“An Insider’s Guide to Getting Published”

an

Author Workshop
from the

International Journal of Gynecology & Obstetrics

October 11, 2012
XX FIGO Congress, Rome
Speakers and topics

Clare Addington  Managing Editor  
IJGO data, where and how to submit, editorial process, quality control

Dr Timothy Johnson  Editor  
IJGO’s mission, topics of interest, editor’s tips

Dr Valerie Guinto  Associate Editors

Dr Claudio Sosa
Dr Vincent Boama

How to design and write up a study according to IJGO requirements

Q&A session
BJOG Author Workshop
15:30-17:00
follows this session
IJGO 2011 data

Submissions: 1323

Acceptance Rate: 23%

Impact Factor: 2.045

Publication time:
Submission to online 6-7 months
Submission to print 7-8 months

Publisher: Elsevier
Where to Submit

Submission to IJGO proceeds online only at:

www.ees.elsevier.com/ijg

Vital information available here includes:
- Guide for Authors
- Submission Requirements
- Author Guarantee Form
Where to find the files
Guide for Authors
Submission Requirements

Author Guarantee Form
Editorial process (1)

- Manuscript received in Editorial Office
- Quality Control checks by editorial staff
- Number assigned
- Editor-in-Chief Initial Assessment
- Allocation to Associate Editor and/or Reviewers

- Return to author if incomplete
- Reject
Editorial process (2)

- Reviewers invited (2 weeks)
- Editor decision based on reviewers’ comments
  - Accept, no revision
  - Revise, minor revision
  - Revise, major revision
  - Reject
- Corresponding author
  - Revision within 6 weeks
  - Preliminary accept decision

Revision within 6 weeks
Editorial process (3)

1. Preliminary accept decision
2. Editing and plagiarism checks (iThenticate)
3. Queries to corresponding author
4. Final accept decision and production
5. Proofs to authors for final check
Quality control: Common errors (1)

- Incomplete Submission Requirements form
- Incomplete Author Guarantee Form
- Adhere to limits e.g. word count, references
- Missing title page, no cover letter
- RCT registration
- Ethics Committee/IRB approval
Quality control: Common errors (2)

- Informed consent of participants
- Statistical tests and level of significance
- Power calculation as part of study design
- Conflict of interest and financial support
- Permission to reproduce/modify artwork
- Poor language, spelling, grammar
Quality control: Revision

• Point-by-point response to reviewers’ comments
• Track changes/highlights showing changes

Thank you for listening
Dr Timothy R.B. Johnson  
Editor  
International Journal of Gynecology & Obstetrics  
Chair of the Obstetrics and Gynecology Department  
University of Michigan, Ann Arbor, USA  
October 11, 2012  
XX FIGO Congress, Rome
Since its inception, the *International Journal of Gynecology & Obstetrics* (IJGO) has had two primary purposes:
(1) To serve an international audience by publishing original scientific articles originating in low-resource countries; as well as publishing original articles from high-resource countries, with particular emphasis on sharing advances in the specialty;

(2) To further the organizational purposes of FIGO by publishing relevant decisions of the Officers and Executive Board, Committees, Secretariat, etc; and by publishing information from other international health organizations pertaining to women’s health and the specialty of obstetrics and gynecology.
What sort of articles does the IJGO publish?
• Clinical articles
• Reviews
• Brief Communications
• Special Articles
What does the IJGO Editor like? (insider information)
• Look at back issues
• Look at the table of contents
• Look at reviews, clinical articles, and brief communications

Are there identifiable topics, themes, and characteristics?
• Primary care topics: dysmenorrhea, premenstrual syndrome, menopause
• Common problems: PCOS
• Topical issues: maternal mortality, family planning, adolescent issues, misoprostol, PPH, abortion
• National topics that have regional or global interest or applications
• Women’s health: policy, ethics, programs with evaluation
• There is always place for a well done RCT
• Review Articles of international importance or on important subjects for women’s morbidity and mortality (check with the Editor)
Build your academic portfolio and Repertoire

- Case report, case series
- Systematic review, meta-analysis
- Secondary data analysis
- Clinical research
For Brief Communications

- Rarity is rarely interesting, but a rare case that makes an important clinical point or emphasizes an important clinical principle is interesting.

- New imaging modalities (ultrasound: 3D and 4D, CT, MRI, ANGIO, PET, SPECT) of a rare or even a common condition are interesting.

If your study or data only have one simple important statement to make or if it is a simple story to tell – make it a Brief Communication.
Ethical Issues

• Clinical studies should include statements about Ethical Review Boards, Institutional Review Boards, or compliance with Helsinki Principles - whatever is locally appropriate.
Conflict of interest

Is an issue Editors are much more attentive to – declare any potential conflict (financial support, personal relationships, consultancies) and if you are unsure, “declare” them in your cover letter
Editor’s tips

• If you want to “break in,” write and ask the Editor if there are any priority Review Article topics – most Editors are always looking for material and for new authors to cultivate

• Another way to make yourself known to editors is to request to be added as a reviewer – and that is another good way to learn how to judge, and write, clinical papers

• Give the Editor your “parameters”
• If you are a non-native English speaker/writer, work with someone who is, to ensure that your meanings are conveyed clearly and that spelling and grammar are correct.

• Work with a language editor or agency.
• Remember, IJGO is a clinical journal edited by clinicians to be read by clinicians
• Remember what your Professors and your patients taught you in Medical School and what your patients continue to teach you every day
• Narrative is important: remember to tell a story
• Get your colleagues to read your manuscript – “workshop” your manuscript. Do they “get” the story? Why is it important? Interesting? Compelling? “Pick me!”

WRITE, WRITE, WRITE

SUBMIT, SUBMIT, SUBMIT
Thank you for listening

www.ijgo.org
Tips on “How to Get Published”

Valerie Guinto
Vincent Boama
Claudio Sosa

IJGO Associate Editors
Components

Title

Authors/Affiliations

Keywords

Research protocol / Manuscript

Valerie Guinto
From your idea to the final paper

Research protocol → Data collection and analyses → Publication

PLANNING → EXECUTION → DIFFUSSION

FIGO
INTERNATIONAL FEDERATION OF GYNECOLOGY & OBSTETRICS
COMPONENTS OF A SCIENTIFIC PUBLICATION

1. Title
2. Abstract
3. Introduction
4. Materials and Methods
5. Conclusion

- Authors
- Keywords
- Objectives
- Results
- Acknowledgments
About the Title

- Self explanatory
- Short / Not too long
- Relevant words easy to retrieve in the literature research
Effects of different doses of intraumbilical oxytocin on the third stage of labor

Manju Puri a,*, Poonam Taneja a, Neha Gami b, Harmeet S. Rehan c

a Department of Obstetrics and Gynecology, Lady Hardinge Medical College and Shrimati Sucheta Kripalani Hospital, Delhi, India
b Department of Obstetrics and Gynecology, Army College of Medical Sciences, Delhi, India
c Department of Pharmacology, Lady Hardinge Medical College and Shrimati Sucheta Kripalani Hospital, Delhi, India

ARTICLE INFO

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Keywords:
Blood loss
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Third stage of labor

ABSTRACT

Objective: To determine the optimal dose of oxytocin to be injected intraumbilically after fetal delivery for active management of the third stage of labor. Methods: A prospective randomized study was carried out with 125 primigravidas to compare the duration of the third stage of labor following the intraumbilical administration of 50 mL of a normal saline solution alone (in a control group), or with 10 IU, 20 IU, or 30 IU of oxytocin. The volumes of blood lost were also compared. Results: Compared with the control group, the duration of the third stage of labor was significantly reduced in the 3 study groups (P<0.001), and the maximum reduction was in the group that received 30 IU of oxytocin. Blood loss and hematocrit values followed the same pattern. Conclusion: Administering 30 IU of oxytocin intraumbilically in 50 mL of a normal saline solution after fetal delivery is a simple, noninvasive, and effective method for active management of...
About the Authors

- Significant contributions
- In any of the stages
  - Planning
  - Execution
  - Analyses
- Approval of final version
International Journal of Gynecology & Obstetrics

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Please submit a completed copy of this author(s) guarantee form with the manuscript.

Title of article: ____________________________________________________________
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(4) this manuscript has been submitted with the full knowledge and approval of the institution or organization given as the affiliation of the author;
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Generally, no more than six authors should be listed. Please list each author's full name, below:
________________________________________________________________________
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________________________________________________________________________
CLINICAL ARTICLE

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Keywords

Using the research protocol

- Use your research protocol as a background for the manuscript

- If you do not have a research protocol, write a mini protocol to guide your mind
Classical Research Protocol Components

- Title
- Purpose
- Introduction
- Hypothesis
- Setting(s)
- Participants
- External validity
- Design

- Dependent Variables
- Independent Variables
- Operational Hypothesis
- Data Collection
- Sample Size
- Data Analysis
- Timetable
- Budget
Research Protocol
- Title
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Manuscript
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Manuscript
- Introduction
- Objectives
- Methods
- Results
- Discussion
• Introduction
• Materials and Methods
• Results
• Conclusions
• Conflict of interest / Acknowledgments
Introduction

- From general to particular
- Use review papers and systematic review articles in citations
Obstetric, clinical, and perinatal implications of H1N1 viral infection during pregnancy

Ernesto A. Figueirô-Filho a,*, Myrna L.G. Oliveira b, Mauricio A. Pompilio e, Silvia N.O. Uehara d, Lilian R. Coelho e, Bruno A. De Souza e, Ili Breda e

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b Post-Graduation Program in Health and Development of Micronutrients, FAMED-UFSM, Campo Grande, Brazil
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e FAMED-UFSM, Campo Grande, Brazil

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Keywords:
Brazil
H1N1 virus
Maternal and child health
Pregnancy
Pregnancy complications

ABSTRACT

Objective: To determine perinatal outcome and epidemiologic, clinical, and obstetric characteristics among pregnant women infected with the H1N1 virus admitted to a Brazilian university hospital. Methods: A cross-sectional study was conducted of pregnant women infected with H1N1 who were admitted to the University Hospital at the School of Medicine, Federal University of Mato Grosso do Sul, Campo Grande, Brazil, during the 2009 pandemic. Data were obtained via a questionnaire, which was administered during the hospital evaluation of patients’ medical records. Results: Thirty-one patients were included in the study. Antiviral therapy was initiated within 48 hours of the onset of symptoms in 64.5% of cases: infection with the H1N1 virus was associated with severe clinical complications in 22.8% of patients and adverse perinatal outcomes in 41.9% of cases. The rate of maternal and perinatal mortality was 9.7%. There was a statistically significant association between late treatment with oseltamivir and increase in systemic complications in pregnancy (odds ratio 22.80 [95% confidence interval, 2.20–235.65]; P = 0.007). Conclusion: Early treatment with oseltamivir may prevent serious complications associated with H1N1 infection in pregnant women but it does not affect perinatal outcome.

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1. Introduction

The 2009 global pandemic of the novel influenza A (H1N1) virus was characterized by significant clinical variations. The virus has genetic components from human, swine, and poultry influenza viruses—a genetic combination that had not been previously identified [1]. The significant mortality related to this viral infection was due to a lack of prior immunity in the population, the virulence of the virus, and its transmissibility among humans [2,3].

The current literature from the recent pandemic and previous outbreaks of H1N1 shows that pregnant women in the 2nd and 3rd trimesters are 4 times more likely than the general population to be hospitalized, in addition to having a significantly higher mortality rate [4,5]. Moreover, 8%–16% of all deaths from H1N1 infection in the USA occurred in pregnant women, although this group represented only 1% of the general population [6]. In Brazil, 156 (9.5%) of the 1632 total deaths reported during the 2009 pandemic were among pregnant women [7].

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E-mail address: eafigueiro@uol.com.br (E.A. Figueiró-Filho).

Objectives

- The last paragraph of the introduction should state the aim of the study
Objective: At the end of the Introduction and before Material and methods
1. Introduction

Hysterectomy is probably one of the most routinely practiced gynecologic surgeries in the world; however, it is not exempt from complications. Transoperative bleeding is probably the most common complication related to this surgery [1], but others include infection [2], lesions to the urinary tract [3], and lesions to the digestive tract [4]. Depending on the amount of bleeding, a blood transfusion can be required during hysterectomy. Diverse factors have been associated with the need for transfusion during hysterectomy.

Although it is generally safe to perform transfusion in a hospital environment, a few adverse reactions are associated with this procedure [5,6]. For this reason, it is necessary to identify clinical conditions associated with the need for a blood transfusion among patients undergoing hysterectomy. In this way, it might be possible to prevent an emergency situation that many times has ended the life of a women waiting to be transfused during hysterectomy.

The aim of the present study was to identify preoperative clinical conditions associated with the need to perform a blood transfusion among patients undergoing hysterectomy.

2. Material and methods

In a retrospective, comparative, case-control study carried out at the Universidad Autónoma de Nuevo León University Hospital in Monterrey, Nuevo León, between 2010 and 2011, the operating room reports of women who underwent elective hysterectomy between January 1, 2007, and December 31, 2009, were reviewed. Patients were contacted by telephone, e-mail, or telegram to obtain their consent for participation in the study, and prior authorization for the study was obtained from the ethics committee.

During the study period, 794 patients underwent either abdominal or vaginal hysterectomy owing to a benign or malignant pathology. Eighty-nine were transfused, and these patients comprised the study group. The remaining 705 patients were not transfused and comprised the control group. We proceeded to review the data related to age at time of hysterectomy; preoperative diagnosis; preoperative hemoglobin level; prothrombin and partial thromboplastin times; surgical approach; duration of procedure; amount of bleeding during surgery; and characteristics of menstruation (e.g., duration of menstrual cycle, duration of menstruation, and history of abnormal uterine bleeding). Pathology reports were also reviewed to document the presence of associated pathologies such as uterine myomatosus, endometriosis, endometrial hyperplasia, and endometrial polyps. A comparison of the findings between the groups was made.

Statistical analysis was performed with SPSS version 16 (IBM, Armonk, NY, USA) via $\chi^2$ test. A $P$ value of less than 0.05 was considered to be statistically significant.

Materials and Methods

- Study Design
- Person / Time / Geographical area
  - Description of studied population (participants)
  - Period of data collection
  - Institution
- Description of outcomes
- Description of independent variables (exposures)
- Data Collection
  - Tools
  - Staff
- Sample Size
- Data Analysis
Materials and Methods

- The last section of the “Materials and Methods” should include the statistical tests used and their significance level.
2. Material and methods

In a retrospective, comparative, case-control study carried out at the Universidad Autónoma de Nuevo León University Hospital in Monterrey, Nuevo León, between 2010 and 2011, the operating room reports of women who underwent elective hysterectomy between January 1, 2007, and December 31, 2009, were reviewed. Patients were contacted by telephone, e-mail, or telegram to obtain their consent for participation in the study, and prior authorization for the study was obtained from the ethics committee.

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Results

- In text, tables, and figures
- Do not repeat information
- Show findings without any interpretation
Results

- Titles in tables and figures should be self-explanatory

- Table 1: In general sociodemographic characteristics or baseline characteristics

Table 1
Sociodemographic characteristics of participating obstetrician-gynecologists (n = 172).

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, y</td>
<td></td>
</tr>
<tr>
<td>&lt;40</td>
<td>39 (22.7)</td>
</tr>
<tr>
<td>40–49</td>
<td>52 (30.2)</td>
</tr>
<tr>
<td>≥50</td>
<td>81 (47.1)</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>31 (18.0)</td>
</tr>
<tr>
<td>Male</td>
<td>141 (82.0)</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>140 (81.4)</td>
</tr>
<tr>
<td>Single or living in union</td>
<td>21 (12.2)</td>
</tr>
<tr>
<td>Other (divorced, widow/widower)</td>
<td>11 (6.4)</td>
</tr>
<tr>
<td>Living children</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>21 (12.2)</td>
</tr>
<tr>
<td>1–2</td>
<td>70 (40.7)</td>
</tr>
<tr>
<td>≥3</td>
<td>81 (47.1)</td>
</tr>
<tr>
<td>Years of medical practice</td>
<td></td>
</tr>
<tr>
<td>&gt;40</td>
<td>9 (5.2)</td>
</tr>
<tr>
<td>30–39</td>
<td>44 (25.6)</td>
</tr>
<tr>
<td>20–29</td>
<td>51 (29.7)</td>
</tr>
<tr>
<td>10–19</td>
<td>55 (32.0)</td>
</tr>
<tr>
<td>3–9</td>
<td>13 (7.6)</td>
</tr>
<tr>
<td>Type of practice</td>
<td></td>
</tr>
<tr>
<td>Private only</td>
<td>104 (60.5)</td>
</tr>
<tr>
<td>Public and private</td>
<td>68 (39.5)</td>
</tr>
<tr>
<td>Department/position</td>
<td></td>
</tr>
<tr>
<td>Head of department/service</td>
<td>27 (15.7)</td>
</tr>
<tr>
<td>Outpatient services</td>
<td>41 (23.8)</td>
</tr>
<tr>
<td>Private sector only</td>
<td>104 (60.5)</td>
</tr>
</tbody>
</table>

Kesler E. Obstetrician–gynecologists’ knowledge of and attitudes toward medical abortion in Guatemala. IJGO 116 (2012) 120–123
Words of Wisdom for the...

RESULTS SECTION
Collect your data from the beginning of the study thinking in the table that you would like to see in the final paper.
Table 1
Baseline and clinical characteristics.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Patient data a</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ceftriaxone group (n=160)</td>
<td>Cefazolin group (n=160)</td>
<td></td>
</tr>
<tr>
<td>Age, y</td>
<td>45.3±6.9</td>
<td>45.5±7.2</td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myoma/adenomyosis</td>
<td>128 (80)</td>
<td>118 (73.8)</td>
<td></td>
</tr>
<tr>
<td>Ovarian cyst</td>
<td>24 (15)</td>
<td>30 (18.7)</td>
<td></td>
</tr>
<tr>
<td>Cervical intraepithelial neoplasia</td>
<td>4 (2.5)</td>
<td>9 (5.6)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>4 (2.5)</td>
<td>3 (1.9)</td>
<td></td>
</tr>
<tr>
<td>Operative time, min</td>
<td>90 (45–180)</td>
<td>90 (50–180)</td>
<td></td>
</tr>
<tr>
<td>Blood loss, mL</td>
<td>300 (50–1100)</td>
<td>300 (50–2300)</td>
<td></td>
</tr>
</tbody>
</table>

a Values are reported as mean±SD, number (percentage), or median (range).

7. What is your date of birth? _____ / ____ / _______ (mm/dd/yyyy) □ No response
8. How old are you? ______ years □ No response

63. Diagnosis (from Clinical Record)
1. □ Myoma
2. □ Adenomyosis
3. □ Ovarian cyst
4. □ Cervical intraepithelial neoplasia
5. □ Other causes
6. □ Describe _______________________
7. □ No data in clinical record

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<table>
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<td></td>
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<td>Age, y</td>
<td>45.3±6.9</td>
</tr>
<tr>
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<tr>
<td>Ovarian cyst</td>
<td>24 (15)</td>
</tr>
<tr>
<td>Cervical intraepithelial neoplasia</td>
<td>4 (2.5)</td>
</tr>
<tr>
<td>Other</td>
<td>4 (2.5)</td>
</tr>
<tr>
<td>Operative time, min</td>
<td>90 (45–180)</td>
</tr>
<tr>
<td>Blood loss, mL</td>
<td>300 (50–1100)</td>
</tr>
</tbody>
</table>

* a Values are reported as mean±SD, number (percentage), or median (range).
Discussion

- The discussion section should include comparison with other studies on the same subject, limitations, and a final conclusion

- Do not just repeat the findings/results
Discussion

1. Results
2. Limitations
3. Strengths
4. Comparison
5. General scenario of the knowledge

General scenario of the knowledge
Words of Wisdom for the...

DISCUSSION SECTION
Words of Wisdom for the “Discussion section”

- Show your results in a journal club of your institution to obtain feedback for the Discussion section
- List all issues that arise during the meeting
These are the only sections that IJGO uses after the Discussion

Remember: Should be financial only
  • Not personal.
• Abstract
• Final revision
• Summary
Abstract

- Prepare when you finish the whole paper
- Follow the instructions from the journal
Stillbirth in cases of severe acute maternal morbidity

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ABSTRACT

Objective: To determine the incidence and correlates of stillbirths among women with severe acute maternal morbidity (SAMM). Methods: In an observational study of 728 women who had SAMM between January 2007 and December 2010 at a referral tertiary health facility in Benin, Nigeria, the incidence of stillbirth, and the clinical and demographic correlates of stillbirth were evaluated. Results: The rate of stillbirth among women with SAMM was 210 per 1000 deliveries. The rate among women who had uterine rupture (643 per 1000 deliveries) far exceeded other cause-specific rates of stillbirth. Unbooked status (odds ratio [OR], 2.2; 95% confidence interval [CI], 1.3–3.8), low maternal education (OR, 2.1; 95% CI, 1.2–4.0), vaginal delivery (OR, 8.1; 95% CI, 5.1–13.0), and maternal comorbidity (OR, 12.9: 95% CI, 6.2–26.9) were factors associated with stillbirth after adjusting for confounding variables. Conclusion: In Nigeria, SAMM was found to be associated with an unacceptably high rate of stillbirth. Strategies to improve fetal surveillance among women with SAMM are necessary to address the excessively high incidence of stillbirth among these patients.
Abstract

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Final revision

- Check your English and grammar with a native speaker (if it is possible)
- The manuscript should be reviewed by your professor or tutor
General principles: Summary

- Submit manuscript to a suitable/appropriate Journal

- Know what the journal Editors want: read carefully and follow the Journal’s “Guide for Authors”

- The structure of the manuscript must be logical and consistent with the selected journal’s format
General principles: Summary

- High quality but simple writing
- Make use of Language Editing services if necessary
- Make use of excellent Images (Scans, X-rays, Video etc)
- Adhere to publication Ethical standards
Thanks for your attention!!!