Instructions to Authors

Scope and policy

The material submitted for analysis cannot be simultaneously submitted for publication in other journals or previously published. In the selection of manuscripts for publication, are evaluated the originality, relevance of the theme, quality of the methodology used, and adequacy to the editorial standards adopted by the journal. The published material becomes intellectual property of the Brazilian Journal of Gynecology and Obstetrics and Febrasgo.

Manuscripts evaluation

The manuscripts submitted to the journal are received by the Editorial Office that checks the mandatory documentation and examines if the editorial norms contained in the Instructions to Authors have been fulfilled. If the process is in compliance, the manuscript is sent to the Editor-in-Chief, who will make a merit evaluation of the material. If the Editor-in-Chief concludes the work is in favorable scientific and technical conditions, the manuscript is forwarded to the Associate Editors, who will designate reviewers (double mind process) to evaluate it. Then, the reviewers' opinions and editor's instructions are sent to authors to inform them about changes to be made. Then, the authors resubmit the text with the suggested changes within the requested deadline. When resubmitting the manuscript, the requested corrections should be highlighted in yellow. In cases of disagreement with the suggestions, observations should be included in the comments balloons. Be assertive and punctual with the inquiry, and support the hypothesis with references.

IMPORTANT! Authors must comply with the deadlines, since non-attendance will result in delay of manuscript publication or even archiving of the process. At any point in the process of analysis and editing of the text, the authors may request the process suspension and withdrawal of the manuscript, except when it is accepted for publication. The concepts and statements contained in the articles are of the authors' responsibility.

Preparing a manuscript for submission

Mandatory submission documents

When submitting a manuscript to RBGO, attach the documents listed below on the ScholarOne submission platform. Note that not attaching the documents will result in cancellation of the submitted process. Mandatory documentation for online submission:

- Authorization of copyright transfer signed by all authors (scanned and attached as supplementary document) **Model;**
- In accordance with chapter XII.2 of Res. CNS 466/2012, in Brazil, research involving human subjects needs to inform the registration number referring to the Certificate of Ethical Assessment (CAAE) or the approval number of the research (CEP/CONEP) in the Ethics Committee. International manuscripts must present local ethical documentation to proceed with the submission process;
- Cover Letter: written to justify the publication. The authors should be identified, together with the title of the team that intends to publish, origin institution of the authors and intention of publication;
- Title page;
- Manuscript.

Title Page

- Title of the manuscript in English with a maximum of 18 words;
- Authors' full name without abbreviations (maximum six);
- Corresponding author (full name, professional mailing address and contact email);
- Institutional affiliation of each author. Example: Faculty of Medicine, University of São Paulo, Ribeirão Preto, SP, Brazil;
- **Conflicts of interest:** authors should report any potential conflicts of interest whether political, economic, of resources for research execution or intellectual property;
- **Acknowledgements:** restricted to people and institutions that contributed to research development in a relevant way. Any financial support provided by development agencies or private companies should be mentioned in the section Acknowledgments. For Brazilian authors, RBGO requests the citation of CNPq, Capes, FAPESP and other financing agencies, together with the number of research process or granted scholarships.
- **Contributions:** according to the criteria for scientific authorship of the International Committee of Medical Journal Editors (ICMJE), authorship credit must be based on three conditions met in full: 1. Substantial contributions to conception and design, data collection or analysis, and interpretation of data; 2. Writing of the article or critical review of the intellectual content; and 3. Final approval of the version to be published.

Manuscript

Instructions to Authors

The Brazilian Journal of Gynecology and Obstetrics publishes the following categories of manuscripts:

Original Articles, complete prospective, experimental or retrospective studies. Manuscripts containing original clinical or experimental research results have priority for publication.

Case Reports, of great interest and well documented from the clinical and laboratorial point of view. In the letter of referral, authors should indicate new or unexpected aspects in relation to already published cases. The text of Introduction and Discussion sections should be based on an updated bibliographic review.

Review Articles, including comprehensive reviews, meta-analysis or systematic reviews. Spontaneous contributions are accepted. The methods and procedures adopted for obtaining the text should be described, and based on recent references, including the current year. As this subject is still subject to controversy, the review should discuss the trends and lines of research under way. In addition to the text of the review, there should be an abstract and conclusions. See the 'Instructions to Authors' section for information on the text body and title page;

Letters to the Editor, dealing with editorial matters or not, but presenting relevant information to readers. Letters can be summarized by the editor, but maintaining the main points. In case of criticism to published works, the letter is sent to the authors so their reply can be published simultaneously;

Editorial, only at the publisher's invitation.

Title

When writing a scientific article, the researcher should focus on the manuscript title, which is the business card of any publication. It should be elaborated very carefully, and preferably written only after the article finalization. A good title adequately describes the manuscript content. Generally it is not a phrase, because it does not contain the subject, only verbs and arranged objects. Titles rarely contain abbreviations, chemical formulas, adjectives, names of cities, among others. The title of manuscripts submitted to RBGO must contain a maximum of 18 words.

Abstract

The abstract should provide the context or basis for the study, establish the objectives, basic procedures, main outcomes and key findings. It should emphasize new and important aspects of the study or observations. Since the abstract is the only substantive part of the article indexed in many electronic databases, authors should ensure it reflects the article content in an accurate and highlighted manner. Do not use abbreviations, symbols and references in the abstract. In case of original articles from clinical trials, authors must inform the registration number at the end of the text.

Informational abstract of structured type of original articles

Abstracts of original articles submitted to RBGO must be structured in four sections and contain a maximum of 250 words:

Objective: What was done; the question posed by the investigator.

Methods: How it was done; the method, including the material used to achieve the objective.

Results: What was found, the main findings and, if necessary, the secondary findings.

Conclusion: The conclusions; the answer to the question asked.

Informational abstract of structured type of systematic review articles

Among the included items are the review objective to the question asked, data source, procedures for selecting the studies and data collection, the results and conclusions. The abstracts of systematic review articles submitted to RBGO must be structured in six sections and contain a maximum of 250 words:

Objective: Declare the main purpose of the article.

Data sources: Describe the data sources examined, including the date, indexing terms, and limitations.

Selection of studies: Specify the number of studies reviewed and the criteria used in their selection.

Data collection: Summarize the conduct used for data extraction and how it was used.

Data synthesis: State the main results of the review and the methods used to obtain them.

Conclusions: Indicate the main conclusions and their clinical usefulness.

Informational abstract of unstructured type of review articles, except systematic reviews and case studies

It shall contain the substance of the article, covering the purpose, method, results and conclusions or recommendations. It exposes enough details so readers can decide on the convenience of reading the full text (Limit of words: 150).

Keywords

The keywords of a scientific paper indicate the thematic content of the text they represent. The main objectives of the aforementioned terms are the thematic content identification, indexing of the work in databases, and rapid location and retrieval of contents. The keyword systems used by RBGO are DeCS (Health Sciences Descriptors - Lilacs Indexer) and MeSH (Medical Subject Headings - MEDLINE-PubMed Indexer). Please choose five descriptors that represent your work on these platforms.

Manuscript body (Manuscripts submitted to RBGO must have a maximum of 4000 words. Note that tables, charts and figures in the Results section and References are not counted).

Introduction

The **Introduction** section of a scientific article has the purpose of informing what was researched and the reason for the investigation. This part of the article prepares the reader to understand the investigation and justification of its realization. The content informed in this section should provide context or basis for the study (i.e. the nature of the problem and its importance); state the specific purpose, research objective, or hypothesis tested in the study or observation. The study objective usually has a more precise focus when formulated as a question. Both the primary and secondary objectives should be clear, and any analyzes in a pre-specified subgroup should be described; provide strictly relevant references only and do not include data or conclusions of the work being reported.

Methods

According to the Houaiss dictionary, **Methods** "is an organized, logical and systematic process of research". The method comprises the material and procedures adopted in the research in order to respond to the central research question. Structure the Methods section of RBGO starting with the study design; research scenario (place and period in which it was performed); sample of participants; data collection; intervention to be evaluated (if any) and the alternative intervention; statistical methods used and the ethical aspects of the study. When thinking about the writing of the study design, reflect if it is appropriate to achieve the research objective, if the data analysis reflects the design, and if what was expected with use of the design was achieved to research the theme. Following, the guidelines used in clinical or epidemiological research that should be included in the section Methods of manuscripts sent to RBGO:

Types of study (adapted from Pereira, 2014*):

Case Report (Case study): In-depth investigation of a situation in which one or a few people are included (usually up to ten);

Case series: A set of patients (for example, more than ten people) with the same diagnosis or undergoing the same intervention. In general, these are consecutive series of patients seen in a hospital or other health institution for a certain period. There is no internal control group formed simultaneously. The comparison is made with external controls. The name of external or historical control is given to the group used to compare the results, but that was not constituted at the same time within the study: for example, the case series is compared with patients from previous years.

Transversal (or Cross-sectional) study: Investigation to determine prevalence; examine the relationship between events (exposure, disease, and other variables of interest) at any given time. Cause and effect data are collected simultaneously: for example, the case series is compared with patients from previous years.

Case-control study: Particular form of etiological investigation of retrospective approach in which the search of causes starts from the effects. Groups of individuals, respectively with and without a particular health problem are compared in relation to past exposures in order to test the hypothesis that exposure to certain risk factors is the contributing cause of the disease. For example, individuals afflicted with low back pain are compared with an equal number of individuals (control group) of the same sex and age, but without low back pain.

Cohort study: Particular form of investigation of etiological factors in which the search of effects starts from the cause; therefore, the opposite of case-control studies. A group of people is identified, and pertinent information on the exposure of interest is collected, so the group can be monitored over time, checking those who do not develop the disease in focus, and if the prior exposure is related to occurrence of disease. For example, smokers are compared to nonsmoker controls; the incidence of bladder cancer is determined for each group.

Randomized study: This has the connotation of an experimental study to evaluate an intervention hence the synonym of *intervention study*. Can be performed in a clinical setting; sometimes referred to simply as clinical trial or clinical study. It is also conducted at the community level. In clinical trials, participants are randomly assigned to form groups called study (experimental) and control (or testimony), whether submitted or not to an intervention (for example, a drug or vaccine). Participants are monitored to verify the occurrence of outcome of interest. This way, the relationship between intervention and effect is examined under controlled observation conditions, usually with double-blind evaluation. In the case of a **randomized study**, inform the number of the Brazilian Registry of Clinical Trials (REBEC) and/or the number of the International Clinical Trials Registration Platform (ICTRP/OMS) on the title page.

Ecological study: Research performed with statistics: the unit of observation and analysis is not constituted of individuals, but of groups of individuals hence the synonyms: study of groups, aggregates, clusters, statistics or community. For example, research on the variation of mortality coefficients for diseases of the vascular system and per capita consumption of wine among European countries.

Systematic Review and Meta-analysis: Type of review in which there is a clearly formulated question, explicit methods are used to critically identify, select and evaluate relevant research, and also to collect and analyze data from the studies included in the review. There is use of strategies to

limit bias in the localization, selection, critical evaluation and synthesis of relevant studies on a given topic. Meta-analysis may or may not be part of the systematic review. Meta-analysis is the review of two or more studies to obtain a global, quantitative estimate of the question or hypothesis investigated; and employs statistical methods to combine the results of the studies used in the review.

Source: *Pereira MG. Artigos Científicos – Como redigir, publicar e avaliar. Rio de Janeiro: Guanabara-Koogan; 2014.

Script for statistical review of original scientific papers

Study objective: Is the study objective sufficiently described, including pre-established hypotheses?

Design: Is the design appropriate to achieve the proposed objective?

Characteristics of the sample: Is there a satisfactory report on the selection of people for inclusion in the study? Has a satisfactory rate of responses (valid cases) been achieved? If participants were followed up, was it long and complete enough? If there was a pairing (eg. of cases and controls), is it appropriate? How did you deal with missing data?

Data Collection (measurement of results): Were the measurement methods detailed for each variable of interest? Is there a description of comparability of the measurement methods used in the groups? Was there consideration of the validity and reproducibility of the methods used?

Sample size: Has adequate information on sample size calculation been provided? Is the logic used to determine the study size described, including practical and statistical considerations?

Statistical Methods: Was the statistical test used for each comparison informed? Indicate if the assumptions for use of the test were followed. Was there information about the methods used for any other analysis? For example, subgroup analysis and sensitivity analysis. Are the main results accompanied by accuracy of the estimate? Inform the p value and confidence interval. Was the alpha level informed? Indicate the alpha level below which the results are statistically significant. Was the beta error informed? Or indicate the statistical power of the sample. Has the adjustment been made to the main confounding factors? Were the reasons that explained the inclusion of some and the exclusion of others described? Is the difference found statistically significant? Make sure there are sufficient analyzes to show the statistically significant difference is not due to any bias (eg. lack of comparability between groups or distortion in data collection). If the difference found is significant, is it also relevant? Specify the clinically important minimal difference. Make clear the distinction between statistically relevant difference and relevant clinical difference. Is it a one- or two-tailed test? Provide this information if appropriate. What statistical program is used? Inform the reference where to find it, and the version used.

Abstract: Does the abstract contain the proper article synthesis?

Recommendation on the article: Is the article in acceptable statistical standard for publication? If not, can the article be accepted after proper review?

Source: *Pereira MG. Artigos Científicos – Como redigir, publicar e avaliar. Rio de Janeiro: Guanabara-Koogan; 2014.

IMPORTANT!

RBGO joined the initiative of the International Committee of Medical Journal Editors (ICMJE) and the EQUATOR Network, which are aimed to improve the presentation of research results. Check the following international guides:

Randomized clinical trial:
http://www.consort-statement.org/downloads/consort-statement

Systematic reviews and meta-analysis: http://www.scielo.br/pdf/ress/v24n2/2237-9622-ress-24-02-00335.pdf

Observational studies in epidemiology: strobe-statement.org/fileadmin/Strobe/uploads/checklists/STROBE_checklist_v4_combined.pdf

Qualitative studies: http://intqhc.oxfordjournals.org/content/19/6/349.long

Results

The purpose of the Results section is to show the study findings. It is the original data obtained and synthesized by the author with the aim to answer the question that motivated the investigation. For the writing of the section, present the results in logical sequence in the text, tables and illustrations, first mentioning the most important findings. Do not repeat all information of the tables or illustrations in the text. Emphasize or summarize only important observations. Additional or supplementary materials and technical details may be placed in an appendix where they will be accessible without interrupting the flow of the text. Alternatively, this information may be published only in the electronic version of the Journal. When data are summarized in the results section, provide numerical results not only in derived values (eg. percentages), but also in absolute values from which the derivatives were calculated, and specify the statistical methods used for their analysis. Use only the tables and figures necessary to explain the argument of the work and evaluate its foundation. When scientifically appropriate, include data analysis with variables such as age and sex. Do not exceed the maximum limit of five tables, five charts or five figures. Tables, charts and/or figures should be included in the body of the manuscript and do not count the requested limit of 4000 words.

ATTENTION!

In Case Studies, the Methods and Results sections should be replaced by the term Case Description.

Discussion

In the **Discussion** section, emphasize the new and important aspects of the study and the conclusions derived therefrom. Do not repeat details of data or other information presented in the introduction or results sections. For experimental studies, it is useful to begin the discussion by briefly summarizing the main findings, comparing and contrasting the results with other relevant studies, stating the limitations of the study, and exploring the implications of the findings for future research and clinical practice. Avoid claiming precedence and referring to incomplete studies. Do not discuss data not directly related to the results of the presented study. Propose new hypotheses when justifiable, but qualify them clearly as such. In the last paragraph of the Discussion section, cite which information of your work contributes relatively to advancement of knowledge.

Conclusion

The **Conclusion** section has the function of relating the conclusions to the objectives of the study, but authors should avoid unfounded statements and conclusions not adequately supported by data. In particular, authors should avoid making statements about economic benefits and costs unless their original includes economic analysis and appropriate data.

References

A study is based on the results of other research that preceded it. Once published, it becomes support for future work on the subject. In the report of their research, authors state the references of prior works consulted that they deem pertinent to inform readers, hence the importance of choosing good References. Properly chosen references lend credibility to the report. They are a source for convincing readers of the validity of facts and arguments presented.

Attention! For manuscripts submitted to RBGO, authors should number the references in order of entry into the manuscript and use those numbers for text citations. Avoid excessive references by selecting the most relevant for each statement and giving preference to the most recent work. Do not use hard-to-reach quotations, such as abstracts of papers presented at congresses, theses or restricted publications (non-indexed). Seek to cite the primary and conventional references (articles in scientific journals and textbooks). Do not use references such as 'unpublished observations' and 'personal communication'. Authors' publications (self-citation) should be used only if there is a clear need and relationship with the topic. In this case, include in bibliographical references only original works published in regular journals (do not cite chapters or revisions). The number of references should be 35, in exception review articles. Authors are responsible for the accuracy of data contained in the references.

Please check the American Medical Association (AMA) Citation Style to format your references.

*The Instructions to Authors of this journal were elaborated based on the Vancouver guidelines and the literary work ***Artigos Científicos: Como redigir, publicar e avaliar de Maurício Gomes Pereira, Editora Guanabara Koogan, 2014.***

Submission of papers

The articles must, necessarily, be submitted electronically, according to the instructions posted on the site: http://mc04.manuscriptcentral.com/rbgo-scielo

There is no fee for submission and review articles.

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