As journals respond to current thinking around various policies and procedures, their information for authors inevitably grow longer and more cumbersome. *Obstetrics & Gynecology*’s Instructions for Authors is no exception. Compounding this problem is the fact that each journal has different instructions, which require an author to reformat their manuscript every time they submit to a different journal. In an attempt to ease the burden this creates for authors, the Editors and editorial staff offer this illustration depicting the essential requirements when submitting a manuscript to *Obstetrics & Gynecology*.

We still encourage authors to skim the Instructions for Authors, but for the initial submission, our editorial team will be flexible about the formatting of different manuscript elements. If authors are asked to revise their manuscript, the editorial office will provide additional guidance to the author.

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.

We encourage authors to contact our editorial office by phone or email:

**Obstetrics & Gynecology**

409 12th Street, SW

Washington, DC 20024-2188

**Phone:** 202-314-2317

**Fax:** 202-479-0830

**Email:** obgyn@greenjournal.org

### I. POLICIES

A. Authorship

Concerns about scientific and publication misconduct have necessitated an increased need for transparency and accountability regarding authorship of articles. Prompting authors to attest to their role in developing and writing a manuscript helps to affirm that those individuals who made appropriate contributions to qualify as an author are so-described, and avoids naming someone as an author who did not.

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 or cited in personal communications 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 editorial in BMJ, 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.* To receive credit, please email your request with a copy of the published article to oognates@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.6,7,8 Notably, not all clinical trials are randomized trials (eg, observational studies can be clinical trials).

As of January 1, 2019, Obstetrics & Gynecology will follow 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 editorially rejected without peer review.

Registries approved by the ICMJE are ClinicalTrials.gov or any registry that is a primary registry of the WHO International Clinical Trials Registry Platform (ICTRP; 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 trials registry website. We also encourage you to complete the clinical trials registry information by documenting completion and entry of data.

If you cannot provide this information and wish to be considered for an exception, please contact the Editor directly via email prior to submitting your manuscript (obgyn@greenjournal.org).

Data Sharing Statements for Clinical Trials

Obstetrics & Gynecology complies with the ICMJE requirement that manuscripts 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).

Examples of statements that meet the ICMJE requirements are available in an Annals of Internal Medicine editorial announcing this change (http://www.icmje.org/news-and-editorials/data_sharing_june_2017.pdf).10 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.

C. Database Validation

In order for an administrative database study to be considered for publication in Obstetrics & Gynecology, 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. Authors should err on the side of full disclosure and provide as much information as possible, regardless of dollar amount.

- Identify all sources of financial support of the study, including provision of supplies or services or financial compensation (eg, salary) from a commercial organization on the title page.

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 the article.
- All sponsor names must be provided. 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 by listing the potential conflicts for each author on the title page of the manuscript.

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, a new 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 original research studies should be reviewed by an institutional review board (IRB). This review should be documented in your cover letter as well in the Methods section, with an explanation 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. In addition, insert a sentence in the Methods section stating that the study was approved or 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

Wolters Kluwer Health’s (WKH) hybrid open access option is offered to authors whose articles have been accepted for publication. With this choice, articles are made freely available online immediately upon publication. Authors may take advantage of the open access option at the point of acceptance to ensure that this choice has no influence on the peer review and acceptance process. These articles are subject to the journal’s standard peer-review process and will be accepted or rejected based on their own merit.

Authors of accepted peer-reviewed articles have the choice to pay a fee to allow perpetual unrestricted online access to their published article to readers globally, immediately upon publication. The article processing charge for *Obstetrics & Gynecology* is $2,400. The article processing charge for authors funded by the Research Councils UK (RCUK) is $2,850. 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.

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of the International Committee of Medical Journal Editors, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals” (http://www.icmje.org/conflicts-of-interest/).

A copy of the form is made available to the corresponding author within the Editorial Manager submission process. Co-authors will automatically receive an email with instructions on completing the form upon submission.

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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-funded authors can choose to publish their paper as open access with the payment of an article process charge (gold route) or opt for their accepted manuscript to be deposited (green route) into PMC with an embargo.

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Tables and figures should be original. The use of borrowed material (eg, lengthy direct quotations, tables, or figures) is discouraged, but should it be considered essential, written permission of the copyright holder must be obtained by the authors and credit to the original source indicated. Permission is also required for material that has been adapted or modified from another source. 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).

A signed consent form must be obtained from each patient described in a case report and retained by the authors. In all cases (photograph or video) in which a human image is shown (in part or whole), written consent must also be obtained. A sample form is available online at http://edmgr.ovid.com/ong/accounts/release.pdf. It is preferable to give the patient the opportunity to read the manuscript. 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.

I. Plagiarism
Plagiarism is the act of presenting “as new or original an idea or product derived from an existing source.” 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 redundancy. Authors should be careful to rework and cite text from their previously published works.

If the Editors of Obstetrics & Gynecology 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.\textsuperscript{1,14,15}

\textbf{J. 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.

\textbf{Previous Submission to Obstetrics \& Gynecology}

If a version of the manuscript has previously been submitted for publication to Obstetrics \& Gynecology, include comments from the peer reviewers and an indication of how the authors have responded to these comments. Manuscripts that are re-submitted to Obstetrics \& Gynecology without a cover letter addressing the previous peer reviewers’ comments will be returned to the author.

\textbf{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 (eg, 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.

\textbf{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.

\textbf{K. Reporting Guidelines}

Responsible reporting of research studies, which includes a complete, transparent, accurate, and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics \& Gynecology supports initiatives aimed at improving the reporting of health research. We ask authors to use the following guidelines when drafting their manuscripts:

- CONSORT\textsuperscript{6} (for reporting randomized controlled trials): Please submit a copy of the CONSORT checklist, available at \url{http://www.equator-network.org/reporting-guidelines CONSORT/}, and indicate the page number where the required information is provided.
- STROBE\textsuperscript{17,18} (for reporting observational studies): Please submit a copy of the STROBE checklist, available at \url{http://www.equator-network.org/reporting-guidelines STROBE/}, and indicate the page number where the required information is provided.
- MOOSE\textsuperscript{22} (for reporting meta-analyses and systematic reviews of observational studies): In your cover letter, please describe how you followed the MOOSE guidelines, available at \url{http://dx.doi.org/10.1001/jama.283.15.2008}.
- CHEERS\textsuperscript{23} (for reporting economic evaluations of health interventions): Please submit a copy of the CHEERS checklist, available at \url{http://www.equator-network.org/reporting-guidelines CHEERS/}, and indicate the page number where the required information is provided. 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 2.024 (for reporting on quality improvement in health care): Please submit a copy of the SQUIRE 2.0 checklist, available at http://www.equator-network.org/reporting-guidelines/squire/, and indicate the page number where the required information is provided.

• CHERRIES25 (for reporting results of Internet e-surveys): Please submit a copy of the simplified CHERRIES checklist, available at http://edmgr.ovid.com/ong/accounts/cherries.pdf, and indicate the page number where the required information is provided.

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. As noted above, we ask authors to address all items recommended by the guidelines (as a minimum); 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. 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. Adherence to recommended reporting guidelines will facilitate review of your manuscript, increase the probability of its successful publication, and improve the usability of research findings from your study in further research and clinical practice.

Guidelines for reporting of multivariable prediction models

We strongly suggest referring to “Transparent Reporting of a multivariable prediction model for Individual Prognosis Or Diagnosis (TRIPOD): Explanation and Elaboration.”26 Often authors use a nomogram (Figure 7 in reference 26), 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 26). 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.

The example cited used Stata/SE 11, but similar software is available in SPSS, SAS or R. With some work, it could also be done using Excel.

L. reVITALize Data Definitions

Standard obstetrics and gynecology data definitions have been developed through the reVITALize initiative,27,28 which was convened by the American College of Obstetricians and Gynecologists and the members of the Women’s Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the definitions at these links: the obstetric data definitions are available at http://links.lww.com/AOG/A515,27 and the gynecology data definitions are available at http://links.lww.com/AOG/A935.28 If use of the reVITALize definitions is problematic, please contact the editorial office at obgyn@greenjournal.org.

M. Survey Response Rates

The Editors of Obstetrics & Gynecology rarely accept 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.

N. Transparent Peer Review

Obstetrics & Gynecology employs a single-blind peer-review process in which the authors do not know the identity of the reviewers unless the reviewer voluntarily self-identifies. Starting in 2018, the journal is making efforts toward increasing transparency around the peer review process. This will occur in two areas (accepted articles, only):

• The dates of submission, revision, and acceptance will be published in the article acknowledgments.

• The peer reviewers’ and editor’s comments to the author, along with the authors’ responses to these comments, will be published as supplemental digital content to the online version of the article. Reviewers will not be identified by name. The iterative communication from the editor to the authors will also be published so that interested readers can see the process of moving a manuscript from submission to

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Instructions for Authors 189
### Table 1. Manuscript Length At A Glance

<table>
<thead>
<tr>
<th>Article Type</th>
<th>Abstract Length</th>
<th>Manuscript Word Count*</th>
<th>Maximum Number of References†</th>
</tr>
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<tbody>
<tr>
<td>Original Research</td>
<td>300 words</td>
<td>5,500 words (~22 pages)‡</td>
<td>60</td>
</tr>
<tr>
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<td>125 words</td>
<td>2,000 words (~8 pages)</td>
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<tr>
<td>Systematic Review</td>
<td>300 words</td>
<td>6,250 words (~25 pages)</td>
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</tr>
<tr>
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<td>250 words</td>
<td>3,000 words (~12 pages)</td>
<td>24</td>
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<tr>
<td>Executive Summaries, Consensus Statements, and Guidelines</td>
<td>250 Words</td>
<td>NA‡</td>
<td>NA§</td>
</tr>
<tr>
<td>Clinical Practice and Quality</td>
<td>300 words</td>
<td>5,500 words (~22 pages)‡</td>
<td>60</td>
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<tr>
<td>Clinical Conundrums</td>
<td>NA</td>
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<td>Questioning Clinical Practice</td>
<td>NA</td>
<td>1,500 words (~6 pages)</td>
<td>8</td>
</tr>
<tr>
<td>Letters</td>
<td>NA</td>
<td>350 words</td>
<td>5</td>
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*Approximately; NA, not applicable. ‡Manuscript length includes all numbered pages in a manuscript (ie, title page, précis, abstract, text, tables, boxes, figure legends, and appendixes). †Manuscript pages should be double-spaced. §Suggested limit. †The Introduction should not exceed 250 words; the Discussion should not exceed 750 words. ‖Authors should attempt to be concise and limit the page length and number of references to what is required to sufficiently discuss the topic. ‡References are generally not needed in Personal Perspectives articles.

publication. Authors can opt out of having their responses to these comments published if they wish to do so. However, even if the authors decline to have their responses published, the reviewer and editor comments will be posted online.

### II. ARTICLE FORMATS

Several types of articles can be submitted for publication in Obstetrics & Gynecology. Original Research, Case Reports, Systematic Reviews, Current Commentaries, Executive Summaries, Consensus Statements, Guidelines, Clinical Practice and Quality, Procedures and Instruments, Personal Perspectives, Clinical Conundrums, Questioning Clinical Practice, and Letters. Select article types, such as Editorials and Clinical Expert Series articles, are solicited by the Editors. Stated page limits in II. A–J include all numbered pages in a manuscript (ie, title page, précis, abstract, text, tables, boxes, and figure legends). 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).

1) **Abstract:** Original research reports 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.  
- **Clinical Trial Registration:** Registry name, URL, and registration number (if applicable).

Note that abstracts for randomized controlled trials should be structured similarly to the provided example [see http://edmgr.ovid.com/ong/accounts/sampleabstract_RCT.pdf](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) **Headings:** Organize original research reports in a manner similar to their structured abstract.†

*Manuscripts that have industry funding must add an additional heading, “Funding Source,” which should contain an abbreviated listing of the funders.†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.
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.

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.

- **Introduction:** Orient 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 state that an appropriate IRB approved the research (or that the research was exempt from approval) and that the participants gave informed consent. In all cases, the complete name of the IRB should be provided in the manuscript. 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 article (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. Both 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 (NNTb) should be supplied. 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. Your 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. Privacy 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. Case Reports

A case report is a brief description of up to three 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) Headings: 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.

C. Systematic Reviews
A systematic review article is a comprehensive review of publications relating to a specific clinical subject accompanied by critical analysis and conclusions. For author-initiated manuscripts, we only accept systematic reviews and meta-analyses. If you are considering submitting a general review (not a systematic review or meta-analysis), please contact the Editor first at obgyn@greenjournal.org.

Authors must search, at a minimum, MEDLINE and ClinicalTrials.gov (www.clinicaltrials.gov). The manuscript should not exceed 6,250 words (approximately 25 pages; see Table 1). Systematic review articles must follow the PRISMA19,20 or MOOSE22 guidelines ([http://ong.editorialmanager.com](http://ong.editorialmanager.com)) and the appropriate checklists and flow diagrams must be submitted, as applicable. Finally, as of January 1, 2020, authors of systematic reviews must prospectively register their study in PROSPERO ([https://www.crd.york.ac.uk/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.

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.
- **Data Sources:** Sources searched, including dates, terms, and constraints.
- **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) Headings: 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.

D. 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.

E. 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.

F. Clinical Practice and Quality
A Clinical Practice and Quality study 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.

The article’s length should not exceed 5,500 words (approximately 22 manuscript pages; see Table 1). The Introduction and Discussion should not exceed 250 words and 750 words, respectively.

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. Otherwise, please provide the name of the IRB that approved your study and include it in the Methods section.

Clinical Practice
1) Abstract: Articles that focus on clinical practice should have a structured abstract of no more than 300 words, using the following headings:
- Objective: A single phrase stating the primary objective, question or hypothesis starting with, for example, "To evaluate" or "To estimate."
- Methods: Describes the clinical setting, the intervention(s) or practice pattern(s) studied, study design and power calculations if appropriate, participants, and outcome measures.
- Results: Reports observed associations between the interventions and relevant contextual elements and the primary outcome(s), and important secondary outcomes when appropriate. Provides measurements expressed in absolute numbers and percentages and when appropriate indicates relative risks or odds ratios with confidence intervals and level of statistical significance or p-values to no more than three decimal places. Where appropriate, indicate the study’s intended power to detect statistical differences in the primary outcome, and prespecified key secondary outcomes. For studies that include data obtained from administrative database, identify who entered the study and how the accuracy of the database was validated.

- Results: Presents the findings in appropriate detail. Tables and figures may be used and should be able to be understood on their own; duplication between these and the text should be minimized. Actual numbers and percentages should be given in addition to odds ratios or relative risks. When appropriate, number needed to treat for benefit (NNTb) or harm (NNTh) should be supplied.
- Conclusion: Describes key findings or conclusions. Is directly supported by the data. Provides clinical implications when appropriate.

2) Headings: Clinical practice study reports should be organized in a manner similar to the structured abstract.
- Introduction: Orients the reader to the clinical setting and research finding(s) implemented into practice or the clinical practice method being assessed. Ends with a clearly stated primary outcome or hypothesis, followed by secondary outcomes if appropriate. Avoid a detailed literature review in this section.
- Methods: States the type and timeframe of study of the study and describes the research methodology in sufficient detail so that others could duplicate or adapt the work to their settings. This section should state that an appropriate IRB approved the work or determined the work to be exempt. If it was exempt from IRB approval, state the reason why. In all cases, the institutional affiliation of the IRB should be provided. Identify methods of statistical analysis and when appropriate, state the bases (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. Where appropriate, indicate the study’s intended power to detect statistical differences in the primary outcome, and prespecified key secondary outcomes. For studies that include data obtained from administrative database, identify who entered the study and how the accuracy of the database was validated.

- Discussion: Begins with a description of, without detailed repetition of, what the submitted study found in relation to the study’s primary outcomes first, followed by any secondary outcomes. Describes, but does not repeat, the results. Describes how the research implementation or clinical practice change affected care, costs, workflow, or satisfaction for patients, health care providers, or the health care system(s). The discussion should compare the study’s findings with those of previous relevant studies, with explanations in cases where they differ, avoiding a complete review of the literature. Primary claims indicating that the study is the “first” or “largest” should be avoided, unless supported by a description of the search strategy to support the claim. A final summary is not necessary.

Quality Improvement and Assessment
1) Abstract: Articles describing quality improvement and quality assessment should have a structured abstract of no more than 300 words, with the following headings:
- Objective: Describes the nature and significance of the local problem and the purpose of the project and
this report (in no more than two sentences).
- **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. Provides measurements expressed in absolute numbers and percentages and when appropriate indicates relative risks or odds ratios with confidence intervals and level of statistical certainty. Any results contained in the abstract should be also be presented in the body, tables, or figures of the manuscript.
- **Discussion:** Describes key findings or conclusions. Is directly supported by the data. Provides clinical implications when appropriate.

2) **Headings:** Quality improvement and quality assessment studies 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.
- **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. Ends with a clearly stated purpose of the project with a clearly stated primary outcome or hypothesis. Avoid a detailed literature review in this section.
- **Methods:** Describes the contextual elements such as the clinical setting (e.g., inpatient versus outpatient, size of unit, purpose of the clinical setting, number and type of staff and patients, hospital vs non-hospital setting), and time frame 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. Identifies methods of statistical analysis and when appropriate, states the bases (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. Where appropriate, indicate the study’s intended power to detect statistical differences in the primary outcome, and pre-specified key secondary outcomes. For studies that include data obtained from administrative database, identify who entered the study and how the accuracy of the database was validated. This section should state that an appropriate IRB approved the work or determined the work to be exempt. If it was exempt from IRB approval, state the reason why. In all cases the institutional affiliation of the IRB should be provided in the manuscript.
- **Results:** Reports the initial steps of the intervention and their evolution over time; details of the process measures and outcomes in appropriate detail. Tables and figures may be used and should be able to be understood on their own; duplication between these and the text should be minimized. Actual numbers and percentages should be given in addition to odds ratios or relative risks. When appropriate, number needed to treat for benefit (NNTb) or harm (NNTh) should be supplied. The report should include information regarding unintended outcomes and details about missing data. Finally, the report should address 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. The discussion should compare the study’s findings with those of previous relevant studies with explanations in cases where they differ; avoiding a complete review of the literature. Primacy claims indicating that the study is the “first” or “largest” should be avoided, unless supported by a description of the search strategy to support the claim. 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.

G. 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) **Headings:** 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.

**H. 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 6 manuscript pages; Table 1). There is no abstract.

1) **Headings:** 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 Conundrum article, please submit a brief proposal to the editorial office at obgyn@greenjournal.org.

**K. Letters**

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, including signatures and 5 references. 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. Stand-Alone Videos**

The Editors encourage the submission of videos for inclusion in
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 IJ)

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 LB)

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

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

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

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

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

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

k. Potential cover art (see VIII)

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. For direct quotations, acknowledge the author and source. 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, department and institution 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 any of the following organizations: National Institutes of Health, Wellcome Trust, Howard Hughes Medical Institute, and other(s).

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 IA 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 IA 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 IJ).

e. Information about posting of an earlier version on a pre-print 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.

The Editors encourage the authors of case reports to also consider submitting a video abstract, highlighting the teaching points in their article. Sample video abstracts may be viewed online: http://journals.lww.com/greensurgery. The précis should be similar to the conclusion. Do not use commercial names, abbreviations, or acronyms in the précis.

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. Unpublished data, personal communications, statistical programs, papers presented at meetings and symposia, abstracts, letters, and manuscripts submitted for publication cannot be listed in the references. 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. 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. 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, adapted from slides, 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. Refer to the digital art guidelines and artwork checklist on the journal’s website for more direction on digital art preparation and examples of acceptable art (http://ong.editorialmanager.com).

VII. 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 con-
A. Guidelines for Supplemental Digital Content

Cite all supplemental digital content consecutively in the text as “Appendix 1,” “Appendix 2,” etc. Provide a legend for supplemental digital content at the end of the text. List each legend in the order in which the material is cited in the text. The legends must be numbered to match the citations from the text (e.g., “Appendix 1,” “Appendix 2,” etc.).

For audio and video files, include the author name, title, brief summary of the content, videographer name, participants, length (minutes), and size (MB).

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.

B. Submission of Supplemental Digital Content

When submitting supplemental digital content online to Editorial Manager, the digital files should be uploaded along with your other submission items.

C. File Size and Types

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 206) for a list of acceptable file types for supplemental digital content.

VIII. 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. Authors who believe that their submission includes potential cover art should note this fact in their cover letter. The Editors also welcome submissions of potential cover art via email (obgyn@greenjournal.org).

REFERENCES


