

Following are guidelines for the preparation and submission of manuscripts to *Obstetrics & Gynecology*. Submit all manuscripts at <http://ong.editorialmanager.com> (Editorial Manager). Include the following items with the submitted manuscript:

1. Author Agreement form(s)
 - a. Authors must use the most recent version of the author agreement form. The most current version is always the one found online.
2. Completed submission checklist
3. Completed checklist for appropriate reporting guideline, if applicable (see I.L)
 - a. CONSORT
 - b. STROBE
 - c. PRISMA
 - d. STARD
 - e. MOOSE
4. Disclosure of potential conflicts of interest (see I.E)
5. Cover letter to the Editors addressing the following points:
 - a. The authors' intent to submit solely to *Obstetrics & Gynecology* (see I.K)
 - b. Verification that the manuscript is not under consideration elsewhere, and indication from the authors that it will not be submitted elsewhere until a final decision is made by the Editors of *Obstetrics & Gynecology*
 - c. The declaration of transparency from the lead author (see I.A)
 - d. Clinical trial registration, if applicable (see I.B)
 - e. Institutional review board (IRB) approval or exemption (see I.F)
 - f. For case reports, verification that signed consent has been

- obtained from the patient(s) (see I.H)
- g. Any explanations related to reporting guidelines discrepancies (see I.L)
- h. Potential cover art (see VII)
6. Microsoft Word or Open Document file of the manuscript, with pages and lines numbered consecutively and containing the following:
 - a. Title Page (see IV.A)
 - b. Précis (see IV.B)
 - c. Abstract (see II)
 - d. Manuscript body (see II)
 - e. References (see IV.E)
 - f. Table(s) (see IV.F)
 - g. Figure Legend(s) (see IV.G)
7. Any figure(s) (see V)
8. Any supplemental digital content (see VI.A–C)

Further information about each of these components can be found in Sections II through VII.

Once a manuscript is submitted through Editorial Manager, the corresponding author will be notified by e-mail.

Contact information for the editorial office is:

The Editor

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I. POLICIES

The following policies apply to all manuscripts submitted to *Obstetrics & Gynecology*. *Obstetrics & Gynecology* follows recommendations from the Committee on Publication Ethics (<http://publicationethics.org>), the International Committee of Medical Journal Editors (<http://www.icmje.org>), and the Council of Science Editors (<http://www.councilofscienceeditors.org>); these also guide the journal's re-

sponse to allegations of scientific misconduct.

A. Authorship

Concerns about scientific and publication misconduct have necessitated an increased need for transparency and accountability regarding authorship of articles. Prompting authors to attest to their role in developing and writing a manuscript helps to affirm that those individuals who made appropriate contributions to qualify as an author are so-described, and avoids naming someone as an author who did not.

The role of authorship in *Obstetrics & Gynecology* is reserved for those individuals who meet the criteria recommended by the International Committee of Medical Journal Editors (ICMJE; <http://www.icmje.org>):¹

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; *and*
2. Drafting the work or revising it critically for important intellectual content; *and*
3. Final approval of the version to be published; *and*
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Each individual who wants to be considered for byline authorship must indicate his or her involvement in the manuscript by completing, signing, and submitting the journal's author agreement form.

All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged in a separate paragraph on the title page of the manuscript.

Author Declaration of Transparency

As proposed in a 2013 editorial in *BMJ*,² *Obstetrics & Gynecology* requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. By signing this statement, the lead author declares that the manuscript's contents are not misleading.

The following statement should appear in the submission's cover letter, or be uploaded in Editorial Manager as a separate attachment:

The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

Signed by: _____

*The manuscript's guarantor.

Number of Authors

The appropriate number of authors depends on the nature of the study. The maximum number of authors usually permitted is four, with the exception of original research, systematic reviews, executive summaries, consensus statements, and guidelines articles (see Table 1). "Co-first authors" and notes in the manuscript describing the degree of author contribution are not permitted.

Ghost Authorship

A ghost author is someone who participates in one or more of the following—research, data analysis, or writing of a manuscript—but is not named or disclosed in the author byline or acknowledgments.³ Ghost authorship is prohibited by the journal. Authors must disclose whether any manuscript preparation assistance was received—including but not limited to topic development, data collection, analysis, writing, or editorial assistance—

and, if so, who provided and who paid for the assistance (see IV.A).

Group Authorship

If authorship is attributed to a group or collective, there must be at least one individual name included. List the names of the individuals in the group or collective in an appendix, which will be published online. A reference to the online appendix will appear in the print journal.

ORCID Identifier

Authors may now enter their ORCID identifier in Editorial Manager. Please go to the "Update My Information" page to enter an existing identifier or to register with ORCID (<http://orcid.org>).

Continuing Medical Education

First and second authors of articles published in *Obstetrics & Gynecology* are eligible to receive 10 Category 1 continuing medical education credits per article for one article per year.* To receive credit, please e-mail your request with a copy of the published article to cognates@acog.org.

B. Clinical Trial Registration

Obstetrics & Gynecology complies with the ICMJE requirement that clinical trials be registered in a public trials registry at or before the time of first patient enrollment in order to be considered for publication.^{4,5,6} Registries approved by the ICMJE are ClinicalTrials.gov or any registry that is a primary register of the WHO International Clinical Trials Registry Platform (ICTRP; <http://www.who.int/ictrp/network/primary/en/index.html>).

Randomized controlled trials that are not prospectively registered will be editorially rejected without peer review.

Randomized controlled trials that are about behavioral interventions are

*The American College of Obstetricians and Gynecologists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

also required to be prospectively registered.

Provide the trial registry name, URL, and the registration number at the end of the abstract.

In the cover letter, the corresponding author must attest to registering the trial and that the protocol they are reporting to *Obstetrics & Gynecology* is identical to the posted trial and, if not, precisely where and why it varies. Any changes in protocol should also be discussed in the manuscript itself as well as documented on the trials registry web site. We also encourage you to complete the clinical trials registry information by documenting completion and entry of data.

If you cannot provide this information and wish to be considered for an exception, please contact the Editor directly via e-mail prior to submitting your manuscript (obgyn@greenjournal.org).

C. Compliance with NIH and Other Research Funding Agency Accessibility Requirements

A number of research funding agencies require or request authors to submit the postprint (the article after peer review and acceptance but not the final published article) to a repository that is accessible online by the public without charge. As a service to our authors, the journal's publisher, Wolters Kluwer, will identify to the National Library of Medicine articles that require deposit and will transmit the postprint of an article based on research funded in whole or in part by the National Institutes of Health, Wellcome Trust, Howard Hughes Medical Institute, or other funding agencies to PubMed Central. The author agreement form provides the mechanism.

D. Database Validation

In order for an administrative database study to be considered for publication in *Obstetrics & Gynecology*, the database used must be shown to be

reliable and validated. In your cover letter, please tell us who entered the data and how the accuracy of the database was validated. This same information should be included in the Materials and Methods section of the manuscript.

E. Disclosure of Potential Conflicts of Interests

On submission, the author(s) must identify potential conflicts of interest of a financial or other nature. Authors should err on the side of full disclosure and provide as much information as possible, regardless of dollar amount.

- Identify all sources of financial support of the study, including provision of supplies or services or financial compensation (eg, salary) from a commercial organization on the title page.
- All sponsor names must be provided. Include an explanation of any role the sponsor(s) had in the study design; collection, analysis, and interpretation of data; writing of the report; the decision to submit the report for publication; or a statement that the sponsor(s) had no such involvement.
- Disclose any financial involvement that could represent potential conflicts of interest by checking the appropriate box on the author agreement form and listing the potential conflicts in an attachment to the author agreement form.

F. Institutional and Ethical Approval

All studies should follow the principles set forth in the Helsinki Declaration of 1975, as revised in 2013, and manuscripts should be approved by the necessary authority before submission. Applicable original research studies should be reviewed by an institutional review board (IRB).⁷ This review should be documented in your cover letter as well in the Materials and Methods

section, with an explanation if the study was considered exempt. If your research is based on a publicly available data set approved by your IRB for exemption, please provide documentation of this in your cover letter by submitting the URL of the IRB web site outlining the exempt data sets or a letter from a representative of the IRB. In addition, insert a sentence in the Materials and Methods section stating that the study was approved or exempt from approval. In all cases, the complete name of the IRB should be provided in the manuscript.

During consideration of a manuscript, it may become necessary to examine original source documents such as signed consent forms, IRB minutes, research data books or logs, and statistical calculations. If the Editor requests any such material, and the author is unable or unwilling to produce it, the manuscript will be withdrawn.

G. Language-Editing Services for Authors

To prevent confusion among our readers and reviewers, manuscripts submitted to the journal must be written in grammatically correct formal English.

The journal's publisher, Wolters Kluwer, in partnership with Editage, offers editorial services to help authors prepare a submission-ready manuscript. These editorial services range from a complete language, grammar, and terminology check to intensive language and structural editing of academic papers. They also include translation with editing, plagiarism check, and artwork preparation. For more information regarding Wolters Kluwer Author Services, please visit <http://wkauthorservices.editage.com>.

Listed below are other companies that provide language and copy-editing services.

- American Journal Experts:
<http://www.aje.com>
- BioScienceWriters:
<http://www.biosciencewriters.com>

- Boston BioEdit:
<http://www.bostonbioedit.com>
- Editorial Rx:
<http://www.editorialrx.com>
- Enago:
<http://www.enago.com>
- ScienceDocs:
<http://www.sciencedocs.com>
- SPI Publisher Services:
<http://www.prof-editing.com>
- The Medical Editor:
<http://www.themedicaleditor.com>
- Textcheck:
<http://www.textcheck.com>

Note that appearance in this list of vendors does not represent endorsement by the publisher or journal. Authors are encouraged to investigate each service on their own, as well as seek out additional vendors offering similar services. Costs for these services are the responsibility of the author.

H. Permissions and Releases

Tables and figures should be original. The use of borrowed material (eg, lengthy direct quotations, tables, or figures) is discouraged, but should it be considered essential, written permission of the copyright holder must be obtained by the authors and credit to the original source indicated. Permission is also required for material that has been adapted or modified from another source. Both print and electronic rights must be obtained. A template for use in obtaining permission can be found at <http://ong.editorialmanager.com>. Authors must include this documentation with the submitted manuscript (eg, by uploading scanned copies of forms or by e-mailing the forms to the editorial office). In addition, authors must list any material included in your submission that is not original or that you are not able to transfer copyright for in the space provided under I.B on the first page of the author agreement form.

A signed consent form must be obtained from each patient described in a case report. In all cases (photograph or video) in which

a human image is shown (in part or whole), written consent must also be obtained. A sample form is available online at <http://edmgr.ovid.com/ong/accounts/release.pdf>. It is preferable to give the patient the opportunity to read the manuscript. Please state in the cover letter with your submitted manuscript that you have obtained a signed consent form and that this form will be filed with your records. Unless the editorial office requests that you do so, please do not submit the signed form to the journal.

I. Plagiarism

Plagiarism is the act of presenting “as new or original an idea or product derived from an existing source.”⁷⁸ The editorial staff checks all potentially acceptable manuscripts for plagiarism by using the CrossCheck/iThenticate software, which compares the manuscript to material uploaded to CrossCheck’s own database, articles published on PubMed, and text appearing on the Internet. Manuscripts that are to be rejected usually are not checked for plagiarism unless a reviewer has raised concerns about the manuscript.

Please note that CrossCheck/iThenticate also checks for self-plagiarism or redundancy. Authors should be careful to rework and cite text from their previously published works.

J. Presentation at Meetings

The journal will consider a complete report that follows presentation at a scientific meeting (eg, abstract or poster). Researchers who present their work at such a meeting may discuss their presentations with the media. However, offering more detail about the study than was presented in the abstract or poster (eg, providing additional data or copies of tables and figures) is prohibited.⁹ Indicate such presentations on the title page by providing the full name of the meeting, as well as the city, state, and dates. If you intend to present data or an

abstract of your study at a future meeting, please indicate this information in the cover letter. If at any point in the review, revision, or publication process you learn that your abstract or data will be presented at a future meeting, please inform the editorial office as soon as possible so that publication of the manuscript can be delayed if necessary.

K. Previous Submission

Original submissions will be considered for publication with the understanding that they are contributed solely to *Obstetrics & Gynecology*.

If a version of the manuscript has previously been submitted for publication to *Obstetrics & Gynecology*, include comments from the peer reviewers and an indication of how the authors have responded to these comments. Manuscripts that are resubmitted to *Obstetrics & Gynecology* without a cover letter addressing the previous peer reviewers’ comments will be returned to the author.

If any of the material in the manuscript (other than an abstract of not more than 300 words) is submitted or planned for publication elsewhere in any form (including electronic media), or if the information appeared in a previous publication, identify the other submission in the cover letter and include a copy of that publication. This does not apply to documented materials from other sources such as quotations, figures, and tables. Failure to comply with this stipulation may lead to a judgment of redundant publication. Authors found responsible for redundant publication may be barred from submitting manuscripts for up to 3 years; furthermore, a statement identifying the nature and source of the redundant publication may be printed in the journal.

L. Reporting Guidelines

Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was

found during a research study, is an integral part of good research and publication practice and not an optional extra. *Obstetrics & Gynecology* supports initiatives aimed at improving the reporting of health research. We ask authors to use the following guidelines when drafting their manuscripts:

- CONSORT⁴ (for reporting randomized controlled trials): Please submit a copy of the CONSORT Checklist, available at <http://www.equator-network.org/>, and indicate the page number where the required information is provided.
- STROBE^{10,11} (for reporting observational studies): Please submit a copy of the STROBE Checklist, available at <http://www.equator-network.org/>, and indicate the page number where the required information is provided.
- PRISMA¹² (for reporting meta-analyses and systematic reviews of randomized controlled trials): Please submit a copy of the PRISMA Checklist, available at <http://www.equator-network.org/>, and indicate the page number where the required information is provided.
- STARD¹³ (for reporting studies of diagnostic accuracy): Please submit a copy of the STARD Checklist, available at <http://www.equator-network.org/>, and indicate the page number where the required information is provided.
- MOOSE¹⁴ (for reporting meta-analyses and systematic reviews of observational studies): In your cover letter, please describe how you followed the MOOSE guidelines, available at <http://dx.doi.org/10.1001/jama.283.15.2008>.

As noted above, we ask authors to address all items recommended by the guidelines (as a minimum); where this is not possible please provide an explanation in the text to give a transparent account of your study. If there are items on the checklist that you cannot attest to, please itemize

Table 1. Manuscript Length At A Glance

Article Type	Abstract Length	Manuscript Word Count*	Maximum Number of Authors	Maximum Number of References†
Original Research	300 words	5,500 words (~22 pages)‡	NA	30
Case Report	125 words	2,000 words (~8 pages)	4	8
Systematic Review	300 words	6,250 words (~25 pages)	NA	60
Current Commentary	250 words	3,000 words (~12 pages)	4	12
Executive Summaries, Consensus Statements, and Guidelines	250 Words	NA§	NA	NA§
Procedures and Instruments	200 words	2,000 (~8 pages)	4	10
Personal Perspectives	NA	3,000 words (~12 pages)	4	NA
Letters	NA	350 words	4	5

~, approximately; NA, not applicable.

* Manuscript length includes all numbered pages in a manuscript (ie, title page, précis, abstract, text, references, tables, boxes, figure legends, and appendices). Manuscript pages should be double-spaced.

† Suggested limit.

‡ The Introduction should not exceed 250 words; the Discussion should not exceed 750 words.

§ Authors should attempt to be concise and limit the page length and number of references to what is required to sufficiently discuss the topic.

|| References are generally not needed in Personal Perspectives articles.

these in your cover letter with an explanation. For manuscripts that require reporting guidelines, a checklist or explanation in the cover letter must accompany the submission. The manuscript will be returned to the author if this information is not included in the initial submission. Adherence to recommended reporting guidelines will facilitate review of your manuscript, increase the probability of its successful publication, and improve the usability of research findings from your study in further research and clinical practice.

M. Survey Response Rates

The editors of *Obstetrics & Gynecology* rarely accept a survey study with a response rate of less than 60%. A response rate below 60% increases the risk of a sampling error that can result in biased survey estimates. The journal infrequently makes exceptions for outstanding studies, particularly where non-responders have been well-characterized and there is clear evidence that non-response is not linked to the information sought in the survey. The authors need to demonstrate that respondents were representative of all those who were eligible to take the survey.

II. ARTICLE FORMATS

Several types of articles can be submitted for publication in *Obstetrics & Gynecology*: Original Research, Case Reports, Systematic Reviews, Current Commentaries, Executive Summaries, Consensus Statements, Guidelines, Procedures and Instruments, Personal Perspectives, and Letters. Select article types, such as Editorials and Clinical Expert Series articles, are solicited by the Editors. Stated page limits in II. A–G include all numbered pages in a manuscript (ie, title page, précis, abstract, text, references, tables, boxes, and figure legends). Author agreement forms, checklists, the cover letter, and figures do not contribute to the page limits. See also Table 1.

A. Original Research

An original research article is a full-length report of an original clinical or basic investigation. Length should not exceed 5,500 words (approximately 22 manuscript pages; Table 1).

1) Abstract: Original research reports should have a structured abstract of no more than 300 words, using the following headings:

- **Objective:** Main question, objective, or hypothesis (single phrase start-

ing with, for example, “To evaluate...” or “To estimate...” [never start with “To determine...”]).

- **Methods:** Study design, participants, outcome measures, and, in the case of a negative study, statistical power.
- **Results:** Measurements expressed in absolute numbers and percentages, and when appropriate indicate relative risks or odds ratios with confidence intervals and level of statistical significance; any results contained in the abstract should also be presented in the body of the manuscript, tables, or figures.
- **Conclusion:** Directly supported by data, along with clinical implications.
- **Clinical Trial Registration:** Registry name, URL, and registration number (if applicable).

Note that abstracts for randomized controlled trials should be structured similarly to the provided example (see http://edmgr.ovid.com/ong/accounts/sampleabstract_RCT.pdf) and should include the primary outcome and sample size justification in the Methods. The Results should begin with the dates of enrollment to the study, a description of demographics, and the primary outcome analysis.

2) Headings: Organize original research reports in a manner similar to their structured abstract.

- **Introduction:** Orients the reader to the problem(s) addressed by the report, preferably in one page or less, and clearly states the hypothesis or objective of the research. Avoid a detailed literature review in this section.
- **Materials and Methods:** States the type of study conducted, and describes the research methodology in sufficient detail so that others could duplicate the work. This section should state that an appropriate IRB approved the research (or that the research was exempt from approval) and that the participants gave informed consent. In all cases, the complete name of the IRB should be provided in the manuscript. Identify methods of statistical analysis and, when appropriate, state the basis (including alpha and beta error estimates) for their selection. Cite any statistical software programs used in the text. Express *P* values to no more than three decimal places. Indicate your study's power to detect statistical difference. For administrative database studies, identify who entered the data and describe how the accuracy of the database was validated.
- **Results:** Presents the findings in appropriate detail. Tables and figures may be used, but take care to minimize duplication between text and tables or figures. Authors should report outcome data as both absolute and relative effects since information presented this way is much more useful for clinicians. Actual numbers and percentages should be given in addition to odds ratios or relative risk. When appropriate, number needed to treat for benefits (NNTb) or harm (NNTh) should be supplied.^{15,16} When comparing two procedures, please express the outcome of the comparison in dollar amounts.

- **Discussion:** Begin with a description of what your study found in relation to the purpose or objectives as stated in the Introduction. Address the primary outcome first, followed by the secondary outcomes (if appropriate). Describe rather than repeat results given earlier. Your findings should be compared to previous studies with explanations in cases where they differ, although a complete review of the literature is not necessary. Comment on the limitations of your study. Clearly state the importance of these findings to clinicians and actual patient care. Although some degree of speculation as to the importance of the observations is permissible, avoid making conclusions unrelated to the data presented. Privacy claims purporting that your study is the first or largest of its type should either be supported by a description of your search strategy or omitted. A final summary is not necessary, as this information should be provided in the abstract and the first paragraph of the Discussion. Although topics that require future research can be mentioned, it is unnecessary to state that "further research is needed." The Discussion should not exceed three pages in length.

B. Case Reports

A case report is a brief description of up to three cases of a particular condition that reports an unusual case presentation or novel diagnostic or therapeutic approach. Length should not exceed 2,000 words (approximately 8 manuscript pages; Table 1). Write the case in a way that preserves the confidentiality of the participants. The report should have a clear purpose and teaching point; simply being the first case reported does not usually justify publication.

1) Abstract: Case reports should have a structured abstract of no

more than 125 words, using the following headings:

- **Background:** Importance of the subject matter and specific purpose of the report.
- **Case(s):** Summary of pertinent features of the clinical findings, important laboratory abnormalities, treatment, and outcome.
- **Conclusion:** Summary of the principal finding and why it is unique or worthy of mention, indicating relevance to clinical practice.

2) Teaching Points: Please include a list of one to three lessons for clinical management that derive from your manuscript.

3) Headings: Case report articles have three basic components:

- **Introduction:** Gives a brief background about why the case is important.
- **Case(s):** Describes the case(s) in a narrative format and includes the essential findings and patient management.
- **Discussion:** Includes a brief review of the literature but focuses primarily on the clinical implications of the case(s) presented.

C. Systematic Reviews

A systematic review article is a comprehensive review of publications relating to a specific clinical subject accompanied by critical analysis and conclusions. For author-initiated manuscripts, we only accept systematic reviews and meta-analyses. If you are considering submitting a general review (not a systematic review or meta-analysis), please contact the editor first at obgyn@greenjournal.org.

Authors must search, at a minimum, MEDLINE and ClinicalTrials.gov (www.clinicaltrials.gov). The manuscript should not exceed 6,250 words (approximately 25 pages; Table 1). Review articles must follow the PRISMA¹² or MOOSE¹⁴ guidelines (<http://ong.editorialmanager.com>) and the appropriate checklists and flow diagrams must be submitted, as applicable.

1) Abstract: Systematic review articles should have a structured abstract of no more than 300 words, using the following headings:

- **Objective:** Statement of purpose of the review.
- **Data Sources:** Sources searched, including dates, terms, and constraints.
- **Methods of Study Selection:** Number of studies reviewed and selection criteria.
- **Tabulation, Integration, and Results:** Guidelines for extracting data, methods of correlating, and results of review.
- **Conclusion:** Primary conclusions and their clinical applications.

2) Headings: Review articles should be organized in a manner similar to their structured abstract.

- **Introduction:** Indicates why the topic is important and states the specific objective(s) of the review.
- **Sources:** Identifies what was searched and how; if a computerized system was used, specify the dates searched, the language(s) covered, and the search terms used.
- **Study Selection:** Identifies the number and nature of reports reviewed, the basis of any selection (ie, exclusion and inclusion criteria), and the reports in the final tabulation.
- **Results:** Describes how observations across studies were tabulated and integrated into a cohesive whole.
- **Discussion:** Includes what can be concluded from the review, along with clinical implications and need for additional research.

D. Current Commentary

Current Commentary essays address issues, opinions, experiences, or perspectives of clinical relevance to the field of obstetrics and gynecology and obstetrician-gynecologists. Length should not exceed 3,000 words (approximately 12

manuscript pages; Table 1). The abstract should be a single paragraph that states what was done, what was found, and what the findings mean. Headings are not necessary in the body of the article but may be used if needed.

E. Executive Summaries, Consensus Statements, and Guidelines

Executive summaries, consensus statements, and guidelines should be submitted as drafted by their respective author groups or organizations. Authors should attempt to be concise and limit the page length to what is required to sufficiently discuss the topic. The abstract should be a single paragraph that states what was done, what was found, and what the findings mean. Headings are not necessary in the body of the article but may be used if needed.

F. Procedures and Instruments

Procedures and Instruments articles detail novel methods or applications of methods, treatments, interventions, instruments, or applications of instruments for clinical care or research in obstetrics and gynecology. Length should not exceed 2,000 words (approximately 8 manuscript pages; Table 1). Authors are strongly encouraged to include a video suitable for posting on the *Obstetrics & Gynecology* web site.

1) Abstract: Procedures and Instruments articles should have a structured abstract of no more than 200 words, using the following headings:

- **Background:** Information as to why the technique may be important.
- **Instrument, Method, or Technique** (choose one): A summary description of what is being reported.
- **Experience:** A summary of the author's experience with the technique.
- **Conclusion:** A simple statement of what can be concluded from the report.

2) Headings: Procedures and Instruments articles have four components:

- **Introduction:** Outlines the need for the new development.
- **Method or Technique** (choose one): Describes the innovation, usually with illustrations and video.
- **Experience:** Reports experience with the technique and what the general outcomes were.
- **Discussion:** Describes the implications of the findings.

G. Personal Perspectives

Personal Perspectives essays offer insights into the practice of medicine, with an emphasis on the unique physician-patient relationship. Essays from various viewpoints-physician, nurse, patient-are welcome. A short essay for light reading addressing a topic pertinent to the discipline, including humor or satire, is also appropriate for this section. Poetry may also be considered. Length should not exceed 3,000 words (approximately 12 manuscript pages; Table 1). Abstracts are not included in this feature, and headings are not needed in the body of the article.

H. Letters

Letters posing a question or challenge to an article appearing in *Obstetrics & Gynecology* within 8 weeks of the article's print publication will be considered for publication. Letters received after 8 weeks will rarely be considered. Letters addressing publications of the American College of Obstetricians and Gynecologists (eg, Committee Opinions or Practice Bulletins) should be submitted directly to the College's Practice Department (clinical@acog.org).

Submit letters at <http://long.editorialmanager.com> (Editorial Manager). Letters are limited to a maximum of 350 words, including signatures and 5 references. A word count should be provided. The maximum number of authors permitted

is four, and a corresponding author should be designated. All authors' full names, degrees, and affiliations (including city, state, and country) should be included. The corresponding author's address, telephone number, and e-mail address should appear at the end of the letter. A signed author agreement form is required from all authors before publication.

Letters will be published at the discretion of the Editor. The Editor may send the letter to the authors of the original article so their comments may be published simultaneously. The Editor reserves the right to edit and shorten letters.

III. Stand-Alone Video Gallery

The editors encourage the submission of videos for inclusion in the journal's stand-alone video player. These videos will undergo review before being posted online, and authors must sign the journal's author agreement form.

If you are interested in submitting a video for consideration, please submit your written proposal to the editorial office at obgyn@greenjournal.org.

IV. MANUSCRIPT STRUCTURE

All manuscripts must be submitted as Microsoft Word (.doc or .docx) or Open Document word processing (.odt) files. All manuscript pages (including references, tables, and figure legends) must be double-spaced. Use a standard, 12 point typeface such as Times New Roman or Arial. Top, bottom, and side margins should be set at 1 inch. The first author's name should appear in the header on each page, and each page and line must be numbered consecutively, beginning with the title page. The use of subheadings is discouraged in all but the most complex of manuscripts. Footnotes are not allowed except in tables or figures. For direct quotations, acknowledge the

author and source. Authors must include the following in the manuscript file:

A. Title Page

The title page should list:

1. The manuscript title, which should contain no more than a total of 100 characters (counting letters and spaces) and should not be declarative or pose a question; do not use abbreviations or commercial names in the title.
2. All author name(s), institutional, corporate, or commercial affiliations, and up to two major degree(s).
3. Corresponding author's name, address, telephone number, and e-mail address (the corresponding author will be responsible for all correspondence and other matters relating to the manuscript).
4. Source(s) of the work or study.
5. Disclosure of any source of financial support of the study, including provision of supplies or services from a commercial organization (see section I.E for more information).
6. Disclosure of funding received for this work from any of the following organizations: National Institutes of Health, Wellcome Trust, Howard Hughes Medical Institute, and other(s).
7. A short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.
8. Acknowledgments
 - a. All financial support of the study must be acknowledged (refer to section I.E for more information).
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