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## A CHANGE IN THE PRESENTATION OF ABSTRACTS

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In the last 15 years there has been a vast increase in the amount of literature available to members of any profession. A glance through any Referencing Index will show that this is very true for midwifery. In fact in her Book Review of the second edition of the RCM Midwifery Index Fennerty (see p 00) comments on the increase since the first edition was published. Because of this increase in the number of articles it is not possible for a midwife to read every one and s/he has to be selective.

In order to be able to assess the potential value of the contents of an article a reader needs some relatively quick mechanism in order to decide whether the article is of no relevance, looks interesting but is not relevant at the moment or is essential reading. The purpose of the abstract, or summary, that appears at the beginning of an article in scientific refereed journals is to give concise information on the contents so that the reader can decide to read or discard the article, or perhaps come back to it later when time permits. Unfortunately not all abstracts are as informative as they might be. In order to increase the usefulness of abstracts it has been decided to adopt the 'Structured Abstract' format used in other refereed journals. This will give the reader information under the following titles:

- Objective –
- Design –
- Setting –
- Participants –
- Interventions (if appropriate) –
- Measurements and findings –
- Key conclusions –
- Implications for practice –

Readers may have noticed that some authors have already used this format (Meadows et al, 1993; Waldenstrom & Nilsson, 1994). The change in format will begin in Volume 10, Issue 2 (June, 1994). Anyone wishing to read further about Structured Abstracts should consult Lock (1988) and Haynes et al (1990).

### References

- Lock S 1988 Structured abstracts, now required for all papers reporting clinical trials. *British Medical Journal* 297: 156.
- Haynes R B, Mulrow C D, Huth E J et al 1990 More informative abstracts revisited: a progress report. *Annals of Internal Medicine* 113: 69–76.
- Meadows J, Catalan J, Gazzard B 1993 HIV antibody testing in the antenatal clinic: the views of consumers. *Midwifery* 9 (2): 63–69.
- Waldenstrom U, Nilsson C-A 1994 No effect of birth centre care on either duration or experience of breast feeding, but more complications: a randomised controlled study. *Midwifery* 10 (1):