Clinical Updates in Women’s Health Care, is designed to provide more than 40,000 obstetrician–gynecologists with information about women’s health care issues that relate to office practice. An editorial board oversees content development to ensure accuracy, timeliness, and clinical applicability. Each peer-reviewed monograph is a clinically oriented overview of a topic of significance to practicing obstetrician–gynecologists and their patients. The focus is on the manifestation of conditions in women and their special needs, with an emphasis on interventions appropriate to office practice. This approach, combined with clinical insights provided by case vignettes, creates an educational format that is both interesting and informative.

Features

Each issue follows a standard format. The manuscript can include some or all of the following features based on the suggested outline (see additional information on the use of outline in the section “Manuscript Preparation”):

Objectives are 4–5 points that outline the scope, purpose, and audience.

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

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

Anatomy, Physiology, and Pathophysiology 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. The breadth of this information should be limited to the scope of the monograph.

Diagnosis and Evaluation covers screening issues, differential diagnosis, tests, and physical examination.

Management provides an overview of approaches, an algorithm, if appropriate, and the following features specific to women’s health:

► Life Cycle: health maintenance (prevention) and reproductive concerns (contraception, pregnancy, and postreproductive and geriatric health)

► Therapeutic Options: lifestyle changes, pharmacologic and nonpharmacologic modalities, surgical procedures, and complementary and alternative medicine

Referral Guidelines provide the rationale and key points to assist obstetrician–gynecologists in making decisions regarding any initial workup, transfer of care, and follow-up, if appropriate.

Key Points are presented in the form of a short paragraph followed by a bullet list of take-home points.

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 (at least 5) 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

Authors are asked to adhere to the outline (a separate document) for compiling specific information and organizing the content. The previous section lists various features of a standard format along with their definitions and purpose. The following section provides general information for preparing the manuscript. As an online publication, we encourage use of images to enhance concepts.

General Tips

› The manuscript should be no more than approximately 40 double-spaced pages (ie, 13,000 words), excluding references, tables, boxes, and figures.
› The manuscript should be prepared in Microsoft Word in double-spaced format, 12-pt font (preferably, Times), and 1-inch margins (top, bottom, left, and right).
› Auto functions (eg, endnotes, footnotes, bullets, or numbering) should not be used; 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 editorial 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 (College) when applicable.
› 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 when possible.
› All “off-label” use of drugs should be indicated as such in the manuscript.
› Dosages, percentages, and numbers should be verified, and all data cited should be referenced.
› Any previously published content for which a transfer of copyright has been granted to another publisher cannot be reused in Clinical Updates in Women’s Health Care monographs. Any such use constitutes copyright infringement.

References

The authors are strongly encouraged to contact the College’s Resource Center for literature searches. The Resource Center is best contacted by e-mail to mhyde@acog.org with a copy to resources@acog.org. The authors are asked to mention the name of the series, Clinical Updates in Women’s Health Care, when requesting the literature search. The following general rules apply to the use of literature in College’s documents:

› References should include literature not older than 5 years, unless seminal works are cited.
› All cited statements, study results, and data should be supported by references to the original source, preferably randomized controlled trials. The use of review documents, organizational guidelines, and governmental documents also is encouraged. The recommendations of the American College of Obstetricians and Gynecologists should be referred to foremost if appropriate.
› References should be cited in the text parenthetically by the last name of the first author (and date, if necessary, to distinguish entries).
› References also should be listed at the end of the text in alphabetical order.
› Automated numbering and reference linking functions should not be used.
› The reference format includes 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 number, for example:
› For books, the names of the editors and the publisher should be included.
**Tables, Boxes, and Figures**

- Tables (multi-column format), boxes (1-column format), and figures should be original; the use of borrowed material is not allowed.
- Material from borrowed sources may be paraphrased in the text and appropriately referenced or presented in a new format (eg, box format) with a credit to the original source.
- Tables, boxes, and figures should be numbered and cited consecutively in the text.
- Digital images should be submitted in TIFF or JPEG.
- TIFF or JPEG images should be saved at the correct resolution
  - Line art: 1,200 dpi
  - Four-color or half-tone art that contains text labeling or thin lines: 600 dpi
- Related figures should be of the same size for uniformity.
- Figure legends should be submitted on separate pages grouped at the end of the manuscript and should include concise descriptions of each figure.

**Drug Safety Information**

In 2014, the U.S. Food and Drug Administration published *Content and Format of Labeling for Human Prescription Drug and Biological Products; Requirements for Pregnancy and Lactation Labeling* (1), also referred to as “Pregnancy and Lactation Labeling Rule” or PLLR (2). The new labeling system replaces the 1979 letter category system (ie, pregnancy categories A, B, C, D, and X) and provides the prescriber with relevant safety information for critical decision making when treating pregnant or lactating women. The Pregnancy and Lactation Labeling Rule mandates that, for all drugs and biologic agents submitted for approval after June 30, 2015, manufacturers include a complete statement of the known risks based on available data in the medication package insert. If animal and human data are available, they should be presented. Labeling for prescription drugs approved on or after June 30, 2001, will be phased gradually.

Accordingly, for all relevant drugs, the authors should synthesize the manufacturer’s safety statement and provide the most poignant points in the form of bullet points, standalone sentences, or short narratives (as appropriate for the given format) when presenting safety information in the *Clinical Updates in Women’s Health Care* monographs. Although the new labeling system improves the old format, it does not provide definitive guidance in most cases, and clinical interpretation is required on a case-by-case basis. The authors should mention this caveat when providing safety information.

If the cited study still uses the 1979 pregnancy categories or labeling has not yet been changed for a particular drug, the letter system should be retained, but the following explanation should be added in the text of the manuscript or as a footnote to a table or a box:

In 2014, the U.S. Food and Drug Administration published *Content and Format of Labeling for Human Prescription Drug and Biological Products; Requirements for Pregnancy and Lactation Labeling*, also referred to as “Pregnancy and Lactation Labeling Rule” or PLLR. The new labeling system replaces the 1979 letter category system (ie, pregnancy categories A, B, C, D, and X) and provides the prescriber with relevant safety information for critical decision making when treating pregnant or lactating women. The Pregnancy and Lactation Labeling Rule mandates that, for all drugs and biologic agents submitted for approval after June 30, 2015, manufacturers include a complete statement of the known risks based on available data in the medication package insert. If animal and human data are available, they should be presented. Labeling for prescription drugs approved on or after June 30, 2001, will be phased gradually. The Pregnancy and Lactation Labeling Final Rule is available at https://www.federalregister.gov/documents/2014/12/04/2014-28241/content-and-format-of-labeling-for-human-prescription-drug-and-biological-products-requirements-for.


Ethical Issues

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**MANUSCRIPT SUBMISSION**

**Forms**

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

- Author Agreement form
- W-9 tax form (social security numbers should be included to expedite processing of the honorarium)

**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, boxes, 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 Nikoleta Dineen, The American College of Obstetricians and Gynecologists, *Clinical Updates in Women’s Health Care*, 409 12th Street SW, Washington, DC 20090 or ndineen@acog.org. For further information, call (202) 863-2426.

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Please contact Lanetta Toland (ltoland@acog.org) with any questions regarding CME credits.

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