DESCRIPTION

Women and Birth is the official journal of the Australian College of Midwives (http://www.midwives.org.au/). It is a midwifery journal that publishes on all matters relating to pregnancy, birth, and the first six weeks post-partum. All papers must draw from, and contribute to, the relevant contemporary research, policy and/or theoretical literature. We focus on primary research papers, systematic reviews and research-informed and critiqued discussion papers. While we are based in Australia, our Editorial Board is multi-national and we welcome papers from all over the world. All papers should reflect our global perspective and reach. Articles are double blind peer-reviewed by experts in the field of the submitted work.

Our woman-centred focus is inclusive of the partner, wider family, fetus and newborn, and covers both healthy and complex pregnancies and births. We recognise that individuals have diverse gender identities. Terms such as pregnant person, childbearing people and parent can be used to avoid gendering birth, and those who give birth, as feminine. However, because women are also marginalised and oppressed in most places around the world, we support use of the terms woman, mother or maternity. When we use these words, it is not meant to exclude those who give birth and do not identify as women. The journal seeks papers that take a woman-centred focus on midwifery practice, research, theory, education, management and leadership, maternity service provision, maternal and newborn health, respectful maternity care, breastfeeding, primary health care and relevant aspects of psychology, sociology, human rights and health economics. We welcome papers from all professional disciplines that are relevant to midwifery practice and the scope of the journal.

Our key readers are midwives, maternity care and neonatal nurses, maternity service managers, providers and users, obstetricians, neonatologists, health sociologists and economists, psychologists with an interest in maternal and infant research and policy makers and researchers from all these areas.

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

The journal is available online to ACM members and is available by separate subscription.

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BEFORE YOU BEGIN
Before you start we also suggest you look at the style of language and terminology used in the journal. This Editorial provides some information. https://www.womenandbirth.org/article/S1871-5192(20)30088-3/fulltext

More details are provided later in these instructions.

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Women and Birth 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.

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For transparency, we encourage authors to submit an author statement file outlining their individual contributions to the paper using the relevant CRediT roles: Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration; Resources; Software; Supervision; Validation; Visualization; Roles/Writing - original draft; Writing - review & editing. Authorship statements should be formatted with the names of authors first and CRediT role(s) following. More details and an example

**Authorship**

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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.

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