DESCRIPTION

The American Journal of Obstetrics and Gynecology, “The Gray Journal”, covers the full spectrum of Obstetrics and Gynecology. The aim of the Journal is to publish original research (clinical and translational), reviews, opinions, video clips, podcasts and interviews that will have an impact on the understanding of health and disease and that has the potential to change the practice of women’s health care. An important focus is the diagnosis, treatment, prediction and prevention of obstetrical and gynecological disorders. The Journal also publishes work on the biology of reproduction, and content which provides insight into the physiology and mechanisms of obstetrical and gynecological diseases.

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ABSTRACTING AND INDEXING

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Original Research
Manuscripts are limited to 3000 words of main text (not counting the title page, abstract, condensation, acknowledgements, references, tables, figures, and legends).

All authors must meet authorship criteria (see Named Authors and Contributors).

Systematic review and metaanalysis studies: please refer to Systematic Reviews.

Research articles must be accompanied by a structured abstract between 250 and 500 words, accompanied by as many alphabetized key words or short phrases as needed for indexing. Structured Abstract - applies to Original Research and Reports of Major Impact
Between 250 and 500 words with the following required headings:
Background: an explanation of the basis of the study Objective(s): the purpose of the study (hypothesis being tested) Study Design: the setting for the study, subjects (number and type), treatment or intervention, and type(s) of statistical analysis used Results: the outcome(s) of the study and, if appropriate, their statistical significance Conclusion(s): overall significance of the results

The type(s) of non-human animals or other species used in an investigation must be named in the Title, Abstract, and Materials and Methods sections of the manuscript.

Each original research article is published in 2 formats: 1) in the printed journal: in an abbreviated form, that includes the abstract and 1 figure or table, and 2) in full on the Journal website (ajog.org), where the abstract also appears. The full length article is the official version and is linked to search engines. (Note: Expert Reviews, Systematic Reviews, Clinical Opinion, Call to Action, Viewpoint, and Point/Counterpoint are published in full in both the print and online versions.)

The full-length article becomes available online for citation before the print issue containing the abstract and accompanying material. Impact Factors and other citation indices are based on the full-length online article.

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.

Reports of Major Impact
Authors who believe their original research article has the potential for affecting clinical practice in a major way or is otherwise of urgent importance may submit the manuscript under this category. The editors, in consultation with experts in the area addressed in the article, will assess the likely impact of the article and notify the authors whether it is being considered for this category or as a regular original research manuscript.

Articles accepted as Reports of Major Impact are reviewed and published as rapidly as possible. The authors are to follow the format for original research articles. As with any article, concern about any potential conflict arising from the timing of publication relative to a presentation at a scientific meeting may be communicated to the editors, who will, at the authors’ request, delay publication until the paper has been presented.

Reviews

Expert Reviews
These invited articles provide concise reviews on a topic in which the author has 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 (not counting the title page, abstract, condensation, acknowledgments, references, tables, legends, and figures). An unstructured abstract (1 paragraph, no categories) of no more than 350 words and as many alphabetized key words or short phrases as needed for indexing must be provided.

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.

The full-length article appears both in print and on the Journal website.

**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. Metaanalysis, 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 Reviews are limited to 5000 words of main text (not counting the title page, abstract, condensation, acknowledgments, references, tables, legends, and figures). Include a structured abstract containing no more than 350 words and as many alphabetized key words or short phrases as needed for indexing.

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

**Abstract:** Include a structured summary according to PRISMA guidelines 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

**Clinical Opinion**

A Clinical Opinion paper presents a balanced, evidence-based discussion of a clinical issue pertinent to obstetricians and gynecologists. The paper may address an emerging or controversial topic or bring attention to a topic of increasing clinical significance. Opinions rendered must be based on an interpretation of available evidence.

*Not appropriate for this category: 1) a review of an extensively researched subject. Submit as a Systematic Review. 2) an essay about issues for which minimal data exist, such as certain clinical, ethical, educational, practice, and research issues. Submit as a Viewpoint paper.*
A Clinical Opinion paper is limited to 3000 words of main text (not counting the title page, abstract, condensation, acknowledgments, references, tables, legends, and figures). An unstructured abstract (1 paragraph; no headings) of no more than 350 words and as many alphabetized key words or short phrases as needed for indexing must be provided.

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The full-length article appears both in print and on the Journal website.

Special Report
A Special Report is released by a consensus committee, working group, task force, or similar group, or summarizes the findings of an important meeting. (Please note this is not a venue for case reports; the Journal does not publish case reports.)

Include a condensation, an unstructured abstract (1 paragraph, no subheadings) of no more than 350 words, and as many alphabetized key words or short phrases as needed for indexing.

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The full-length article appears both in print and on the Journal website.

Viewpoint
Viewpoint articles are well-founded, scholarly pieces that address a scientific, ethical, academic, or practice-related topic in women's health. The article should be balanced and based on a critical analysis of the literature. Viewpoint articles are intended to stimulate discussion.

Viewpoint articles are limited to 1500 words of main text (not counting the title page, condensation, abstract, acknowledgments, references, tables, legends, and figures).

Include a condensation, an unstructured abstract (1 paragraph, no subheadings) of no more than 350 words, and as many alphabetized key words or short phrases as needed for indexing.

The full-length article appears both in print and on the Journal website.

Point/Counterpoint
Point/Counterpoint presents 2 essays of differing views about a controversial issue of interest to AJOG's readers. These articles are generally solicited by the editors, but readers are encouraged to suggest topics for this section.

Each essay is limited to 1500 words of main text (not counting the title page, condensation, abstract, acknowledgments, references, tables, legends, and figures).

Include a condensation, an unstructured abstract (1 paragraph, no subheadings) of no more than 350 words, and as many alphabetized key words or short phrases as needed for indexing.

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 exceeding approximately 6 words, and preferably 1 to 4 words.

The essays appear in full, both in print and on the Journal website.
Call to Action
Call to Action is a topical piece highlighting a problem related to a clinical, research, social, ethical, political, or economic issue pertinent to obstetricians and gynecologists and a suggested solution to that problem. Accordingly, the author must include a suggested corrective action; describing the problem alone is not sufficient.

Call to Action articles are limited to 2000 words of text (not counting the title page, condensation, abstract, acknowledgements, references, tables, legends, and figures).

Include a condensation, an unstructured abstract (1 paragraph, no subheadings) of no more than 350 words, and as many alphabetized key words or short phrases as needed for indexing. The main text must include: 1) “The Problem:,” a one-sentence statement of the problem being presented; 2) “A Solution:,” a one-sentence summary of the proposed solution; and 3) the presentation.

The full-length article appears both in print and on the Journal website.

Case Report
The Journal no longer publishes Case Reports. Submissions of this sort will NOT be considered.

Editorials
Editorials are written or solicited by the editors. Spontaneous submissions are not considered for publication.

Images in Obstetrics; Images in Gynecology
IMAGES presents the opportunity to share an interesting, high-quality image related to obstetrics and gynecology and women's health. Priority will be given to those images of particular interest and quality, and those that provide the reader with key learning points to aid their practices. Up to 5 images may be included that exemplify the condition or case. One will be chosen for the print publication, and all will be published in full in the official on-line publication. Both Journal versions will include a legend, not to exceed 150 words. No condensation or abstract will be published. Supplementary material may include video. IMAGES should include: 1) A title 2) No more than 3 authors 3) Refer to AJOG website for guidelines on submission of figures, to ensure high resolution and quality. 4) Figures should be appropriately labeled with arrows identifying structures 5) Any information that might identify the patient in the figure must be removed (including acquisition date). 6) If the patient is potentially identifiable from the image, authors must have obtained written permission from the patient. The author 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 upon submission of the Images piece and must be prepared to provide this documentation upon the editors' request. 7) A legend up to 150 words that summarizes succinctly, as appropriate, the clinical information including presentation, evaluation (including surgical findings), treatment, and follow-up status . The legend should explain all labeled structures. 8) No references are permitted. 9) If a video is included, please submit a high-resolution still image. Submissions will be reviewed by a team of Editors and their decision to accept or reject will be final.

Surgeon's Corner
This content provides high-quality instruction or an application of a procedure or part of a procedure, designed to aid the practicing obstetrician or gynecologist in improving care. Surgeon's Corner is published in full online; the abstract, manuscript, and a photo or graphic are published in the print journal.

The manuscript must include all of the following:

Condensation: a 1-sentence condensation of the paper, consisting of no more than 25 words, to be placed in the Table of Contents. An unstructured abstract of no more than 300 words that summarizes the clinical situation and surgical solution, explains the figure used in the print edition (see item 4), and refers to the video. A description of the clinical situation or problem (under the heading: "Problem") followed by your surgical solution (under the heading: "Our solution"), in 600 words or less (not counting the title page, acknowledgement, references, tables, legends, and figures). Lists and bullet points may be used as appropriate. The text should refer to the figures/photos and video (see items 4 and 5). At least one high-quality photograph (300+ dpi; not taken from a website or cell phone), graphic, or figure, to be published in the print edition; this, plus up to 5 additional photos/
figures may be included for the online version. A video clip or computer graphic not longer than 5 minutes, or a maximum of 50MBs or less per clip, to be published in the online version. Figure and video legends. 7 or fewer references.

Sketches
These articles describe interesting aspects of medical careers, work life, professional or personal development, or moments of insight, transformation, or inspiration related to professional experiences. Sketches are limited to 1000 words of main text, 7 or fewer references, and require a condensation.

The full-length article appears both in print and on the Journal website.

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Every Letter to the Editors, Reply, and Research Letter must include a title page, conflict of interest disclosure, and a Statement of Authorship signed by all authors. These submissions are subject to minor editorial alterations, may be shortened without the authors' approval, and published both in print and on the Journal website.

Per ACOG/SMFM standard practice, letters related to these joint society guidelines are not published. As ACOG and SMFM are interested in feedback, AJOG will forward letters related to guideline articles to the committee and they will reply personally. Please see Clinical Opinion as a venue for presenting a scholarly, evidence-based point of view about controversial issues in OB/GYN.

Letters to the Editor and Replies
Selected Letters to the Editors that cite at least 1 article published in the American Journal of Obstetrics & Gynecology within the previous 12 issues are considered for publication.

Letters to the Editors are limited to 3 authors, 400 words (not counting the title page or references), and 1 to 4 references. At least one of the references must cite the related Journal article(s). All data presented must be fully citable and cited in the supporting reference list.

The editors routinely invite the author(s) of the related article to respond in writing. Published letters are accompanied by either a reply from the original authors or the statement "Reply declined."

Research Letters
Research Letters, not linked to items published in AJOG, briefly summarize the results of original data. Each Research Letter is considered a scientific publication; authors must meet all requirements regarding responsible conduct of research (eg, appropriate IRB approval, data integrity, data retention). Most undergo external peer review. Reviews, case reports, and opinion pieces are not considered for publication under this category.

Research Letters are limited to 7 authors, 500 words (not counting the title page, references, or legend), 5 references and may include either 1 table or 1 figure. Online supplementary materials are not permitted. 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.

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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 Ob/Gyn, Surgeon’s Corner, Viewpoint, or similar reports 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.

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Authors must adhere to the following guidelines when formulating the study.
• Randomized controlled trial.
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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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