

## Instructions for Authors

The *Journal of Midwifery & Women's Health (JMWH)* is the official journal of the American College of Nurse-Midwives. This peer-reviewed journal includes new research and current knowledge across a broad range of clinical and interprofessional topics including perinatal care, gynecology, sexual and reproductive health, primary care, public health, health care policy, and global health. With a focus on evidence-based practice, *JMWH* promotes health equity and excellence in midwifery. The Journal's readers include midwives and other health care providers, researchers, educators, and women's health experts across a variety of disciplines.

### SUBMITTING A MANUSCRIPT

All manuscripts must be submitted via the *JMWH* online manuscript submission and peer review system. Please visit <http://mc.manuscriptcentral.com/jmwh> to submit a manuscript. A manuscript may be accepted as a submission with the understanding that: 1) it is an original contribution that has not been published previously; 2) it is not simultaneously under consideration by any other journal; 3) the content is not fraudulent or plagiarized; 4) the material does not infringe or violate any copyright agreements or other personal or proprietary rights; and 5) all financial support for the work described in the manuscript and any conflicts of interest are disclosed.

All individuals designated as authors should meet all 4 of the following criteria for authorship: 1) substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; 2) drafting the work or revising it critically for important intellectual content; 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.<sup>1</sup> Authors must upload signed Author Disclosure forms for each author. Individuals who do not meet all 4 criteria for authorship should be listed in the acknowledgments. An ORCID iD is required for the submitting author and recommended for all authors. ORCID iDs are unique, persistent, digital identifiers that link authors with their publications and other professional activities.<sup>2</sup>

It is acceptable to produce more than one manuscript from a single study or data set; however, each manuscript must represent a clearly unique use of the data and be presented in a manner that avoids any perception of duplicate publication. Authors who submit a manuscript using the same data as a previously-published work must include the following in their cover letter: 1) information about the previously-published work, including references for other articles that are published or in press elsewhere; 2) how (or if) the current analysis differs from analysis in the other article(s); 3) how (or if) the participants differ from those in the other article(s); and 4) a clear and specific statement about how the submitted manuscript differs from other publications from the study and why the further use of these data is appropriate.

All manuscripts submitted to *JMWH* undergo a preliminary review by the editors to assess their quality and suitability for the Journal. All manuscripts submitted to the Journal are analyzed with plagiarism detection software. Manuscripts that qualify for external peer review will be evaluated using a double-blind process in which neither the authors nor the reviewers know the others' identities. Please contact the editorial office at [jmwh@acnm.org](mailto:jmwh@acnm.org) with questions about manuscript submission.

### TYPES OF ARTICLES

Submissions for the following types of articles are accepted. Word and reference limits vary by article type as do specific components, such as abstract headings. Table 1 summarizes key requirements for each type of article.

#### Original Research

Original reports of research should include introduction, methods, results, and discussion sections. State the study objective(s) in the introduction section. Include clinical, and policy if applicable, implications in the discussion section. For qualitative research, choose exemplar quotes judiciously. Readers should be able to clearly see the relationship between the quotes and study findings. Length limit is 4000 words, 50 references. For pilot studies, feasibility studies, and other studies the editors determine warrant a short report, length limit is 2500 words, 30 references.

Reports of research involving human participants must state in the methods section of the manuscript that institutional review board (IRB) or independent ethics review committee approval was obtained or an exemption was granted. The name of the IRB or ethics review committee must be included. *JMWH* may request documentation of the IRB or ethics committee approval or exemption. The methods section should also indicate how informed consent was obtained from all participants (ie, written or oral). Research in which members of the American College of Nurse-Midwives were solicited as participants must be conducted in accordance with the organization's policy regarding soliciting members for research purposes, which is available at [www.acnm.org](http://www.acnm.org). Adherence to this policy must be noted in the methods section of the manuscript. Clinical trials started after May 2005 must be registered with a central registry.<sup>1,3,4</sup>

Reporting guidelines are used to improve the quality and transparency of research reports.<sup>5</sup> Reporting guidelines specify what information should be included in a research report. Many reporting guidelines include checklists, flow diagrams, and other resources that can be valuable for organizing a manuscript and ensuring the content is complete. Following reporting guidelines will improve a manuscript and may enhance its chances for eventual publication.

Use of the following reporting guidelines is encouraged for original research manuscripts:

- Randomized controlled trials: Consolidated Standards of Reporting Trials (CONSORT) Statement<sup>6</sup>
- Observational studies: Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement<sup>7</sup>
- Nonrandomized evaluations of behavioral and public health interventions: Transparent Reporting of Evaluations with Non-randomized Designs (TREND)<sup>8</sup>
- Qualitative research: Standards for Reporting Qualitative Research (SRQR)<sup>9</sup> and Consolidated Criteria for Reporting Qualitative Research (COREQ)<sup>10</sup>
- Quality improvement studies: Standards for Quality Improvement Reporting Excellence (SQUIRE)<sup>11</sup>
- Diagnostic accuracy studies: Standards for the Reporting of Diagnostic Accuracy Studies (STARD)<sup>12</sup>
- Online surveys: The Checklist for Reporting Results of Internet E-Surveys (CHERRIES)<sup>13</sup>



**Table 1. Summary of Formatting Requirements for *JMWH* Articles**

Article Type	Word	Reference	Précis	Abstract Headings	Keywords	Quick Points
	Limit <sup>a</sup>	Limit				
Original Research	4000	50	Yes	Introduction, Methods, Results, Discussion	Yes	Yes
Original Research: Pilot or Feasibility Study	2500	30	Yes	Introduction, Methods, Results, Discussion	Yes	Yes
Review: Formal Methodological Process	5000	70	Yes	Introduction, Methods, Results, Discussion	Yes	Yes
Review: State of the Science	5000	70	Yes	Unstructured (no headings)	Yes	Yes
Innovations from the Field	3000	30	Yes	Unstructured (no headings)	Yes	Yes
Quality Improvement Report	3500	35	Yes	Introduction, Process, Outcomes, Discussion	Yes	Yes
Clinical Rounds	3000	30	No	Unstructured (no headings)	Yes	No
Commentary	2000	20	No	NA (no abstract)	No	No
Share with Women	1000	NA	No	NA (no abstract)	No	No
Letters to the Editor	600	6	No	NA (no abstract)	No	No

Abbreviation: NA, not applicable.

<sup>a</sup>The word limit includes the manuscript text only, exclusive of the précis, abstract, keywords, Quick Points, references, tables, and figure captions.

Wiley, the publisher of *JMWH*, will post the accepted version of any manuscript authored by National Institutes for Health (NIH) grant-holders to PubMed Central upon acceptance. This accepted version will be made publicly available 12 months after publication in accordance with the NIH Public Access Policy. For further information, see <https://authorservices.wiley.com/author-resources/Journal-Authors/licensing-open-access/open-access/funder-agreements.html>. Wiley also offers open access via OnlineOpen (<https://authorservices.wiley.com/author-resources/Journal-Authors/licensing-open-access/open-access/onlineopen.html>). Upon payment of the OnlineOpen fee, the published version of the article will be deposited into PubMed Central, with public availability in PubMed Central and on the Journal's website immediately upon publication.

## Reviews

Reviews may address, but are not limited to, clinical practice; education; health care policy; or legal, ethical, environmental, cultural, historical, or international issues affecting women's health. Two types of reviews are published in *JMWH*: reviews that follow a formal methodological process and state of the science reviews. Length limit for reviews is 5000 words, 70 references.

Systematic reviews, meta-analyses, integrative reviews, scoping reviews, and other reviews conducted using a formal methodological process should conform to the same format as research reports (ie, introduction, methods, results, and discussion sections). Use of the following reporting guidelines is encouraged for systematic reviews and meta-analyses:

- Systematic reviews and meta-analyses: Preferred Reporting Items of Systematic Reviews and Meta-Analyses (PRISMA) Statement<sup>14</sup> and related extensions for specific aspects and types of reviews (eg, abstracts, harms, network meta-analysis)<sup>15</sup>
- Systematic reviews of observational studies: Meta-analysis of Observational Studies in Epidemiology (MOOSE)<sup>16</sup>
- Scoping reviews: PRISMA for scoping reviews<sup>17</sup>

State of the science reviews provide an up-to-date review and synthesis of the literature for a clearly defined topic. The purpose is to inform understanding of a specific issue or question by objectively presenting the current, relevant, best knowledge about the review's topic. For example, reviews that address clinical topics may address the scope of a condition (eg, incidence, prevalence), physiology, clinical presentation, assessment (eg, history, physical examination, diagnostic testing), diagnosis, prevention, management, and/or patient education. A formal methodology, such as is performed for a systematic review, is not required for state of the science reviews; however, authors are expected to conduct a search of the relevant literature, including databases with peer-reviewed publications (eg, MEDLINE, CINAHL). A state of the science review presents an integrated synthesis of the available literature and goes beyond simply listing descriptions of studies. Recommendations in state of the science reviews should be supported with reference to well-designed studies, systematic reviews, and evidence-based clinical practice guidelines, if available. When evaluating evidence to formulate recommendations, properly conducted randomized controlled trials, systematic reviews, and meta-analyses are considered higher-quality evidence than other types of studies (eg, controlled trials without randomization, cohort studies, case-control studies). Evidence-based guidelines are statements based on evidence from rigorous review and synthesis of published literature. Expert opinion, clinical experience, editorials, animal studies, and case reports are not considered high-quality evidence, and recommendations based on these should be clearly delineated as such.

## Innovations from the Field

Innovations from the Field may include, but are not limited to, innovative practice initiatives; assessment tools, resources, or evidence-based protocols that address a specific clinical topic; instructional techniques, technologies, and programs of interest for midwifery and other health professions educators; and professional affairs updates. While manuscripts may focus on an

individual practice or education program, the content must include broader implications and applicability. Length limit is 3000 words, 30 references.

Manuscripts that are designed to present study findings or outcomes data should not be submitted as Innovations from the Field. Reports of research, including pilot studies, must be submitted as Original Research. Reports of quality improvement initiatives for which outcomes are reported must be submitted as Quality Improvement Reports. Please see the sections for these types of articles for specific requirements.

### Quality Improvement Reports

Quality improvement reports summarize the process and outcomes of systematic efforts undertaken to improve the quality and safety of health care. These manuscripts should include the following sections: introduction, process, outcomes, and discussion. The Guidelines for Quality Improvement Reports, located at [www.jmwh.org](http://www.jmwh.org), provide an outline of suggested content for each section. Length limit is 3500 words, 35 references.

### Clinical Rounds

This column begins with a description of a case that is unusual, educational, or highlights an area in which the management is controversial, followed by a brief review of the evidence for management and/or discussion of the controversy. The Clinical Rounds Guidelines, located at [www.jmwh.org](http://www.jmwh.org), provide more detailed instructions for these manuscripts. Length limit is 3000 words, 30 references.

### Commentaries

Controversial points of view cogently presented in the form of position papers or editorials may be submitted as commentaries. This section provides a forum for authors to express varied points of view, propose new ideas, or generate relevant debate on controversial topics. Length limit is 2000 words, 20 references.

### Share With Women

These patient education handouts may be reproduced for non-commercial use by health care professionals to share with clients. The entire series is available at [www.sharewithwomen.org](http://www.sharewithwomen.org). Please contact the editorial office with your proposed topic prior to writing a Share with Women handout.

### Letters to the Editor

Letters to the Editor should include a complete citation of the published work that generated the letter. A letter's submission will be viewed as de facto permission for its publication. The Editorial Board reserves the right to select, edit, and condense letters for publication and to publish an author or editor response to letters. Length limit is 600 words, 6 references.

## MANUSCRIPT STYLE AND PREPARATION

The *Journal of Midwifery & Women's Health Manuscript Preparation and Style Guide* contains necessary information about manuscript preparation and style specific to *JMWH* and is available at [www.jmwh.org](http://www.jmwh.org). *JMWH* has adopted the *AMA Manual of Style, 10th ed.*<sup>18</sup> to inform grammar, punctuation, and style for articles published in the Journal.

Manuscripts must be in English. Authors who are not fluent in English should seek assistance to ensure manuscript readability. Authors for whom English is a second language may

choose to have their manuscript professionally edited before submission. Wiley's options for editing services can be found at <http://wileyeditingservices.com/en/>. Use of an English-language editing service does not guarantee acceptance or preference for publication.

## MANUSCRIPT COMPONENTS IN ORDER OF PRESENTATION

The manuscript components will be uploaded as separate files in the following order: 1) cover letter (optional); 2) title page, including author affiliation(s), conflict of interest disclosure, and acknowledgements; 3) blinded manuscript, including précis, abstract, keywords, Quick Points, text, references, tables, figure captions, and appendices; 4) figures; and 5) supporting information. The title page and manuscript files should be uploaded as Microsoft Word files.

### Title Page

A separate title page file is required to ensure that manuscripts sent for review do not include identifying author information that would prevent a blinded review. The title page includes 1) full title of manuscript with no abbreviations; 2) authors' names, credentials, and affiliations in the order of authorship for publication; 3) the name, mailing address, telephone number, and e-mail address of the author to whom communications should be sent (corresponding author); 4) word count of the text (excluding précis, abstract, Quick Points, references, tables, and figure captions); 5) conflict of interest disclosure; and 6) acknowledgements. Choose a concise, specific manuscript title that summarizes the main idea of the manuscript, is fully explanatory, and includes terms likely to be used by readers searching for articles on the topic. The title must be able to stand alone, and the subtitle should complement or amplify the main title.

### Author Byline

Provide each author's name as it should appear in a final published article followed by credentials and current affiliation(s). For authors' credentials, include earned academic degrees, certification, and/or licensure (eg, Mary Foster, CNM, PhD, MPH). Do not list honorary credentials, such as fellowships or honorary degrees (eg, FACNM, FAAN, DHL), or candidacy credentials, such as PhD(c). If an author is a CNM, CM, SNM, or SM, list this credential first. If including multiple academic degrees, list the highest first and only list degrees below the master's level if a bachelor's degree is the highest held. For authors' affiliations, list department names before institution names and include locations after institution names (eg, Department of Family and Community Health, University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania). Do not include authors' titles and/or academic rank.

### Conflict of Interest

Provide full disclosure of any conflicts of interest for all authors. If there are none, note "The author(s) has(have) no conflicts of interest to disclose." The *JMWH* policy on conflict of interest can be found in the Journal's editorial policies, which are available at [www.jmwh.org](http://www.jmwh.org).

### Acknowledgements

Identify sources of financial or other support that contributed to the manuscript. Acknowledge contributors who are not included as authors. Obtain written permission from any

individuals named in the acknowledgements section. *JMWH* may request the author provide documentation of permission from individuals acknowledged.

If material in the manuscript has been read or exhibited at a professional meeting, this should be noted in the acknowledgements section. For example, "This study was presented in part at the American College of Nurse-Midwives 63rd Annual Meeting & Exhibition; May 21, 2018; Savannah, Georgia." If an abstract related to the manuscript has been published, the citation should be included. For example, "The results of this study were presented at the American College of Nurse-Midwives 63rd Annual Meeting & Exhibition; May 21, 2018; Savannah, Georgia (Thumm EB. Developing the midwifery practice climate scale: model misfit and item reduction. *J Midwifery Womens Health*. 2018;63[5];626)."

## Manuscript

*Précis (only required for Original Research, Review, Innovations from the Field, and Quality Improvement Report submissions)*

The précis is a description of the manuscript conclusions, which appears under the title in the Table of Contents. Describe the primary findings in 25 or fewer words that do not repeat the manuscript title. Use present tense and be specific. Tell what was found, not what was done.

*Abstract (only required for Original Research, Review, Innovations from the Field, Quality Improvement Report, and Clinical Rounds submissions)*

The abstract is a summary paragraph that describes the manuscript. The abstract is published at the beginning of an article and is also displayed in databases, such as PubMed and CINAHL. This is the text that individuals conducting literature searches see first. The abstract invites the potential reader to read the entire article. A well-written abstract improves the likelihood of an article being read and cited. Do not include the same sentences in the abstract that are in the introduction. Do not cite references in the abstract. Information on optimizing an abstract for search engines can be found at <https://authorservices.wiley.com/author-resources/Journal-Authors/Prepare/writing-for-seo.html>.

Manuscripts reporting original research, systematic reviews, integrative reviews, and other reviews conducted using a formal methodological process should include a structured abstract of no more than 300 words with the following headings:

**Introduction:** State the purpose of the study or review and why this question is important.

**Methods:** For original research, include the study design, setting (for example, location and level of clinical care), population intervention(s), and main outcome measure. For reviews, identify data sources, including years searched; inclusion and exclusion criteria used to select studies; and methods for abstracting data and assessing quality and validity.

**Results:** State the key findings of the study or review. Include the response rate for surveys.

**Discussion:** Clearly state the conclusions of the study or review, including the implications for clinical practice.

Quality Improvement Report manuscripts should include a structured abstract of no more than 300 words with the following headings:

**Introduction:** State the issue being addressed and the purpose of the project.

**Process:** Describe the intervention and evaluation plan.

**Outcomes:** Identify the key outcomes of the intervention.

**Discussion:** State the conclusions of the project, including implications for clinical practice.

For State of the Science Reviews, Innovations from the Field, and Clinical Rounds manuscripts, include an unstructured abstract of no more than 300 words that summarizes the objective, main points, conclusions, and clinical implications.

*Keywords (only required for Original Research, Review, Innovations from the Field, Quality Improvement Report, and Clinical Rounds submissions)*

Identify 3 to 10 keywords that best describe the content of the manuscript, and are search terms readers are likely to use when looking for articles on the topic. Keywords should be selected from the list of Medical Subject Headings (MeSH) used by the National Library of Medicine for indexing in PubMed. An online search tool for the MeSH vocabulary is available at <http://www.nlm.nih.gov/mesh/MBrowser.html>. Reviewing PubMed citations for articles with similar content is a helpful way to identify MeSH terms commonly associated with the topic.

*Quick Points (only required for Original Research, Review, Innovations from the Field, and Quality Improvement Report submissions)*

Quick Points appear in a box on the second page of Original Research, Review, Innovations from the Field, and Quality Improvement Report articles and give readers a brief synopsis of the article's key points. Provide 3 to 5 short bulleted sentences following the abstract that summarize the manuscript's significance and applicability. Specify clinical implications if possible. Other appropriate content includes what the manuscript adds to the existing literature, important findings, and policy implications. Quick Points can be direct quotations from the manuscript or new sentences, but they should not include exact sentences that are in the abstract. Quick Points provide a brief summary of the article, whereas the abstract encourages individuals conducting literature searches to read the entire article.

*Text and References*

All references, tables, figures, and appendices must be cited in the text of the manuscript in chronologic order. References follow the format in the *AMA Manual of Style, 10th ed.*<sup>18</sup> The *JMWH Manuscript Preparation and Style Guide* provides detailed information about reference requirements and formatting.

*Tables*

Tables display information in rows and columns. Tables are an effective way to summarize, organize, or condense data or information. Tables should not repeat information in the text and vice versa. A table should stand independently, without requiring explanation from text. Make sure there is adequate content for a table. If the information it contains could be reported in 1 or 2 sentences, a table is unnecessary.

Type each table on a separate page. Number tables consecutively according to when they are cited in the text. Construct tables using the table function in word processing software. The table title should completely explain the contents and be placed on a line above and outside of the table grid. Footnotes for tables should be identified with superscript lowercase letters placed in alphabetical order as each row is read from left to right starting at the top and moving to the bottom. The *JMWH Manuscript Preparation and Style Guide* contains detailed instructions for creating tables and includes examples. Additional table examples can be found in the *AMA Manual of Style*.<sup>18</sup>

If a table is constructed or reprinted from text or a table in another publication, appropriate credit must be given to the original source. Sources should be listed in numeric order of the references (eg, Smith et al,<sup>22</sup> Jones,<sup>25</sup> and Alvarez.<sup>29</sup>). The source wording depends upon the construction of and permission for the table content. A table constructed from the author's data does not need a source listed. A table constructed from text in another publication needs the source cited (eg, Source: Smith et al.<sup>22</sup>). A table constructed from a table in another publication must be accompanied by written permission for its use from the copyright holder. Cite the source and permission (eg, Adapted with permission from Smith et al<sup>22</sup> and Jones.<sup>25</sup>). A table reprinted from another publication must be accompanied by written permission for its use from the copyright holder. Cite the source and permission (eg, Reprinted with permission from Smith et al,<sup>22</sup> Jones,<sup>25</sup> and Lee.<sup>37</sup>).

### Figure Captions

Each figure must have a caption. The figure caption succinctly identifies and describes the figure. It should provide sufficient detail to make the figure comprehensible without reference to the text. The components of a figure caption include: 1) the figure label, 2) title, 3) additional text (optional), 4) abbreviations (optional), and 5) sources (optional). The caption for each figure should be placed on a separate page of text at the end of the Microsoft Word manuscript file. Do not include the figure caption as part of the image itself. Number figures consecutively according to when they are cited in the text.

If a figure is constructed or reprinted from text or figures in another publication, appropriate credit must be given to the original source. If a figure includes a photograph of a potentially identifiable person, it must be accompanied by written permission to use the photograph as a figure. This permission must be acknowledged in the figure caption. The source information appears on its own line at the end of the figure caption. The source wording depends upon the construction of and permission for the figure content. The instructions for source wording in the preceding section on tables should also be used for figures.

### Appendices

Appendices appear at the end of an article in the print and/or online versions of the Journal. Items better presented as an appendix, as opposed to a table that is typeset within the text, include additional information that is of interest to readers but not necessary to follow the text of the manuscript (eg, study questionnaires, lists of additional resources). Appendices must be cited in the text of the manuscript. Number appendices consecutively according to where they are cited in the text. Appendix titles follow the same format as table titles. The editors reserve the right to change appendices to online-only supporting information.

### Figures

Figures include diagrams, flow charts, line drawings, and photographs. Figures can highlight patterns or trends in data and display complex relationships. Figure(s) should be high quality and submitted as a TIFF, JPEG, PDF, or EPS electronic file. Do not include the figure caption as part of the figure itself. Figure captions should be placed in the manuscript file. Please save line artwork (vector graphics) as EPS files, and bitmap files (halftones or photographic images) as TIFF files, with a resolution of at least 300 dpi at final size. Please do not send native file formats, such as Microsoft Excel or PowerPoint.

### Supporting Information

Supporting information appears only in the online version of the Journal. Supporting information is content that cannot be accommodated within the normal printed space allocation for an article, but provides important complementary information for the reader. All Microsoft Office formats (eg, Word, Excel, PowerPoint), PDFs, graphics, video, and audio can be submitted for review. If accepted by the editors, supporting information will be posted on the Journal's website and directly integrated into the full-text HTML article. Make explicit reference to the supporting information in the main body of the text of the article (eg, see Supporting Information: Appendix S1) and caption the material above the reference list. Supporting information will be published as submitted and will not be corrected or checked for scientific content, typographical errors or functionality. The responsibility for scientific accuracy and file functionality remains entirely with the authors. A disclaimer will be displayed to this effect with any supporting information published.

### EDITORIAL POLICIES

The Journal's editorial policies address publication and research ethics. All of the *JMWH* editorial policies are available online at [www.jmwh.org](http://www.jmwh.org). *JMWH* follows the International Committee of Medical Journal Editors' (ICMJE) *Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals*.<sup>1</sup> *JMWH* is a member of the Committee on Publication Ethics (COPE) and adheres to its principles.<sup>19</sup> *JMWH* also uses recommendations from the World Association of Medical Editors (WAME),<sup>20</sup> Council of Science Editors (CSE),<sup>21</sup> and *AMA Manual of Style*<sup>18</sup> in developing editorial policies.

### REFERENCES

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