

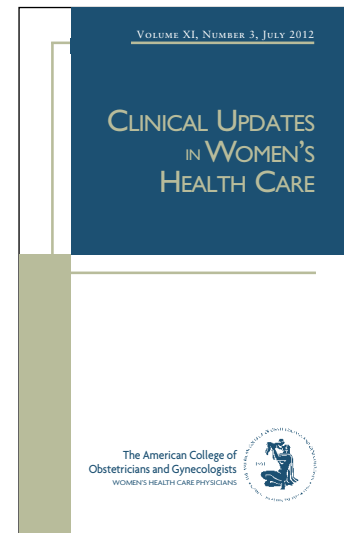


The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

CLINICAL UPDATES IN WOMEN'S HEALTH CARE

INFORMATION FOR AUTHORS

Clinical Updates in Women's Health Care, is designed to educate obstetrician–gynecologists in primary and preventive care issues that relate to office practice. An editorial board oversees content development to ensure accuracy, timeliness, and clinical applicability. Each 60–80-page peer-reviewed monograph is a clinically oriented overview of a topic of significance to practicing physicians and their patients. The focus is on the manifestation of conditions in women and their special needs, with emphasis on interventions appropriate to office practice. This approach, combined with clinical insights provided by case reports, creates an educational format that is both interesting and informative.



FEATURES

Each issue follows a standard format, with features and case vignettes interspersed that can be boxed or set off with special icons. The manuscript should follow this basic format:

Objectives are 4–5 items outlining the scope, purpose, and audience.

Abstract summarizes the main points of the monograph in declarative sentences.

Introduction defines the prevalence, scope of the problem, gender-specific issues, epidemiology, demographics by age, and the role of the obstetrician–gynecologist.

Basic Science Update provides a brief, clinically oriented review of pathophysiology in relation to mechanisms and sites of action of treatment, **molecular biology**, and issues relating to gender, race, genetics, and age.

Screening focuses on routine assessments, early detection, and **risk factors**, set off in a box to identify patients who would benefit from counseling or intervention.

- ▶ **Counseling: Establishing a Dialogue** presents key points for counseling and interviewing patients, set off in a box.

Prevention covers interventions that could help prevent disease in those at risk or help prevent complications or worsening of the condition (see also, “Counseling” in Screening).

Diagnosis covers differential diagnosis, tests, and physical examination.

Management provides an overview of approaches, an **algorithm**, if appropriate, and the following features:

- ▶ **Reproductive Concerns** for women who are pregnant or breastfeeding or planning pregnancy
- ▶ **Concerns for Older Women** to meet their special needs
- ▶ **Drug interactions** that could interfere with effectiveness or cause side effects
- ▶ **Complementary and Alternative Medicine**, therapies that may play a role in management or that may mask or mimic symptoms
- ▶ **Referral Guidelines**

Conclusions and Future Directions gives insight on new advances in research and therapy.

Resources include sources of further information for patients and physicians, such as professional associations, web sites, patient education resources, including materials from the American College of Obstetricians and Gynecologists, and links to supplemental information.

Case Vignettes (3–4) are interspersed as teaching points to illustrate concepts in the text, explain management principles, or present challenging clinical situations, such as ethical dilemmas or care specific to older women.

References should be from generally available peer-reviewed sources, preferably from prospective randomized trials, no older than 5 years.

MANUSCRIPT PREPARATION

The manuscript should be approximately 100 pages long, including references, figures, tables, and boxes. The manuscript should be prepared in Microsoft Word. Do not use auto functions (eg, endnotes, footnotes, bullets or numbering). These characters should be typed in. **The use of borrowed materials for figures, tables, and boxes is not permitted.** The manuscript should be submitted by e-mail to the editor's office (see below).

A title page reflecting the author's name and affiliation should be included. Co-authorship with a single author is acceptable with approval of the editor. The primary author is responsible for the manuscript's content.

The content should reflect the outline developed by the Editorial Board and be consistent with guidelines of the American College of Obstetricians and Gynecologists. Abbreviations should be spelled out at first mention, followed by the acronym or identifying term in parentheses. Use of trade names of drugs or equipment is discouraged. The generic name should be used throughout the manuscript. All "off-label" use of drugs should be indicated as such in the manuscript. Dosages, percentages, and numbers should be verified, and data cited should be referenced.

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References

References to literature that supports key statements should be provided, preferably from randomized controlled trials. References should be provided whenever study results and statistics are mentioned. They should be cited in the text parenthetically by the last name of the first author (and date, if necessary, to distinguish entries). References should be listed at the end of the text in alphabetical order. References to work submitted for publication, abstracts of research presented at symposia or scientific conferences, or articles in non-peer-reviewed or obscure journals should be avoided. Authors should avoid the excessive use of references to their own work.

List the first six authors (last name first followed by initials), followed by et al, the title of the article or chapter, the journal or book title (use Index Medicus abbreviations for journals), the year, volume, and beginning and ending page numbers (eg, Haefner HK, Collins ME, Davis GD, Edwards L, Foster DC, Hartmann ED, et al. The vulvodynia guideline. *J Low Genit Tract Dis* 2005;9:40–51). For books, include the names of the editors and the publisher.

Tables and Figures

Table and figure legends should be submitted on separate pages grouped at the end of the manuscript. They should be numbered and cited consecutively in the text. Tables and figures should be original; **the use of borrowed material is not allowed.** Material from other authors may be summarized in the text and appropriately referenced. Artwork should be submitted electronically and identified by number and the author's last name. Boxes may be used to highlight items such as scoring systems or classifications.

MANUSCRIPT SUBMISSION

Forms

The following forms should be completed and submitted with the manuscript:

- ▶ Copyright Release form
- ▶ W-9 tax form (social security numbers should be included to expedite processing of the honorarium)
- ▶ Financial Relationship Disclosure and Agreement form

Author Checklist

When submitting the manuscript, please double check the following items:

- ▶ The manuscript is double-spaced and within the suggested page limitation.
- ▶ References are cited by primary author in the text.
- ▶ Tables and figures are cited consecutively in the text.
- ▶ A legend is provided for each figure.
- ▶ Accuracy of all dosages, technical terms, percentages, and numbers has been verified.
- ▶ Signed copies of the required forms are included.

Manuscripts should be submitted to Morton A. Stenchever, MD, Editor, *Clinical Updates in Women's Health Care*, 130 Nickerson Street, Suite No. 211, Seattle, WA 98109-1658 or mstenchever@acog.org. For further information, call (206) 286-1775.

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For authors and co-authors who participate in *Clinical Updates in Women's Health Care*, 10 continuing medical education (CME) credits are awarded per article per year.

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