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.

Open Access - the journal offers authors the option of making their article freely available to all via the ScienceDirect platform. Authors can only make this choice after receiving notification that their article has been accepted for publication.
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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.

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.
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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').

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.

**Author contributions**

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**

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 which have also been adopted by the Australian NHMRC Guidelines for the Responsible Conduct of Research available at: http://www.nhmrc.gov.au/guidelines-publications/r39, 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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**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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- **Conclusion** (summarise key points and make recommendations)

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