words. A word count should be provided. A corresponding author should be designated. All authors’ full names, degrees, and affiliations (including city, state, and country) should be included. The corresponding author’s address, telephone number, and email address should appear at the end of the letter.

Letters will be published at the discretion of the Editor. The Editor may send the letter to the authors of the original article so their comments may be published simultaneously. The Editor reserves the right to edit and shorten letters.

III. Videos

The Editors encourage authors to submit original videos as an accompaniment to the manuscript. Article types such as Case Reports or Procedures and Instruments, in particular, may be enhanced by the inclusion of an explanatory video.

In addition, original videos may be submitted for consideration in the journal’s stand-alone video gallery and on its YouTube channel. These videos will undergo review by an editor before being posted online. If you are interested in submitting a video for consideration, please submit your written proposal to the Editorial Office at obgyn@greenjournal.org.

IV. COVER LETTER STRUCTURE

Each manuscript should include a cover letter to the Editors addressing the following points:

a. The authors’ intent to submit solely to Obstetrics & Gynecology (see I.K)

b. Verification that the manuscript is not under consideration elsewhere, and indication from the authors that it will not be submitted elsewhere unless a final negative decision is made by the Editors of Obstetrics & Gynecology

c. The declaration of transparency from the lead author (see I.A)

d. Clinical trial registration, if applicable (see I.B)

e. For industry-sponsored research, verification that the authors have maintained ethical and transparent publication practices as outlined in I.E

f. The name of the institutional review board (IRB) and indication of approval or exemption (see I.F)

g. Verification that permission has been obtained from all persons named in the acknowledgments (see V.A)

h. For case reports, verification that signed consent has been obtained from the patient(s) (see I.H)

i. Previous presentation at a meeting or the posting of an earlier version on a preprint server (see I.K)

j. Any explanations related to reporting guidelines discrepancies (see I.L)

k. Potential cover art (see VII)

V. MANUSCRIPT STRUCTURE

All manuscripts should be submitted as Microsoft Word (.doc or .docx) or Open Document word processing (.odt) files. All manuscript pages (including references, tables, and figure legends) should be double-spaced. To assist with peer review, we strongly suggest that each page and line be numbered consecutively, beginning with the title page. The use of subheadings is discouraged in all but the most complex of manuscripts. Footnotes are not allowed except in tables or figures. Authors must include the following in the manuscript file:

A. Title Page

The title page should list:

1. The manuscript title, which should contain no more than a total of 100 characters (counting letters and spaces) and should not be declarative or pose a question; do not use abbreviations or commercial names in the title.

2. All author name(s), institutional, corporate, or commercial affiliations, and up to two major degree(s).

3. Corresponding author’s name, address, telephone number, and email address (the corresponding author will be responsible for all correspondence and other matters relating to the manuscript).

4. Disclosure of any source of financial support of the study, including provision of supplies or services from a commercial organization (see sections I.D and I.E for more information).

5. Disclosure of funding received for this work from organizations such as the National Institutes of Health, Wellcome Trust, or the Howard Hughes Medical Institute.

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

7. Acknowledgments, which should list:

   a. All financial support of the study (refer to sections I.D and I.E for more information).

   b. Any and all manuscript preparation assistance (refer to section I.A for more information). Such acknowledgments must identify the entities that provided and paid for this assistance,
whether directly or indirectly. The journal strongly discourages citing an anonymous donor due to concerns about conflicts of interest. If you have questions, please contact the Editorial Office at obgyn@greenjournal.org.

c. All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors (refer to section I.A for more information). Obtain written permission from all individuals named in the acknowledgments. Acknowledgment permissions need not be submitted to the journal; rather, the corresponding author should keep them on file. The cover letter should include verification that permission has been obtained from all named persons.

d. Information about presentation at a meeting, including the dates and location of the meeting (see section I.K).

e. Information about posting of an earlier version on a preprint server, including the DOI.

B. Précis

On the second page, authors should 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.

C. Abstract

Abstracts should appear on the third page of the manuscript. All information in the abstract should be consistent with the information in the text, tables, or figures. Avoid use of commercial names in the abstract. See Section II for more information on how to format the abstract based on article type.

D. Text

The main body of the article appears after the abstract. See Section II for more information on how to format the body based on article type. Consecutive line numbering should be used throughout the text. Authors should also keep the following style considerations in mind:

Abbreviations and Acronyms

Only standard abbreviations and acronyms are allowed. A selected list is available online at http://ong.editorialmanager.com. 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.

Commercial Names

The commercial name (with the generic name in parentheses) may be used once in the body of the manuscript; use the generic name at each mention thereafter. Commercial names should not be used in the title, précis, or abstract.

E. References

Use references found published in peer-reviewed publications that are generally accessible. Unpublished data, personal communications, statistical programs, papers presented at meetings and symposia, abstracts, letters to the editor, and manuscripts submitted for publication cannot be included in the reference list. Information from such sources may be cited, if necessary, in the text with the sources given in parentheses. Manuscripts accepted by peer-reviewed publications but not yet published ("in press") are not acceptable as references.

References are numbered consecutively in the order in which they appear in the text (note that references should not appear in the abstract) and listed double-spaced at the end of the manuscript. The preferred method for identifying citations is using superscript, but citations that are cited on the line within parentheses are also acceptable.

Authors are responsible for the accuracy of all references. Examples of specific types of references are available online (http://ong.editorialmanager.com).

F. Tables

Authors are strongly encouraged to become familiar with the format of tables published in Obstetrics & Gynecology by reviewing recently published tables. For more information on how to format your tables for the journal, see the tables checklist online at http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

G. Figures

At first submission, please submit your figures with their accompanying figure legends within the manuscript. If your manuscript is peer reviewed and deemed potentially acceptable for publication, you will be asked to submit your figures as individual files separate from the manuscript file in Editorial Manager. Source files, EPS or PDF files, or higher resolution TIFFs may be requested. Art that is low resolution, digitized, or downloaded from the Internet will not reproduce well. Graphs created in Microsoft Word, PowerPoint, or Excel should be submitted as .doc or .docx, .xls or .xlsx, or .ppt or .pptx files. Original, high-resolution, or editable files are needed. Unacceptable art may be redrawn or removed from the article.

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H. Figure Legends

Each piece of art should have an accompanying legend. For purposes of the initial submission and peer-review process, please include each legend with its figure on a separate page of the manuscript. A sentence or two is usually sufficient. Identify any abbreviations or symbols in the legend. In the case of photomicrographs, provide magnification and stain data.

VI. SUPPLEMENTAL DIGITAL CONTENT

Authors may submit supplemental digital content to enhance their article’s text. All supplemental digital content will be reviewed by the Editors and editorial staff before posting. Supplemental digital content may include the following types of content: text documents, graphs, tables, figures, graphics, illustrations, audio, PowerPoint, and video. Content should be original and not previously published or posted elsewhere.

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<th>Supplemental Digital Content (SDC) File Types</th>
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<tr>
<td><strong>Text files and tables:</strong> .doc, .docx, .odt, .xls, .xlsx, .ppt, or .pptx</td>
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<tr>
<td><strong>Figures, graphics, and illustrations:</strong> .tif, .eps, .ppt, .jpg, .pdf, or .gif</td>
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<td><strong>Audio files:</strong> mp3 or .wav (.wav not acceptable if the file exceeds 10 MB)</td>
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<td><strong>Video files:</strong> .wmv, .swf, .flv, .mov, .qt (.qt not acceptable if the file exceeds 10 MB), .mp4, .avi, .mpg, .mpeg, or .m4v</td>
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When submitting supplemental digital content online to Editorial Manager, the digital files should be uploaded along with your other submission items. Supplemental digital content that comprises text, tables, or figures should be cited consecutively in the text as “Appendix 1,” “Appendix 2,” etc. Do not number supplemental text, figures, or tables separately—order them in the way they are cited at first mention. In addition, any references cited in appendixes should be added to a separate References list in the appendixes file. For video files, provide a legend that includes the title of the video, brief summary of the content, and the name of the creator(s). Authors should ensure that patients are not identifiable in the supplemental digital content unless they obtain written consent from the patients and document that they have obtained consent in the cover letter submitted with the manuscript. To ensure a quality experience for those viewing supplemental digital content, the journal’s publisher suggests that authors submit supplemental digital files no larger than 10 MB each. The exceptions to this rule are audio or video files, which are acceptable up to 100 MB. See the box (page 216) for a list of acceptable file types for supplemental digital content.

VII. COVER ART

For each issue, the Editors may select a piece of art from the issue to be placed on the cover of the journal. This art may consist of informative illustrations, photographs, diagrams, or clinical images. The Editors also welcome submissions of potential cover art via email (obgyn@greenjournal.org).

VIII. WHAT TO EXPECT AFTER SUBMISSION

After submitting a manuscript to Editorial Manager, the corresponding author can expect to receive notification of receipt by email within 2 business days. Approximately 25% of submitted manuscripts are rejected without formal peer review. The remainder are sent to reviewers, typically three in number. The journal’s goal is to have all reviews completed within 30 days.

The Editors use reviewer comments as well as their own evaluation to arrive at an initial disposition—accept, decline, or revise. The journal’s goal is to arrive at the disposition within 6 weeks of submission.

Authors who are invited to submit a revised version of their manuscript will receive the reviewers’ critiques, the statistical editor’s comments, and the Editor’s analysis. This action should not be interpreted as a commitment to accept the manuscript. Authors are asked to submit the revised manuscript within 21 days; requests for extension of the deadline may be granted.

The revision is evaluated by the Editor and may be sent back to the reviewers to see if the concerns have been addressed satisfactorily. Additional revisions may be necessary before the manuscript is considered for publication. The journal’s goal is to notify the corresponding author of the final disposition within 10 business days after receipt of the revised manuscript.

Upon acceptance, the manuscript is processed for publication. The usual length of time between acceptance and publication is 2–3 months.

The corresponding author will receive an email requesting that he or she review the page proofs online. The author(s) should respond to all queries and check the proofs carefully. If comments are not received within 48 hours, it is the policy of the journal to proceed with publication.
Authors of accepted articles should consult the article sharing guidelines provided by Wolters Kluwer, the journal’s publisher (see https://shop.lww.com/journal-permission), as well as the website “How Can I Share It” (https://www.howcanishareit.com/) for guidance on how, when, and where they can share each version of their work. Wolters Kluwer endorses the STM “Voluntary principles for article sharing on scholarly collaboration networks,” which enables and encourages the collaboration necessary to advance research.

REFERENCES


27. Moons KG, Altman DG, Reitsma JB, Ioannidis JP, Macaskill P, Steyerberg EW. Transparent Reporting of a multivariable pre-


