JOURNAL OF OBSTETRICS AND GYNAECOLOGY CANADA

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DESCRIPTION

Journal of Obstetrics and Gynaecology Canada publishes original research, reviews, case reports, and commentaries by Canadian and international authors, pertinent to readers in Canada and around the world. The Journal covers a wide range of topics in obstetrics and gynaecology and women's health covering all life stages including the evidence-based clinical guidelines, committee opinions, and policy statements that derive from standing or ad hoc committees of the Society of Obstetricians and Gynaecologists of Canada. The Journal emphasizes vigorous peer-review and accepts papers in English and French. Abstracts for all papers are available in both languages. JOGC is indexed in Medline.

ABSTRACTING AND INDEXING

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PubMed Central
Scopus

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GUIDE FOR AUTHORS

Journal of Obstetrics and Gynaecology Canada (JOGC) publishes original articles and literature reviews in the areas of gynaecology, obstetrics, reproductive endocrinology, gynaecologic oncology, women's health, maternal fetal medicine, urogynaecology, ethical and legal issues, and education. Only exclusive submissions will be considered for publication. The languages of JOGC are English and French. For English spelling, we follow the style of The Canadian Oxford Dictionary.1 Authors are required to use generic or chemical names of pharmaceuticals rather than specific brand or trade names. JOGC accepts submissions in English and French. Abstracts of manuscripts submitted in English are translated into French, and abstracts of manuscripts submitted in French are translated into English once proofreading of the full text is complete. To ensure consistency of editorial style and standards, translation of all material intended for publication is done in-house by a certified medical translator. Authors may not submit their own translations.

Types of article

LETTERS TO THE EDITOR AND COMMENTARY ARTICLES

Letters to the Editor and commentaries are encouraged. Letters should generally not exceed 600 words, and commentaries, 1500 words. Letters referring to a recent JOGC article should be received within eight weeks of its publication. References in letters should not exceed 5, and in commentaries should not exceed 10.

IMAGE OF THE MONTH

Images should be submitted as .eps, .tif (300 dpi photographs without text), .jpg (300 dpi), or gif (300 dpi) files with a brief commentary (not more than 150 words). Please do not submit images embedded in Word documents or saved as pdfs. Doing so may slow the progress of your manuscript through the peer review process. If images are not sent in an acceptable format, your paper may not be considered for publication. The patient must provide written consent to the publication of an Image of the Month submission; however, to protect the patient's privacy, the authors should not send the completed form to JOGC. Instead, they must retain a signed copy of the form in their files and send only a signed copy of the Author Confirmation form to JOGC to attest that the patient has seen the manuscript and consented to its publication. You can download forms at www.jogc.com.

GENERAL INSTRUCTIONS

For general instructions on the preparation of manuscripts for submission, please refer to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals as formulated by the International Committee of Medical Journal Editors (ICMJE).2 In addition, JOGC has the following specific requirements.

SPECIFIC REQUIREMENTS

The complete manuscript, including tables, captions for figures, and illustrations, should be typed in Times Roman, 12-point typeface, double-spaced throughout, with one inch margins, and the pages and lines numbered, beginning with the title page. Begin each section or component on a new page, in this sequence: title page, abstract and key words, text, acknowledgements, references, tables (each on a separate page), and legends.

On the title page, please include the full names, degrees, and affiliations of all authors, as well as the postal and email addresses and telephone and fax numbers of the corresponding author.

ABSTRACTS

All information in the abstract must be found in the text, tables, or figures. Abstracts should not contain references.

A research report should have a structured abstract of no more than 250 words, with the following headings, each to begin a separate paragraph: "Objective" (main question, objective, or hypothesis), "Methods" (study design, participants, outcome measures), "Results" (summary of data), and "Conclusion" (summary and interpretation of findings).

A case report should have a structured abstract of no more than 125 words, with the following headings, each to begin a separate paragraph: "Background" (importance of the subject matter and specific purpose of report), "Case" (summary of pertinent features of the clinical findings, important laboratory abnormalities, treatment, and outcome), and "Conclusion" (summary of the principal finding and why it is unique and worthy of mention, indicating relevance to clinical practice).
A review article may have an unstructured abstract (one paragraph not more than 250 words) or a structured abstract of no more than 300 words with headings, each beginning a separate paragraph: "Objective" (statement of purpose of the review), "Data Sources" (sources searched, including data, terms, and constraints), "Study Selection" (number of studies reviewed and selection criteria), "Data Extraction" and "Data Synthesis" (guidelines for extracting data, methods of correlating and integrating findings and main results of review), and "Conclusion" (primary conclusions and their clinical applications).

KEY WORDS
Four to six key words, using terms, if suitable, from the medical subject heading (MeSH) list of Index Medicus,3 should follow the Abstract.

MANUSCRIPT FORMAT
JOGC requires that manuscripts submitted for publication follow the formats below. In general, there is no word limit for manuscripts submitted to JOGC, and each manuscript is considered on its own merits. However, it is rarely (if ever) necessary for a manuscript to exceed 6000 words in length, including references.
For more detail, please refer to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals.

RESEARCH REPORT
Abstract (structured) Key words Introduction Methods, or Materials and Methods (method, subjects, analysis) Results Discussion Conclusion Acknowledgements References Tables Legends
Research papers must include the research ethics board approval number within the "Methods" or "Materials and Methods" section of the text.
All randomized studies submitted to JOGC must include a completed CONSORT checklist(not for publication) and a flow chart (to be published with the article). Reports based on observational studies should be presented in accordance with the STROBE Statement.

CASE REPORT
To be considered for publication, case reports must describe either a unique presentation or a truly novel form of management. A condition that is rare but not unknown is not eligible under most circumstances.
Patient anonymity and confidentiality must be ensured. The patient should have the opportunity to choose freely whether or not to allow the case report to be submitted, and to see the finished manuscript. The patient must provide written consent to the publication of the case report; however, to protect the patient's privacy, the authors should not send the completed form to JOGC. Instead, they must retain a signed copy of the form in their files and send only a signed copy of the Author Confirmation form to JOGC to attest that the patient has seen the case report and consented to its publication. You can download forms at www.jogc.com.
Abstract (structured) Key words Introduction The case Discussion Conclusion Acknowledgements References (maximum 5) Tables Legends

REVIEW ARTICLE
Review articles should have the same basic structure of critical argument as research reports. Subheadings should make clear the subtopics considered sequentially. Authors submitting review manuscripts must include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.
Abstract (unstructured or structured) Key words Introduction Methods Primary and secondary topic headings (as many as required) Discussion Conclusion Acknowledgements References Tables Legends

REVIEW ARTICLE
Review articles should have the same basic structure of critical argument as research reports. Subheadings should make clear the subtopics considered sequentially. Authors submitting review manuscripts must include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.
Abstract (unstructured or structured) Key words Introduction Methods Primary and secondary topic headings (as many as required) Discussion Conclusion Acknowledgements References Tables Legends
JOGC requires authors of review articles to consider the level of evidence in their citations, using the ranking of the Canadian Task Force on Preventive Health Care:

1 I Evidence obtained from at least one properly randomized controlled trial. II-1 Evidence from well-designed controlled trials without randomization. II-2 Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one centre or research group. II-3 Evidence obtained from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be included in this category. III Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

The Canadian Task Force on Preventive Health Care has used the following ranking method to classify recommendations for specific clinical actions:

1 A There is good evidence to recommend the clinical preventive action B There is fair evidence to recommend the clinical preventive action C The existing evidence is conflicting and does not allow the authors to make a recommendation; however, other factors may influence decision-making D There is fair evidence to recommend against the clinical preventive action E There is good evidence to recommend against the clinical preventive action L There is insufficient evidence (in quantity or quality) to make a recommendation; however, other factors may influence decision-making E

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JOGC welcomes video submissions. All videos are subject to peer-review and must be submitted online at [http://www.editorialmanager.com/jogcanada/default.aspx](http://www.editorialmanager.com/jogcanada/default.aspx).

The video should demonstrate a technique or practice. The video should be accompanied by text (no more than 500 words).

**Specifications and notes:**

1. Length: No more than 5 minutes
2. Voiceover is acceptable, but no other accompanying music. Narration can be in English or French.
3. The start of the video should include the title of the video submission, the authors name and affiliation.
4. Any patient identification must be masked or removed.
6. Please include acknowledgements as needed.
7. Authors for video submissions are required to submit a Conflict of Interest Form, available here: [http://www.icmje.org/conflicts-of-interest/](http://www.icmje.org/conflicts-of-interest/)
8. File formats: WMV, AVI, MOV, or MP4
9. File resolutions: Your video files should be in HD 1080P.
10. Videos with text-only slides will not be considered.
11. Videos with commercial messages will not be considered.

**Submission checklist**

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.
Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:
- E-mail address
- Full postal address

All necessary files have been uploaded:

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- All tables (including titles, description, footnotes)
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**Supplemental files (where applicable)**

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- Permission has been obtained for use of copyrighted material from other sources (including the Internet)
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**BEFORE YOU BEGIN**

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As indicated in the Helsinki Declaration in their Scientific Requirements and Research Protocols ([https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/](https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/)): "Medical research involving human subjects must conform to generally accepted scientific principles, be based on a thorough knowledge of the scientific literature, other relevant sources of information, and adequate laboratory and, as appropriate, animal experimentation. The welfare of animals used for research must be respected."

*Declaration of interest*

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Each author is required to declare his or her individual contribution to the article: all authors must have materially participated in the research and/or article preparation, so roles for all authors should be described. The statement that all authors have approved the final article should be true and included in the disclosure.

Authorship
All authors should have 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.

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**Submit your article**

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**PREPARATION**

**Peer review**
This journal operates a single blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. More information on types of peer review.

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It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see
also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork. To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

**Article structure**

### Subdivision - unnumbered sections

Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

**Introduction**

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

**Material and methods**

Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

**Results**

Results should be clear and concise.

**Discussion**

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

**Conclusions**

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

**Appendices**

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

**Essential title page information**

- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
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**Keywords**

Four to six key words, using terms, if suitable, from the medical subject heading (MeSH) list of Index Medicus, should follow the Abstract. Key words are mandatory for Research Reports, Case Reports and Systematic Review Articles, and SOGC Clinical Practice Guidelines. Key words must be entered online when you submit your manuscript. You must add an underscore (_) between a key word with multiple terms. Example: continuing_medical_education; instant_messaging; maternal-fetal_medicine; real-time_collaboration; internet.
Abbreviations
Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

List of Abbreviations

Acknowledgements
Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

An Acknowledgments section, if included, follows the Implications section. Acknowledgments of individuals must include affiliations but not titles, such as Dr., Mr., or Ms. Funding disclosures should be reported in the Acknowledgments section of every paper.

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List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

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This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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Please submit math equations as editable text and not as images. Present simple formulae in line with normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms, e.g., X/Y. In principle, variables are to be presented in italics. Powers of e are often more conveniently denoted by exp. Number consecutively any equations that have to be displayed separately from the text (if referred to explicitly in the text).

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Electronic artwork
General points
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• Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
• Number the illustrations according to their sequence in the text.
• Use a logical naming convention for your artwork files.
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You are urged to visit this site; some excerpts from the detailed information are given here.

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- TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.
- TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

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