MIDWIFERY

AUTHOR INFORMATION PACK

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DESCRIPTION

**Midwifery** publishes the latest peer reviewed international research to inform the safety, quality, outcomes and experiences of pregnancy, birth and maternity care for childbearing women, their babies and families. The journal's publications support midwives and maternity care providers to explore and develop their knowledge, skills and attitudes informed by best available evidence.

**Midwifery** provides an international, interdisciplinary 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** articles cover the cultural, clinical, psycho-social, sociological, epidemiological, education, managerial, workforce, organizational and technological areas of practice in preconception, maternal and infant care, maternity services and other health systems.

The journal welcomes the highest quality scholarly research that employs rigorous methodology. **Midwifery** is a leading international journal in midwifery and maternal health with a current Impact Factor of 2.640 (2021 Journal Citation Reports, Clarivate Analytics 2022) and employs a double-blind peer review process.

ABSTRACTING AND INDEXING

Scopus
PubMed/Medline
CINAHL
ASSIA
Current Contents - Social & Behavioral Sciences
Social Scisearch
Research Alert
Referativnyi Zhurnal VINTI-RAN (Russian Academy of Sciences)
Medis (Online)
Index Top 100™
ENB Health Care Database
EMCARE
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Your Paper Your Way
We now differentiate between the requirements for new and revised submissions. You may choose to submit your manuscript as a single Word or PDF file to be used in the refereeing process. Only when your paper is at the revision stage, will you be requested to put your paper in to a ‘correct format’ for acceptance and provide the items required for the publication of your article.
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.

Ensure that the following items are present:

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- E-mail address
- Full postal address

All necessary files have been uploaded:
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- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if color should be used for any figures in print

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 (International Clinical Trial Registry Platform http://www.who.int/ictrp/network/trds/en/index) or in ClinicalTrials.gov, in accord with ICMJE recommendations (http://clinicaltrials.gov ICMJE recommendations http://icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.htm). 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: http://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 http://www.equator-network.org/reporting-guidelines/trend/ Randomised (and quasi-randomised) controlled trial

CONSORT - Consolidated Standards of Reporting Trials. http://www.equator-network.org/reporting-guidelines/consort/ 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


**FOR ALL STUDIES**

Please upload the appropriate and completed Reporting Guideline Checklist during your manuscript submission process. To find reporting guidelines see: http://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 http://www.equator-network.org/reporting-guidelines/trend/ Randomised (and quasi-randomised) controlled trial

CONSORT - Consolidated Standards of Reporting Trials. http://www.equator-network.org/reporting-guidelines/consort/ 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


SQUIRE - Standards for Quality Improvement Reporting Excellence.
MMAT - Mixed Methods Appraisal Tool
STREGA - genetic association studies

Studies in humans and animals
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Human Research
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Animal Research
All animal experiments should comply with the ARRIVE guidelines and should be carried out in accordance with the UK Animals (Scientific Procedures) Act, 1986 and associated guidelines, EU Directive 2010/63/EU for animal experiments, or the National Research Council's Guide for the Care and Use of Laboratory Animals and the authors should clearly indicate in the manuscript that such guidelines have been followed. The sex of the animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.

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.

A few issues that authors need to pay particular attention to are set out below.

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.

Use of inclusive language. Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Articles should make no assumptions about the beliefs or commitments of any reader, should contain nothing which might imply that one individual is superior to another on the grounds of race, sex, culture or any other characteristic, and should use inclusive language throughout. Authors should ensure that writing is free from bias,
for instance by using 'he or she', 'his/her' instead of 'he' or 'his', and by making use of job titles that are free of stereotyping (e.g. 'chairperson' instead of 'chairman' and 'flight attendant' instead of 'stewardess').

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**

For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they 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.

**Informed consent and patient details**

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For transparency, we require corresponding authors to provide co-author contributions to the manuscript using the relevant CRediT roles. The CRediT taxonomy includes 14 different roles describing each contributor's specific contribution to the scholarly output. The roles are: Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration; Resources; Software; Supervision; Validation; Visualization; Roles/Writing - original draft; and Writing - review & editing. Note that not all roles may apply to every manuscript, and authors may have contributed through multiple roles. More details and an example.

**AUTHORSHIP**

We have adopted the guidelines of the International Committee of Medical Journal Editors (ICMJE) http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html

Legitimate authors are those that made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted. All potential authors are those that meet requirement (1) above and these people should not be excluded from contributing to the writing and approval of the article.

All authors are required to provide a Conflict of Interest Statement and should complete a standard form, which is available at


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All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.
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Please visit our Open Access page for more information.

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Categories of Decision
After peer-review, the Editors will notify the corresponding author on whether the paper has been accepted, rejected, or needs revision. All efforts are made to provide fair and thorough reviews as speedily as possible. If an author(s) believes that a manuscript has been wrongly rejected, a detailed appeal letter that responds point-by-point to the reviewers' comments should be sent to the Editor, who, after having reviewed the referees' reports, will make the final decision.

Reviews by the Editors or Editorial Team will only include a Letter to the Editor or a short comment. For these types of submissions, the corresponding author will receive a fairly rapid decision on publication. Once a manuscript is accepted for publication, authors can expect web publication of the article in final version on ScienceDirect in 4 weeks.

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Please submit your article via https://www.editorialmanager.com/YMIDW/default.aspx.

PREPARATION
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Double-Blind Peer Review Process
Editors review all abstracts and using a triage-type checklist will make a rapid decision about whether the article is suitable for peer review in this journal. The overall rejection rate is approximately 60% and the majority of these happen at the rapid decision stage. This rapid decision is of benefit for authors because the author can consider whether to submit elsewhere without undue delay.

The most common reasons for initial rejection are: 1) not having prior institutional ethical approval for research and/or not demonstrating fully informed and fully free consent by participants; 2) not meeting the scope of the journal sufficiently; 3) poor English and; 4) not following this guide for authors. The journal receives many more articles than it can submit hence the initial rejection rate is high. The Editorial Team have to always balance the number of submissions, the burden on our peer reviewers and the evolving priorities or areas of interest.

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Each paper that the editor/s assess as suitable for peer review is allocated to two reviewers who are asked to assess the paper.

Detailed Response to Reviewers. When submitting a revised manuscript, a Detailed Response to Reviewers must accompany the revision. This document must not contain any of the Author(s) details. The most common error is uploading this document on an organisation's letterhead, or the Author signing off with their name and contact details. The easiest way to format this document is to either (a) respond underneath each point raised by the reviewer, or (b) create a 2-column table and copy each point raised by the reviewer into the first column, and respond against each point in the second column. Highlight any changes made on the revised manuscript - to make it easy for the peer-reviewers to see where these have occurred. Also, remember to include only the page numbers to the manuscript as this makes the peer-review process easier. Please do not use line numbers in your file as line number are automated when the system builds the PDF.

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**Double anonymized review**

This journal uses double anonymized review, which means the identities of the authors are concealed from the reviewers, and vice versa. More information is available on our website. To facilitate this, please include the following separately:

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**Anonymized manuscript (no author details)**: The main body of the paper (including the references, figures, tables and any acknowledgements) should not include any identifying information, such as the authors' names or affiliations.

**Article structure**

Types of articles

- Research articles; quantitative, qualitative and mixed methods
- Reviews Articles (systematic reviews, meta-analyses, meta syntheses)
- Discussion or theoretical papers
- Editorials
- Letter to the Editor

Specific guidance on word count and number of references is provided in the next section.

Submissions that do not follow this guidance on word count or numbers of tables and figures may be returned without being reviewed. Supplementary material may be added without specific page limits. The readability of the article, however, must not depend upon access to supplementary materials. Page numbers should be included for the convenience of the peer-reviewers. Please do not use line numbers in your file as line number are automated when the system builds the PDF. The text should be double or one and a half spaced with standard margins of 2.5 cm (1 inch) all around, and 11 or 12 point font size. Authors wishing to submit manuscripts with word counts, tables and figures in excess of the recommended number must seek permission of the Editor-in-Chief.

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