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.

Manuscripts with a focus on regional reports and cross-border healthcare delivery can be submitted to the journal’s open access companion title, AJOG Global Reports.

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GUIDE FOR AUTHORS

ARTICLE TYPES
A. 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; eg, 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.

B. REVIEW ARTICLES

Systematic 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 meta-analysis.

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 MUST be included in the main text and should include the following: Subheadings may be modified to best represent the specific report, please retain the main headings.
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.

**C. BRIEF ARTICLE TYPES**

**Editorial**

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.

**Clinical Perspective**

Clinical perspective articles present practice-related topics which are timely and pertinent to women's health in a brief and accessible style. The article should be well-balanced and based on a critical analysis of the literature.

Maximum words: 1,000, but less than 750 preferred
Maximum: one (1) figure or table, optional
Maximum references: five (5) references
Unstructured abstract (1 paragraph, no subheadings) of 50 to 150 words, and as many alphabetized key words or short phrases as needed for indexing.

**Personal Perspective**

Personal perspective articles share a unique viewpoint, experience, or personal interpretation of women's health care related topics. The article is intended to share a scholarly, professional perspective.

Maximum words: 1,000, but less than 750 preferred
Maximum: one (1) figure or table optional
Maximum references: five (5) references
No Abstract, include as many alphabetized key words or short phrases as needed for indexing.

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

Video articles are intended to visually contribute new information to the existing literature. The article may present original data and new findings, provide a scholarly review of a subject, or demonstrate a high-quality instruction or application of a procedure, or part of a procedure. The video must contribute information beyond the accompanying text. Videos should NOT be a series of text only slides. Video articles are peer reviewed, citable, and indexed.

**Format:**

Video articles should be formatted similar to the structured abstract guidelines for original research and divided into 4 sections: Objective, Study Design, Results, and Conclusion. Submit the title page, abstract, and references as the "Manuscript." Headings may be modified to best represent the report.

The start of the video should include the title, list all authors, and an AJOG MFM footnote. Label files - All submitted files should be properly labelled so that they directly relate to the file's content. This will ensure that the files are fully searchable by users. Still Image - Choose a relevant frame from the video which represents the content of the video. This will be used as an image that ScienceDirect users can click on to start playback of the video.

1. Length: No more than 5 minutes
2. Voiceover is acceptable, but no other accompanying music. Narration must be in English.
3. The start of the video should include the title of the video, the author name and affiliation, and an AJOG MFM footnote.
4. Any patient identification must be masked or removed.
5. A Patient Consent must be obtained.
6. Please include acknowledgements as needed.
7. File formats: WMV, AVI, MOV, or MP4
8. File resolutions: Your video files should be in HD 1080P.
9. Maximum file size is 100 MB (after conversion to video format i.e. .mp4)
10. Videos with text-only slides will not be considered.
11. Videos with commercial messages will not be considered.

**D. LETTERS**

**Research Letter**

Research letters, not linked to items published in AJOG MFM, briefly summarize the results of original data. It is preferred that original research reports which can be succinctly summarized be submitted as a Research letter. Editors may invite authors to submit a research letter in lieu of a full-length paper when appropriate.

Research letters are scientific publications and generally undergo peer review. Authors must meet all of the same editorial requirements outlined in this document (including research conduct, IRB approval, data integrity, data retention, etc.).

Research letters should be formatted similar to the structured abstract guidelines for original research and divided into 4 sections: Objective, Study Design, Results, and Conclusion. Research letters do not include an abstract or condensation.

Maximum words: less than 750 words
Maximum of one (1) figure and one (1) table; or two (2) of any of these
Maximum of five (5) references

**Letters to Editor**

Letters to the Editor offer readers an opportunity to comment on or address a specific question regarding an article published in this journal within the last 6 issues. The letter should be formatted so that the author(s) of the published article may contribute a response. Letters to the Editor are published with either a reply from the original author(s) or the statement "Reply Declined."
Letters to the Editor may not include unpublished data, all information must be fully citable and listed as supporting reference (typically Letters to the Editor are not peer reviewed). Personal ideas, experiences, or unpublished cases/reports should be submitted in the form of a new paper.

Letters to the Editor must include an original title, a title page, no more than 400 words, either 1 table or 1 figure may be permitted, and 1 to 4 references. At least one of the references must cite the related article published in this journal. Letters do not include a condensation or abstract. Letters are subject to minor editorial alterations, and may be shortened without author approval.

Reply

Authors are invited to reply to a Letter to the Editor which relates an article he/she has published in this journal within the last 6 issues. Replies may not include unpublished data, all information must be citable and listed as supporting reference, as replies typically do not undergo peer review.

A reply must include an original title, a title page, include no more than 400 words, and maximum of 4 references. At least one of the references must cite the related article published in this journal. Replies do not include a condensation or abstract. Replies are subject to minor editorial alterations, and may be shortened without author approval.

BEFORE YOU BEGIN

Editorial Policies
Queries about submission requirements may be addressed to the managing editor:

Stacy Bolzenius • ajogmfm.sb@gmail.com
Phone 614-537-2801

Submission Policies
Authors must submit all elements of their manuscripts online at www.editorialmanager.com/AJOGMFM. Hard-copy submissions will NOT be considered or returned. The online system automatically converts source files to a single PDF file of the article, which is used in the peer-review process. Please note that even though manuscript source files are converted to PDF files upon submission, the original source files are required (i.e. word document of the paper). All correspondence, including notification of editorial decisions, and requests for revision takes place via email.

All policies of AJOG MFM, including those related to Conflicts of Interest, Inappropriate Acts, and IRB approval; apply to all submitted articles, including those whose results were presented at professional society meetings.

Double-Blind Peer Review Process
AJOG MFM follows a double-blind peer review process. The identity of the author(s) is concealed from the reviewer(s), and vice versa. This requires that the Title page and manuscript be submitted separately. Title page, with author name(s), affiliation(s), conflict of interest statement, presentation line, acknowledgements, etc. (see essential title page information). Blinded manuscript, with the manuscript title, condensation, AJOG at a glance, keywords, abstract, main body of the paper, references, tables, figures, etc.). It is important to ensure that no author details appear in the blinded manuscript.
Suggested Reviewers

Optional: Upon submission, authors may provide the names, institution, and email addresses of 2-3 potential reviewers for editorial consideration. Suggested reviewers may include anyone knowledgeable in the area of study presented. Reviewers should not be mentors or former colleagues, and ideally should not be in the same city as the author (unless there is no person with the needed expertise outside of this city).

Previous AJOG submission or another journal (not accepted/unpublished)

There are two types of submissions previously considered by AJOG or another Journal.

1. Invited Submission: An author is invited to submit to AJOG MFM, or an offer has been made to directly transfer the paper to AJOG MFM for consideration. IMPORTANT: Invited submissions, require ALL of the following documents upon submission to AJOG MFM; this assists the Editors in expediting the submission, and in some cases, if adequately revised the submission may not require another external peer review.

1. RESPONSE TO REVIEWER AND EDITOR COMMENTS - Please respond to the reviewer and editor comments as described below. Regrettably, if incomplete the revision cannot be considered.

   HEADINGS (Reviewer #, Point #) and BULLETS (A, B, C, and D) are REQUIRED.

   REVIEWER 1, POINT 1

   A. Point made by the reviewer/editor.
   B. Reply to the reviewer/editor (by the authors) - you may agree or disagree with the comment - if you disagree, it is necessary to explain the reasons and provide evidence in the form of references, if necessary, in support of your point; otherwise, the reader may question the same point raised by the reviewer.
   C. Provide the specific page and line on which any changes were made.
   D. Provide the textual change in quotations.

   REVIEWER 1, POINT 2 (follow same A, B, C, D format)

   EDITOR COMMENT, POINT 1 (follow same A, B, C, D format)

   2. TRACK CHANGES, EDITED MANUSCRIPT - Submit a copy of the revised manuscript using the "track changes" feature on Microsoft Word or, if this feature is unavailable, underline all changes.

   3. REVISED MANUSCRIPT - Submit a clean, non-edited final version of the revised paper.

2. Voluntary Submission: We welcome all submissions; an invitation is not required. The cover letter should include a notation that the paper previously considered by AJOG or another Journal and is a voluntary submission. The manuscript may be revised prior to submission and detailed answers to AJOG Reviewers provided as suggested above, but this does not guarantee acceptance. Once the submission is evaluated, the editors may request additional reviews and information.

Editorial Decisions

Submitted manuscripts are screened by the editorial board and final decisions are made by the

Appeals Policy

An author may appeal an editorial decision within 30 days of receipt of the decision to decline a manuscript for publication. The editor's decision may be appealed only if the decision to decline involved a serious mistake, and not merely a judgment call that could have gone either way. Only one appeal is permitted per manuscript, and decisions on appeals are final. New submissions take precedence for the editors over appeals. The basis for an appeal must be set forth clearly and fully in writing by the corresponding author.

The formal letter of appeal should be sent to the Managing Editor, who will forward the written appeal to the appropriate person(s). A formal appeal will only be considered if the letter clearly states why the decision to decline is mistaken, and specific responses to any reviewer comments that seem to have contributed to the decision of 'decline to publish,' are provided. AJOG MFM is able to accept a relatively small percentage of submissions; regrettably, some good quality papers, with favorable peer review comments are declined. Appeals or requests for additional reviews will not be considered for such papers with accurate reviews.
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Previous publication
If a report by any or all of the same author(s) has previously been published or is currently under preparation that deals with the same subjects, animals, or laboratory experiments, and deals with a similar subject as the submitted manuscript, the author(s) are to inform the editors in a cover 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.

Scientific misconduct
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Human and nonhuman experimentation
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.

For images in which the identity of the patient is potentially identifiable, authors must have obtained written permission from the patient(s) on whom the report is based. The author is is responsible for filing this in a secure location. The scope of the consent should allow the author to explicitly disclose the information to Elsevier and for Elsevier to republish the information in print and electronic format including journal web and social media sites. Authors must attest to having obtained written consent in the manuscript and must be prepared to provide this documentation upon the editors’ request.

All research studies, including those involving patients, patient records, research participants or databases, require ethics committee approval (or documented exemption from the Human Subjects Committee) and informed consent (or documented waiver of consent), both of which must be documented in the paper. Studies on patients, patient records, or volunteers require ethics committee approval and informed consent, both of which must be documented in the paper.

**Trial and research guidelines**

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

- **Randomized controlled trial.**
  - All Randomized Clinical Trials require registration with clinicaltrials.gov (or other registered authority), prior to enrollment. On the manuscript title page include the: 1) Date of registration, 2) Date of initial participant enrollment, 3) Clinical trial identification number, and 4) URL of the registration site.


- **Health economics.** In addition to the general instructions for authors and other guidelines applicable to the study reported in a submitted manuscript (eg, CONSORT guidelines for a randomized controlled trial; see above), authors of health economics manuscripts should consider certain issues specific to such studies and address them in the manuscript and/or submission letter. The checklist specific to this topic must be completed and included with the general submission checklist. [https://www.elsevier.com/__data/promis_misc/ajoghealth.pdf](https://www.elsevier.com/__data/promis_misc/ajoghealth.pdf)
**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]

**Authors, Contributors, Disclosure Policies**

Every author must provide a signed Statement of Authorship form upon submission. This requirement applies to all article types including, but not limited to: editorials, sketches, letters, and replies.


Each author named in the byline must qualify by having participated actively and sufficiently in the study reported. The basis for inclusion consists of 2 factors: 1) substantial contributions to (a) the concept and design or analysis and interpretation of data and (b) the author's having drafted the manuscript or revised it critically for important intellectual content; and 2) approval by each author of the version of the manuscript submitted. All conditions (1a, 1b, and 2) must be met. Others contributing substantively to the work, including participants in collaborative trials and persons involved solely in data collection, should be recognized separately in the Acknowledgment(s) section. The corresponding author must confirm that all bylined authors fulfilled all conditions described here.

**Authorship by individuals employed by industry**

AJOG MFM values high-quality primary original research reports of industry-sponsored trials and requires appropriate attribution of authors, which may include individuals directly employed by industry (that is, companies producing drugs, devices, tests, equipment or companies with an interest in the topic of the article). However, as of October 1, 2015, AJOG will no longer consider authorship by individuals directly employed by industry for the following categories of manuscripts: Expert review, Systematic review. An individual is considered employed by industry if at least 25% of anticipated annual income is derived from a single manufacturer (as defined above). Individuals not employed by industry may submit manuscripts in these areas with the understanding that the AJOG financial disclosure policy is strictly adhered to.

**Author Contributions**

For transparency, we encourage authors to submit an author statement file outlining their individual contributions to the paper using the relevant CRediT roles: Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration;
Resources; Software; Supervision; Validation; Visualization; Roles/Writing - original draft; Writing - review and editing. Authorship statements should be formatted with the names of authors first and CRediT role(s) following. For more details and an example, please visit https://www.elsevier.com/authors/policies-and-guidelines/credit-author-statement.

Changes to authorship
This policy concerns the addition, deletion, or rearrangement of author names in the authorship of accepted manuscripts:

**Before the accepted manuscript is published in an online issue:** Requests to add or remove an author, or to rearrange the author names, must be sent to the Journal Manager from the corresponding author of the accepted manuscript and must include: (a) the reason the name should be added or removed, or the author names rearranged, (b) written confirmation (e-mail, fax, letter) from all authors that they agree with the addition, removal or rearrangement, and (c) written confirmation from that author that he/she meets the criteria for authorship. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Requests that are not sent by the corresponding author will be forwarded by the Journal Manager to the corresponding author, who must follow the procedure as described above. Note that: (1) Journal Managers will inform the Journal Editors of any such requests and (2) publication of the accepted manuscript in an online issue is suspended until authorship has been agreed.

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