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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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:

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*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.

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**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. Continuous line numbers (1st through last page) must appear on manuscripts upon submission. **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**

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

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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.

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

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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.)

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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.

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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.

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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.

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Case Report
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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:

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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.

Please see Clinical Opinion as a venue for presenting a scholarly, evidence-based point of view about controversial issues in OB/GYN.

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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.

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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 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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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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