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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.

Benefits to authors

We also provide many author benefits, such as free PDFs, a liberal copyright policy, special discounts on Elsevier publications and much more. Please click here for more information on our [author services](#).

Please see our [Guide for Authors](#) for information on article submission. If you require any further information or help, please visit our [Support Center](#)

IMPACT FACTOR

2018: 6.120 © Clarivate Analytics Journal Citation Reports 2019

ABSTRACTING AND INDEXING

Scopus

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GUIDE FOR AUTHORS

Article Types

Every submission must include a title page with a disclosure statement and a signed statement of authorship form. This requirement applies to ALL article types listed in the following section; including letters, replies, etc. The editors encourage the supplementary use of multimedia components such as PowerPoint, additional images, or video clips. Color figures and images are free.

Original Research

Systematic review and meta-analysis studies: please refer to Systematic Reviews

Translational Research: please refer to Translational Research

Original research manuscripts are limited to 3000 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, and organized as follows:

Title page - (starting on page 1) - Title (as concise as possible, approximately 12 words, without abbreviations or parenthetical abbreviations for terms used in the title, and suitable for indexing purposes) Proprietary (brand names) and conclusion statements are NOT permitted in the manuscript title. A title page is required for ALL article types, see 'Essential title page information' of this document for details.

Include the following in sequence:

Condensation, Short Title, AJOG at a Glance, and Keywords

On the next page supply: Condensation - a 1-sentence condensation of the paper, consisting of no more than 25 words, stating its essential point(s); this sentence, which is subject to copy editing in conformance with Journal style, will appear in the Table of Contents. Short Title: a short version of the article title, for the identification line inserted at the bottom of each published table and figure. AJOG at a Glance: This section is limited to no more than 130 words, 1-3 short sentences or phrases in bullet form, briefly describing your study, its significance, and its contribution to the literature. Include the questions followed by your responses, and listed in bullet form with A., B., and C., headings (not in paragraph form). All responses are subject to minor editorial alterations and/or shortened without the authors' approval, and published on the Journal website.

A. Why was the study conducted?

B. What are the key findings?

C. What does this study add to what is already known?

Keywords - Keywords are a pertinent component in making articles more visible and accessible to potential readers and assist in the dissemination of your research. Provide as many alphabetized key words or short phrases as needing for indexing purposes. Approximately 10 terms are recommended, but do not duplicate terms or phrases utilized in the manuscript title as they are automatically included.

On the next page supply:

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

The abstract should provide sufficient detail for the editors, reviewers, and readers to clearly understand the main message of your paper. Abstracts are freely available on search engines such as Scopus, PubMed, etc., and is a key component in assessing the quality of an article.

The type(s) of non-human animals or other species used in an investigation must be named in the abstract. If percentages are used, include the numerator/denominator in parenthesis. P-values should be included for claims of statistical significance. Abbreviations and references are NOT permitted in the abstract (structured nor unstructured).

Main Text - must be organized into sections and with the following headings included. The use of abbreviations should be avoided whenever possible throughout the paper for the ease of reading. 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. The editors require that manuscripts be organized into sections with headings as described under the Article types section of this document. **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:* 1) Vaginal progesterone is as effective as cervical cerclage to prevent preterm birth in women with a singleton gestation, previous spontaneous preterm birth, and a short cervix: updated indirect comparison meta-analysis. Conde-Agudelo A, Romero R, Da Fonseca E, O'Brien JM, Cetingoz E, Creasy GW, Hassan SS, Erez O, Pacora P, Nicolaidis KH. Am J Obstet Gynecol. 2018 Apr 7. pii: S0002-9378(18)30243-6. doi: 10.1016/j.ajog.2018.03.028. [https://www.ajog.org/article/S0002-9378\(18\)30243-6/fulltext](https://www.ajog.org/article/S0002-9378(18)30243-6/fulltext) 2) Are amniotic fluid neutrophils in women with intraamniotic infection and/or inflammation of fetal or maternal origin? Gomez-Lopez N, Romero R, Xu Y, Leng Y, Garcia-Flores V, Miller D, Jacques SM, Hassan SS, Faro J, Alsamsam A, Alhousseini A, Gomez-Roberts H, Panaitescu B, Yeo L, Maymon E. Am J Obstet Gynecol. 2017 Dec;217(6):693.e1-693.e16. doi: 10.1016/j.ajog.2017.09.013. [https://www.ajog.org/article/S0002-9378\(17\)31128-6/fulltext](https://www.ajog.org/article/S0002-9378(17)31128-6/fulltext) 3) Is middle cerebral artery Doppler related to neonatal and 2-year infant outcome in early fetal growth restriction? Stampalija T, Arabin B, Wolf H, Bilardo CM, Lees

C; TRUFFLE investigators. Am J Obstet Gynecol. 2017 May;216(5):521.e1-521.e13. doi: 10.1016/j.ajog.2017.01.001. Epub 2017 Jan 10. [https://www.ajog.org/article/S0002-9378\(17\)30001-7/fulltext](https://www.ajog.org/article/S0002-9378(17)30001-7/fulltext) 4) GlucoStabilizer software-guided insulin dosing improves intrapartum glycemic management in women with diabetes. Dinglas C, Muscat J, Adams T, Peragallo-Dittko V, Vintzileos A, Heo HJ. Am J Obstet Gynecol. 2018 May 8. pii: S0002-9378(18)30395-8. doi: 10.1016/j.ajog.2018.05.003 " [https://www.ajog.org/article/S0002-9378\(18\)30395-8/fulltext](https://www.ajog.org/article/S0002-9378(18)30395-8/fulltext) 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.

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.

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.

On the next page supply:

Condensation, Short Title, AJOG at a Glance, and Keywords Condensation - a 1-sentence condensation of the paper, consisting of no more than 25 words, stating its essential point(s); this sentence, which is subject to copy editing in conformance with Journal style, will appear in the Table of Contents. Short Title: a short version of the article title, for the identification line inserted at the bottom of each published table and figure. AJOG at a Glance: This section is limited to no more than 130 words, 1-3 short sentences or phrases in bullet form, briefly describing your study, its significance, and its contribution to the literature. *Include the questions followed by your responses*, and listed in bullet form with A., B., and C., headings (not in paragraph form). All responses are subject to minor editorial alterations and/or shortened without the authors' approval, and published on the Journal website.

A. Why was this study conducted?

B. What are the key findings?

C. What does this study add to what is already known?

Keywords - Keywords are a pertinent component in making articles more visible and accessible to potential readers and assist in the dissemination of your research. Provide as many alphabetized key words or short phrases as needed for indexing purposes. Approximately 10 terms are recommended, but do not duplicate terms or phrases utilized in the manuscript title as they are automatically included.

On the next page supply:

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

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.

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 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.

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.

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 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.

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.

Letters to the Editors, Replies and Research Letters

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.

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.

BEFORE YOU BEGIN

Editorial Policies

Queries about submission requirements may be addressed to either of the managing editors:

Sandra Perrine • Sandra.perrine@cox.net
Phone 480-749-2880 Donna L. Stroud • ajog@rroho.com
Phone 614-915-9327

Ethics of the editorial process

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 paper.

Submission of an article implies that the work (including manuscript, figures, video clips, etc) 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 currently 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. Work that is already publically available in a substantially similar form (such as in the form of blogs, YouTube videos, etc) will not be considered for publication in AJOG under usual circumstances.

All submissions are subject to review with iThenticate Professional Plagiarism Prevention. <http://www.ithenticate.com>.

All policies of the American Journal of Obstetrics and Gynecology also apply to abstracts presented at Society Meetings that are published in this Journal as a result of the proceeding. 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.

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 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 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.

- Authors are to consult the updated CONSolidated Standards Of Reporting Trials (**CONSORT Statement**): Schulz KF, Altman DG, Moher D, CONSORT Group (2010). CONSORT 2010 Statement: updated guidelines for reporting parallel group randomised trials. PLoS Med 7(3): e1000251. <https://doi.org/10.1371/journal.pmed.1000251>. <http://www.consort-statement.org> A flowchart as a figure must be submitted with the manuscript.

• Systematic review or metaanalysis. Authors are to consult the **PRISMA Statement**: Moher D, Liberati A, Tetzlaff J, Altman DG, and the PRISMA Group. Preferred Reporting Items for Systematic reviews and Meta-Analyses: the PRISMA Statement. Ann Intern Med 2009;151:264-9. <http://www.prisma-statement.org>

- **Metaanalysis or systematic review of observational studies.** Authors are to consult the **MOOSE Statement:** Stroup DF, Berlin JA, Morton SC, et al, for the Meta-analysis Of Observational Studies in Epidemiology [MOOSE] group. Metaanalysis Of Observational Studies in Epidemiology: a proposal for reporting. JAMA 2000;283:2008-12. <http://www.consort-statement.org/resources/downloads/other-instruments>
- **Diagnostic test(s).** Authors are to consult STAndards for the Reporting of Diagnostic accuracy studies (**STARD Statement**): Bossuyt PM, Reitsma JB, Bruns DE, et al, for the STARD Group. Towards complete and accurate reporting of studies of diagnostic accuracy: the STARD Initiative. Clin Chem 2003;49:1-6. <http://www.stard-statement.org>
- **Observational study in epidemiology.** Authors are to consult the **STROBE Statement:** von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP; STROBE Initiative. The STrengthening the Reporting of OBServational studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. J Clin Epidemiol 2008;61:344-9. <http://www.strobe-statement.org> or PLoS Med. 2007 Oct 16;4(10):e296. PMID: 17941714
- **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

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]

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