**Guidelines for Authors (updated June 2018)**

*Nursing for Women’s Health* is the official practice journal of AWHONN. The mission of the journal is to improve outcomes for women and newborns through the dissemination of clinical scholarship.

Although not required, queries for a prospective submission may be sent to editor Mary C. Brucker, CNM, PhD, FACNM, FAAN, at nwh@awhonn.org. For additional information about Nursing for Women’s Health visit the [website](https://www.awhonn.org), e-mail nwh@awhonn.org, or call 202-261-1467.

Article submissions undergo blinded peer review. Articles most likely to be accepted are those that have direct relevance for clinical practice. Our readers want to learn new information and be able to apply it to their practice.

The journal does not publish book reviews or poetry, although personal essays are welcome.

Authors should submit manuscripts electronically at [Editorial Manager](https://www.editorialmanager.com/nwh/). For additional information contact the editorial office at nwh@awhonn.org, or call 202-261-1467.

### ARTICLE CATEGORIES

**Clinical Research/Clinical Innovations.** Clinically focused original research, reports of quality improvement, program evaluation, and evidence-based practice projects with implications beyond the study site. Manuscripts in this category are accompanied by an unstructured abstract of no more than 300 words using the following headings:

- Objective
- Design
- Setting/Local Problem
- Participants
- Intervention/Measurements
- Results
- Conclusion

Reports of quality improvement projects must follow the [Standards for Quality Improvement Reporting Excellence (SQUIRE)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3355602/) guidelines and outline.

**Reviews.** Literature reviews, systematic reviews, and integrative reviews with specific implications for clinical practice. Depending on the type of article being submitted, manuscripts in this category are accompanied by either:

- An unstructured abstract of no more than 125 words that is factual and provides the main points of the manuscript for literature reviews, or
- A structured abstract for systematic and integrative reviews of no more than 300 words using the following headings:
  - Objective
  - Data Sources
  - Study Selection
  - Data Extraction
  - Data Synthesis
  - Conclusion

Reports of systematic reviews must follow the [Preferred Reporting Items of Systematic reviews and Meta-Analyses (PRISMA)](https://www.prismastudy.org/) guidelines. PRISMA can be applied to reviews of randomized trials and other types of research and includes a checklist and flow diagram. We also recommend authors of systematic reviews read the guidance contained in Lowe (2009).

For reviews with tables summarizing studies reviewed, see section on “Tables” below for more guidance.

**Practice Articles and Invited Columns.** Articles that are not original research or comprehensive reviews but that share new or updated guidance or knowledge that readers can apply to their daily practice in the care of women, newborns, and/or childbearing families. Manuscripts in this category are accompanied by an unstructured abstract of no more than 125 words that is factual and provides the main points of the manuscript. If you were invited by a member of the editorial advisory board to submit a column, please indicate such in your cover letter.

**Invited CNE Articles.** Comprehensive review or practice articles with CNE learning objectives and posttest. Only submit to this category if you have been invited by the editor to do so. If you have an idea for a CNE article, contact the editorial office at nwh@awhonn.org to check if the topic meets a learning need identified by our CNE Nurse Planner. Manuscripts in this category are accompanied by an unstructured abstract of no more than 125 words that is factual and provides the main points of the manuscript.

**Case Reports.** Presentation of new information through case reviews of nursing and inter-professional care. Authors must provide written consent from the participant when clinical descriptions make identification possible. These manuscripts include unstructured abstracts of no more than 125 words that are factual and provide the main points of the manuscript.

Case reports must follow the [Case REport (CARE) guidelines](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3355602/) that include a 13-item checklist for guidance in writing a case report. Although written from a medical perspective, these guidelines are generally applicable to and can be adapted for nursing case reports.

**Commentary.** Opinion or advocacy articles that use evidence from the literature to support a position. These manuscripts include unstructured abstracts of no more than 125 words that are factual and provide the main points of the manuscript.

**Letters to the Editor.** Points of current interest or comments on an article published in the journal. The editor reserves the right to accept, reject, or excerpt letters. Letters should reference published articles no later than three months after publication.

**Personal Essay (“Reflections”).** Personal essays written from the first person point of view that describe pivotal or transformational experiences with resonance for our readership. Suggested word count of no more than 1,000 words. Essays typically do not include references.

### REQUIREMENTS FOR SUBMISSION

Manuscripts must be original, not published previously, and not under consideration by another publication. The editor will consider publishing a complete report following the publication of preliminary findings (e.g., in an abstract) or presentations. Previous presentation of research findings should be disclosed in the cover letter.

The authors must disclose any commercial interest they have in the subject of their work as well as the source of any financial or material support. Every author listed on a manuscript must complete a combined copyright transfer & author disclosure form that will be uploaded with the manuscript files in the Editorial Manager system. The form can be found [here](https://www.editorialmanager.com/nwh/).

A copy of institutional review board (IRB) approval (or a letter from the IRB chair stating that approval for the study is not required) is required for any research published in Nursing for Women’s Health.
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- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- 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.

Participation that does not qualify for authorship includes data gathering, provision of financial or other support, or review of a preliminary draft. When a large, multi-center group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript.

The maximum number of authors usually permitted is six on research manuscripts and four on all other types of manuscripts. If more than these numbers of authors are desired, specific information explaining the role of each author should be included in a cover letter.

PREPARATION FOR ALL MANUSCRIPTS
Double-space all pages, including the abstract, text, references, tables, and legends. Use 12-point font and uniform margins of 1” at the top, bottom, right, and left. Do not right justify lines. Do not divide words at the end of a line.

Number pages consecutively. Include a shortened version of the title at the top of each page to identify the manuscript. The running head must not contain any author names or initials. In the left margin, consecutively number each line of text.

The average article in Nursing for Women’s Health is 15 to 18 manuscript pages, plus references, tables, illustrations, and callouts. Review articles can be longer than 18 pages if needed.

Refer to the Publication Manual of the American Psychological Association (APA), sixth edition, for grammar, punctuation, and style; Webster’s Eleventh Collegiate Dictionary for spelling of nontechnical words; Dorland’s Illustrated Medical Dictionary for spelling of medical terms; and the APA Manual for guidelines on statistical reporting.

Use woman-centered language, such as “woman” instead of “patient”, and “birth” instead of “delivery.” Use generic names of all drugs and products. Report physical measures in International System of Units (SI) units. For examples of conversion to SI equivalents, refer to the APA manual. When a term such as height is noted, both the metric and imperial systems should be included.

Authors for whom English is a second language are encouraged to have their manuscripts professionally edited before submission. Authors may wish to use the English Language Editing service available from Elsevier’s WebShop or visit Elsevier’s customer support site for more information. All services are paid for and arranged by the author, and use of one of these services does not guarantee acceptance or preference for publication.

Title. Limit the title to no more than 20 words. Ensure that the title summarizes the main idea of the paper; is fully explanatory standing alone; and avoids the use of the words method, results, a study, and an experimental investigation. Colons in titles should be avoided.

Keywords. Submit 3 to 10 keywords with the abstract for use in indexing the article. See the MeSH on Demand tool provided by the U. S. National Library of Medicine for assistance.

Précis. Provide a précis for use in the table of contents. The précis is a single sentence of no more than 25 words that is written in the present tense and states the conclusion(s) of the report. The précis should be similar to the abstract’s conclusion.

Clinical Implications (Short Bulleted List). Provide a list of three to five brief bulleted points that concisely summarize and encapsulate for readers the main clinical takeaways of your article.

Implications for Practice. Before the article’s “Conclusion” section, include a section on “Implications for Practice”. This is where readers learn how to replicate your work and/or apply it to their practice. The more robust this section is, the better an article’s chances of acceptance.

Conclusion. Each article should end with a brief conclusion paragraph that summarizes the main points of the article.

Artwork and Figure Legends. Image-based (not text-based) figures and illustrations should not be embedded within the manuscript Word document; rather they should be uploaded along with the manuscript as separate native files in .JPG, .TIF, .EPS, or .PDF format. Image files must be high-resolution: at least 300 dpi. Image files should contain the image only. Provide all explanatory material, labels, and captions as text on a page following the “Conclusion” and label it “Figure Legends”.

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Tables. Do not include more than six tables. Submit only actual tabular material in table form. Simple lists should be incorporated into the text, and longer lists can be incorporated into a box. Type each table on a separate page with its own title. Number tables consecutively with Arabic numerals and cite in numeric order in the text.

Refer to Nicol & Pexman (2010) for presentation of statistical data.

Tables of studies included in systematic reviews should use the following column headings: Author/Date, Participants, Methods, Interventions, Outcomes. Information included for each study should be presented in a standardized manner and be as succinct as possible.

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—The manuscript is blinded and contains no identifying information, not even in the manuscript file name.
—First page includes title, abstract, keywords, and précis statement.
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—Text (begins on page 3).
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—Toward the end of the manuscript include a section on “Implications for Practice”.
—End the text with a brief “Conclusion” section that summarizes the main points of the article.
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