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.

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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, should follow the Abstract.

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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**

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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:

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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.
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Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

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"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."

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To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

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Results should be clear and concise.

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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.

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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.

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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.

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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.
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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.

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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.).

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