



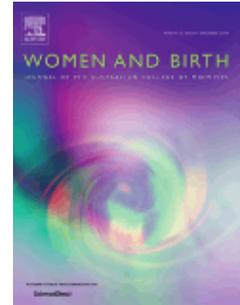
WOMEN AND BIRTH

Journal of the Australian College of Midwives (ACM)

AUTHOR INFORMATION PACK

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DESCRIPTION

Women and Birth is the official journal of the Australian College of Midwives (ACM). It is a midwifery journal that publishes on all matters that affect women and birth, from pre-conceptual counselling, through pregnancy, birth, and the first six weeks postnatal. All papers accepted will draw from and contribute to the relevant contemporary research, policy and/or theoretical literature. We seek research papers, quality assurances papers (with ethical approval) discussion papers, clinical practice papers, case studies and original literature reviews.

Our women-centred focus is inclusive of the family, fetus and newborn, both well and sick, and covers both healthy and complex pregnancies and births. The journal seeks papers that take a woman-centred focus on maternity services, epidemiology, primary health care, reproductive psycho/physiology, midwifery practice, theory, research, education, management and leadership. We also seek relevant papers on maternal mental health and neonatal well-being, natural and complementary therapies, local, national and international policy, management, politics, economics and societal and cultural issues as they affect childbearing women and their families. Topics may include, where appropriate, neonatal care, child and family health, womens health, related to pregnancy, birth and the postpartum, including lactation. Interprofessional papers relevant to midwifery are welcome. Articles are double blind peer-reviewed, primarily by experts in the field of the submitted work.

The journal is indexed in PubMed, MEDLINE, Thomson Reuters, Scopus and CINAHL.

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Supplementary material may be added without specific page limits. The readability of the article, however, must not depend upon access to supplementary materials.

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The structure of most abstracts should be: • Problem

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- Methods
- Findings • Discussion • Conclusion The Abstract must not include references. Avoid abbreviations and acronyms. Ensure the name of the hospital or health service is not mentioned.

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Provide at least four and up to six keywords, at least three of which should be selected from those recommended by the *Index Medicus* Medical Subject Headings (MeSH) browser list (<https://meshb.nlm.nih.gov/search>)

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In the introduction, create a table using the following headings to summaries (in 100 words or less) the contribution of your paper to the existing literature:

Problem or Issue

What is Already Known

What this Paper Adds

Example of Statement of Significance

Problem

Poor assessment and clinical reasoning are major contributors to adverse birth outcomes.

What is Already Known

Midwifery decision-making during birth is mediated by hierarchies of surveillance and control. Midwives are often unable to implement their preferred decision. The international and national professional decision-making frameworks are not sufficiently detailed to guide midwives' clinical reasoning.

What this Paper Adds

Evidence that half of the midwives interviewed did not use clinical reasoning to make decisions. A new and detailed model of midwifery clinical reasoning which incorporates a role for intuition.

Headings

For Original Research Articles references should not be more than 40, except with specific permission from the editor prior to submission), **text** should be organised as follows:

- **Introduction** (including problem, theoretical and/or research background, hypothesis or guiding question, definitions of key terms)
- **Participants, Ethics and Methods** (described in detail).
- **Findings or Results:** for Quantitative research results should be concisely reported in tables and figures, with brief text descriptions. For Qualitative research a balance must be struck between conciseness and sufficient data to support the discussion and conclusion.
- **Discussion** (clear and concise interpretation of results in the context of existing literature)
- **Conclusion** (summarise key points and make recommendations)
- **Acknowledgments and Disclosures**

Abbreviations

Minimise abbreviations to no more than four. Do not use abbreviations in the title. Use only abbreviations well known to midwives in the abstract. Define abbreviations at first appearance in the text.

Measurements and weights should be given in standard metric units

Acknowledgements

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The role(s) of the funding organisation, if any, in the collection of data, its analysis and interpretation, and in the right to approve or disapprove publication of the finished manuscript must be described in the Methods section of the text.

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Tables

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Tables must not exceed six typeset pages.

Tables should be double-spaced on separate sheets (one to each page).

Do not use vertical lines. Each table should be numbered (Arabic) and have a title above.

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Abbreviations used in the table follow the legend in alphabetic order.

Lower case letter superscripts beginning with "a" and following in alphabetic order are used for notations of within-group and between-group statistical probabilities.

Tables should be self-explanatory, and the data should not be duplicated in the text or illustrations. Tables must be submitted as part of the text file and not as illustrations.

References

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