DESCRIPTION

Midwifery is officially recognised by the European Midwives Association.

Midwifery publishes the latest peer reviewed research to inform the safety, quality, outcomes and experiences of care during pregnancy, labour, birth, postnatal and beyond for childbearing women, their infants and families. The journal's publications support midwives and maternity care providers to explore and develop their knowledge, skills and attitudes.

Midwifery provides a forum for the publication, dissemination and discussion of advances in evidence, controversies and current research, and promotes continuing education through publication of systematic and other scholarly reviews and updates. Midwifery papers cover the cultural, clinical, psycho-social, sociological, epidemiological, education, managerial, workforce, organizational and translational areas of practice in maternal and infant care, maternity services and other health systems.

The journal employs a double-blind peer review process.

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To find out more, please visit the Preparation section below.

INTRODUCTION
Dr Debra Bick, the Editor of Midwifery, welcomes manuscripts for consideration for publication in the journal.

Uniform Requirements
These guidelines generally follow the 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals', published by the International Committee of Medical Journal Editors (ICMJE). Midwifery is a signatory journal to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, issued by the International Committee for Medical Journal Editors (ICMJE), and to the Committee on Publication Ethics (COPE) code of conduct for Editors. We follow COPE's guidelines.

Article types
Full length articles should consist of 5000 words at most (excluding tables and references). Commentaries should be 2000 words at most (excluding references).

Submission checklist
You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

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Graphical Abstracts / Highlights files (where applicable)

Please note that the journal does not accept submissions of Case Study article types

BEFORE YOU BEGIN
Before you start we also suggest you look at the style of language and terminology used in the journal.

More details are provided later in these instructions. First time authors are strongly advised to co-author with an academic supervisor or experienced colleague who has been successful in writing for publication. Articles submitted for review must be original works, and may not be submitted for review elsewhere whilst under review for the Journal.

If a related article, based on the same work, has been submitted or published elsewhere, it must be acknowledged in the cover letter to the editor, added to the end of the cover letter, and referenced in the manuscript.

Considerations specific to types of research designs. Manuscripts must adhere to recognised reporting guidelines relevant to the research design.
**CLINICAL TRIALS**

We require the registration of all interventional trials, whether early or late phase, in a primary register that participates in WHO's International Clinical Trial Registry Platform or in ClinicalTrials.gov, in accord with ICMJE recommendations. The trial must be registered prospectively before the first participant is recruited, and full details including the name of the trial register and the clinical trial registration number must be included in the abstract.

We encourage full public disclosure of the minimum 21-item trial registration dataset at the time of registration and before recruitment of the first participant. Reports of trials must conform to CONSORT 2010 guidelines and should be submitted with their protocols. Authors must include a statement in their abstract if their study is not appropriate for registration in a trials registry.

Midwifery encourages the appropriate registration of all intervention studies, including observational quasi-experimental clinical studies and studies that do not include clinical outcomes. A study registration site (such as the Center for Open Science, cos.io) should be used to register their study.

**FOR ALL STUDIES**

Please upload the appropriate and completed Reporting Guideline Checklist during your manuscript submission process. To find reporting guidelines see: www.equator-network.org

- **STROBE** (Strengthening the Reporting of Observational Studies in Epidemiology) - Observational cohort, case control and cross sectional studies
- **STROBE Checklist** Quasi-experimental/non-randomised evaluations
- **TREND** (Transparent Reporting of Evaluations with Non-randomized Designs) - Randomised (and quasi-randomised) controlled trial
- **CONSORT** (Consolidated Standards of Reporting Trials) - Study of diagnostic accuracy/assessment scale
  - Cluster randomised trials must be reported according to CONSORT extended guidelines
  - Clinical trials that report interventions using artificial intelligence must be described according to the CONSORT-AI Extension guidelines and their protocols must be described according to the SPIRIT-AI Extension guidelines
- **STARD** (Standards for the Reporting of Diagnostic Accuracy Studies) - Systematic review of controlled trials
- **PRISMA** (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) - Systematic review of observational studies
- **MOOSE** - Meta-analysis of observational studies in epidemiology
- **SQUIRE** (Standards for Quality Improvement Reporting Excellence) - Quality improvement in health care
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- **SRQR** (Standards for reporting qualitative research: a synthesis of recommendations) - Reporting of qualitative research studies
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ETHICS_IN_PUBLISHING
The journal follows the Committee of Publication Ethics (COPE) guidelines and requests authors to familiarise themselves with these guidelines at: http://publicationethics.org/resources/guidelines.

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It is ethically questionable to break up or segment data from a single study to create different papers for publication - a practice called ‘salami slicing’. If the authors have legitimate reasons for reporting separately on different parts of the same study, or the same data set, they should justify that to the editor at the time of submission. Equally, readers need to be aware that different aspects of the same study are being reported, thus the methods section of the submitted manuscript must clearly explain why the submitted paper is justified.

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Midwifery requires that authors use woman centred language including referring to births rather than deliveries, to give birth rather than deliver and women rather than patients. Papers that do not adhere to these guidelines will not proceed to peer review. Our journal uses UK spelling, for example, recognise rather than recognize. We also spell fetal rather than foetal.

Engagement of public in research
Please highlight in your text how you have involved those who use the maternity services in your research and how your work has been informed by their involvement, including identification of priorities, designing the research or supporting the research. If engagement of members of the public was not appropriate for your research, please include a statement as to why.

Reporting sex- and gender-based analyses
Reporting guidance
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refer (see Definitions section below). Authors can refer to the Sex and Gender Equity in Research (SAGER) guidelines and the SAGER guidelines checklist. These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

**Definitions**

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the resources on this page offer further insight around sex and gender in research studies.

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