DESCRIPTION

AJOG MFM is one of two companion titles to the highly-respected American Journal of Obstetrics and Gynecology, and focuses on the latest research in the specialty of maternal-fetal medicine, or high-risk pregnancy. It includes practice-changing studies on maternal complications; fetal complications including prenatal diagnosis, ultrasound and genetics; as well as prenatal care, intrapartum care, and postpartum issues. The Journal is a forum for trusted peer-reviewed research, preferentially randomized trials and meta-analyses of these trials, to supply researchers and clinicians with up-to-date guidance on how to best manage women with high-risk pregnancies and their unborn children.

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The editors encourage the supplementary use of multimedia components such as PowerPoint, additional images, or video clips. Color figures and images are free.

Manuscript word counts only applies to the main text (not counting the title page, condensation, short title, AJOG at a Glance, acknowledgements, references, tables, figures, legends, or supplementary material). Continuous line numbers (1st through last page) must appear on manuscripts upon submission.

Original Research

Original Research manuscripts are limited to 3000 words of main text, must include all items listed under 'Article Structure' as described in this document, including a Title Page, Condensation, Short Title, AJOG at a Glance, and Keywords, and organized as follows:

Structured Abstract - up to 500 words (250-word minimum) with the following required headings:

1. Background: an explanation of the basis for the study.
2. Objective(s): the purpose of the study (hypothesis being tested)
3. Study Design: the setting for the study, subjects (number and type), treatment or intervention, and type(s) of statistical analysis used
4. Results: the outcome(s) of the study and, if appropriate, their statistical significance
5. Conclusion(s): overall significance of the results

Main Text - must be organized into sections and identified with the following headings:

Introduction: State concisely the study's purpose and rationale. Present only the background, supported by a limited number of pertinent references necessary for the reader to understand why the study was conducted. Do not include study data or conclusions.

Materials and Methods: Describe briefly, but in sufficient detail to permit others to replicate the study, its plan, patients, experimental animals or other species, materials, and controls; methods and procedures; and statistical method(s) employed. Institutional Review Board (IRB) issues are to be addressed here as stated under "Human and nonhuman experimentation" in the Editorial Policies section above. If the study was exempt from IRB approval, provide an explanation in this section.

Results: This section includes detailed findings and must cite, in numerical order, all tables and/or figures, which should supplement, not reiterate, the text. Emphasize only the most important observations. Reserve any comparisons with others' observations for the Comment section (see below)

Structured Discussion/Comment: Do not repeat the details of data presented under Results or present any new data here. Required headings include:

1. Principal Findings - a brief statement of the principal findings, limiting claims to those strictly supported by the data, avoiding speculation and overgeneralization. Give equal emphasis to positive and negative findings of equal scientific merit.
2. Results - in the context of what is known
3. **Clinical Implications** - the meaning of the study; e.g., hypothesized mechanisms that might explain the outcomes observed and/or the implications for clinicians or policy makers. Indicate whether additional research is required before the information can be confidently used in clinical settings.

4. **Research Implications** - Unanswered questions; proposals for future research.

5. **Strengths and Limitations** - Strengths and weaknesses of the study, both intrinsically and in relation to other studies, particularly any differences in results.

6. **Conclusions**

Additional subheadings - may be included by the authors if appropriate and will facilitate reading.

*Examples of a structured discussion can be found in the following papers:*


*Translational Science*

Translational science is typically presented in the form of an original research manuscript; however, the only type of non-clinical research considered must be translational in nature and contain biological implications for obstetrics and gynecology. Basic science without direct clinical relevance will not be considered; please see Editorial Policies for examples.

*Reviews*

Each article in this category provides a comprehensive and exhaustive systematic review of the literature related to the topic, collating all relevant evidence meeting pre-specified eligibility criteria. Systematic reviews may not be combined with other manuscript types.

Systematic reviews must include a clearly stated set of objectives with reproducible methodology, a systematic search, eligibility criteria for selecting studies, assessment of study quality (risk of bias), an assessment of the validity of the findings and systematic synthesis of these findings. Meta-analysis, the use of statistical techniques to combine and summarize results across studies, may or may not be contained within a systematic review.

Authors must adhere to the PRISMA and MOOSE guidelines (for guidance see Editorial Policies).
Systematic Review manuscripts are limited to 5000 words of main text, must include all items listed under 'Article structure;' including a Title page, Condensation, Short Title, AJOG at a Glance, and Keywords. Organize the manuscript text as follows:

**Title:** The title should identify the report as systematic review or metaanalysis.

**Abstract:** Include a structured abstract containing no more than 350 words in accordance with PRISMA guidelines, and with the following headings:

Objective Data sources (including years searched) Study eligibility criteria (study design, populations, and interventions [if applicable]) Study appraisal and synthesis methods Results Conclusions

**Main text:** Headings and subheadings in the main text should include the following; note that subheadings may be modified to best represent the specific report.

Introduction (rationale, explain impetus for Review) Objective(s) Methods Eligibility criteria, information sources, search strategy Study selection Data extraction Assessment of risk of bias Data synthesis Results Study selection Study characteristics Risk of bias of included studies Synthesis of results Comment Main findings Strengths and limitations Comparison with existing literature Conclusions and Implications

**Expert Reviews**

These articles provide concise reviews on a topic in which the author has significant expertise. The manuscript should be comprehensive and balanced, but not exhaustive. Expert Reviews must be evidence based but may include some expert opinion and recommendations. The goal is to provide a concise update on the state of the art and guidelines for clinical care.

Expert Reviews are limited to 3500 words of main text, must include all items listed under 'Article Structure,' including a Title Page, Condensation, Short Title, and Keywords, and include an unstructured Abstract (1 paragraph, no categories) of no more than 350 words.

Subheadings to separate and identify sections of text should be unique to the topic; the 4 prescribed subheadings required for research articles do not apply. To prevent such subheadings from occupying many lines on a page, they should be as short as possible, not exceeding approximately 6 words, and preferably 1 to 4 words.

**Case Report**

The Journal does not publish case reports. Case reports may not be submitted as another article type as these will NOT BE considered or returned.

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Editorials are solicited or written by the journal editors, offer an extended comment or analysis of an article published in AJOG MFM. Editorials are not intended to reiterate the related article, but to comment on the general message, the scientific merit, how the article compares to other similar published information, and the potential impact and/or importance of the topic. Editorials are solicited or written by the journal editors; maximum words: 1,500, but less than 1,000 preferred; maximum of one (1) figure or table; maximum of five (5) references; no condensation or abstract.

**BEFORE YOU BEGIN**

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Donna L. Stroud • ajog@rrohio.com
Phone 614-915-9327

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letter about the similarities and differences of the reports. The editors may request that you upload such reports before further review. This requirement also applies to manuscripts in which subjects, animals, laboratory experiments, or data have been added to those reported previously. Please ensure that the final manuscript includes references for pertinent articles published prior to the publication of the AJOG MFM paper. Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint, see https://www.elsevier.com/postingpolicy), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere including electronically in the same form, in English or in any other language, without the written consent of the copyright-holder. All submissions are subject to review with iThenticate Professional Plagiarism Prevention. http://www.ithenticate.com. Allegations of scientific misconduct and breaches of the ethical conduct of research will be assessed by the Editors and referred to the sponsoring Institution for review, inquiry, and/or investigation, and disposition. Examples of inappropriate acts include but are not limited to: fabrication, falsification, plagiarism, repetitive publication, obfuscation of significant research results, violating requirements for experimentation with human subjects or animals, failing to comply with authorship requirements and failing to report significant conflicts of interest. Honest mistakes and differences of opinion about experimental design or interpretation of results do not represent inappropriate acts. AJOG will make decisions about retraction of published work or other actions (such as sanctions) based upon evaluation of the information provided by the Institution and other information available to the Journal. Authors will be asked to identify the sponsoring Institution(s) which is responsible for the integrity of the scientific work and compliance with the regulations to protect human subjects and animals from research risk(s). When the research is sponsored from multiple Institutions, authors will be asked to identify the Institution which will take the lead in handling a potential allegation. If the sponsoring Institution does not have a policy to deal with allegations of scientific misconduct or noncompliance with regulatory issues referred to above, the matter will be referred to a Committee appointed by the Editors.

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Authors must follow the ethical standards for human experimentation established in the Declaration of Helsinki (World Medical Association Declaration of Helsinki: recommendations guiding physicians in biomedical research involving human subjects. JAMA 1997;277:925-6). The editors assume that a manuscript emanating from an institution is submitted with the approval of the requisite authority. The authors of reports of human experimentation that require local institutional approval must have obtained this approval **before the experiment was started**; upon request of the Journal editors, the author(s) must provide copies of the appropriate documentation. Institutional approval must be indicated in the Materials and Methods section of the submitted manuscript. If the study is exempt from Institutional Review Board approval, an explanation must be provided under Materials and Methods.

For reports of experiments on nonhuman animals or other species, authors must state under materials and methods that the guidelines for the care and use of the animals approved by the local institution were followed. The type(s) of nonhuman animals or other species used in an investigation must be named in the title, abstract, key words, and materials and methods sections of the manuscript.

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Authors must adhere to the following guidelines when formulating the study.

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Translational Science
The only type of non-clinical research considered must be translational in nature and contain biological implications for obstetrics and gynecology. Additionally, the direct clinical relevance of every submission is considered when an editorial decision is made. Basic science without direct clinical relevance will not be considered.

As many definitions of basic and translational science abound, please see the following translational science examples to assist you in differentiating study types. If uncertain, authors may email an abstract to either editorial office with an inquiry as to whether or not the submission is encouraged; however, this does not guarantee acceptance.

Translational science examples
Ectopic Pregnancy Clinical Study: an observational cohort study which shows that patients with a subnormal increase in hCG maternal serum concentration are at increased risk for ectopic pregnancy. [Encouraged submission] Translational Science (bench to bedside): proteomic analysis of maternal
plasma shows differentially-expressed proteins in patients with ectopic vs. normal pregnancy. Or, an experiment in which the fallopian tubes are ligated in pregnant animals and hCG determinations are measured in maternal serum. [Encouraged submission]

Translational Science (bedside to community): analysis of techniques to enhance the adoption of best practices in caring for women with ectopic pregnancy [Encouraged submission] Basic Science: a description of the glycosylation of protein structure of hCG (even if it is based on the purification of hCG from patients with ectopic pregnancies). [DISCOURAGED submission]

Preterm birth Clinical Study: an observational study in which a particular biomarker measured in the mid-trimester increases or decreases the risk for spontaneous preterm labor and delivery. [Encouraged submission] Translational Science: the transcriptome, proteome, genome, or metabolome of patients who subsequently have spontaneous preterm labor and delivery. [Encouraged submission] Basic Science: protein sequence of a particular biomarker. [DISCOURAGED submission]

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