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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For further information, visit our Support Center.

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.

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. Please upload the appropriate and completed Reporting Guideline Checklist during your manuscript submission process.

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Qualitative researchers are encouraged to consult the guideline listed below:

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- **Mixed Methods Appraisal Tool (MMAT)**

- **Human and animal rights**

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For research involving humans, please address the ethical aspects of the research in the Methods section. State clearly that the subject gave freely informed consent and, if in dependent relationships with members of the research team, issues of perceived coercion must be addressed. To clarify, women and their families, and students are in dependent relationship with researchers and must not be directly approached by the research team to give consent on-the-spot. Participating or not participating in the research must not disadvantage participants in a dependent relationship. Any benefit for participating must not constitute a financial inducement. Participant anonymity must be preserved, unless express written approval to use identifying data is provided. The author must retain written consents, or evidence that such consents have been obtained, must be provided to Elsevier on request.
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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.

**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.

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**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-co-authors.html, which have also been adopted by the Australian NHMRC Code for the Responsible Conduct of Research. 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. No author should be added who does not meet the first requirement; for more details please read “How to handle authorship disputes: a guide for new researchers” (2003) by Tim Albert and Liz Wage available at the COPE website: http://publicationethics.org/resources/guidelines. During the online submission process, we ask you make a true statement that all authors meet the criteria for authorship and that all people entitled to authorship are listed as authors.
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- Discussion or theoretical papers Discussion or theoretical papers
- Editorials
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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
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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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