DESCRIPTION

*Journal of Obstetrics and Gynaecology Canada* (JOGC) is Canada's peer-reviewed journal of obstetrics, gynaecology, and women's health. Each monthly issue contains original research articles, reviews, case reports, commentaries, and editorials on all aspects of reproductive health. JOGC is the original publication source of 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. JOGC is included in the National Library of Medicine's MEDLINE database, and abstracts from JOGC are accessible on PubMed.

We welcome you to submit letters to the editor, commentaries, and original articles on any topic within the fields of obstetrics, gynaecology, and women's health, including fertility, contraception, urogynaecology, and oncology. We encourage you to respond to items published in JOGC with a Letter to the Editor or, even better, your own original data.

ABSTRACTING AND INDEXING

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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.

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).
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**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.

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Abstract (structured) Key words Introduction Methods, or Materials and Methods (method, subjects, analysis) Results Discussion Conclusion Acknowledgements References Tables Legends

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**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

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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.

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