**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, discussion papers, and systematic reviews.

Our woman-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, women's 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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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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Our journal uses UK spelling, for example, recognise rather than recognize. We also spell fetal rather than foetal.

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**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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