

# ***Journal of Fetal Medicine***

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- ☐ **AUTHOR INFORMATION**
  - All authors: full name, degrees, department, affiliation, e-mail address
  - Corresponding author: mailing address, telephone number
- ☐ **MANUSCRIPT FILE**
  - Must be digital - hard copy submissions are not accepted
- ☐ **ABSTRACT AND KEYWORDS**
  - See the section Article Types for word limit
- ☐ **CONFLICT OF INTEREST**
  - Every named author must disclose their conflicts or lack thereof through ICMJE COI forms
- ☐ **REFERENCES**
  - Cited sequentially in AMA style
- ☐ **FIGURES AND TABLES**
  - Cited sequentially and included in the main document
- ☐ **ART FILES**
  - Must be saved separately from the main document
- ☐ **PERMISSIONS**
  - Required if you plan to reproduce content from a published source or include a photograph of a patient
  - Patient permission forms available at [www.thieme.com/journal-authors](http://www.thieme.com/journal-authors)

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## MANUSCRIPT FORMAT

### Article Types

- Original article
- Review article.
- Pictorial essay
- Case report
- Brief Report
- Case Series
- Invited Opinion
- Correspondence
- How to Articles
- Technology Showcase
- Book Review
- Cover Image
- Editorial
- SFM Practice Guidelines
- SFM Position Statements

**1. Original Article:** These include randomized controlled trials, intervention studies, studies of screening and diagnostic tests, outcome studies, cost-effectiveness analyses, case-control series and surveys with high response rates. The prescribed **word count is up to 3500 words**, not including the abstract, references, and Tables. The manuscript may have upto 50 references. The text should be divided into sections with the following headings:

- ☐ *Abstract* (Structured format: Objectives, Materials and Methods, Results, Conclusions) up to 350 words
- ☐ *Implications for Clinical Practice*
- ☐ *Key words* (3–7 MeSH words) and
- ☐ *Main Text* (Structured format: Introduction, Methods, Results, Discussion, Acknowledgements, References, Tables and Figure legends).

Although there is no limit to the number of tables, images, graphics, and flow charts, the editorial team reserves the right to limit the number of tables, graphics, and images. Supplementary and raw data can be placed online separately from the text, and we may request that you separate some material into supplementary data files to make the main manuscript clearer for readers

2. **Review Article:** These may be proffered or invited reviews. These articles should be written by individuals who have done substantial work on the subject or are considered experts in the field. The prescribed word count is **up to 4,000 words** excluding tables, references, and abstracts. The manuscript may have upto 50 references.
  - The manuscript should have an *unstructured abstract* (350–400 words) representing an accurate summary of the article.
  - The *section titles* would depend upon the topic reviewed. Authors submitting the review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.
  - The Journal expects the contributors to give post-publication updates about review. The update should be brief, covering the advances in the field after the publication of the article, and should be sent as a letter to the editor, as and when major development occurs in the field.
3. **Pictorial essays:** Pictorial essays should have a clear and well-structured format that includes a title, abstract, introduction, methods, results, discussion, and conclusion. The visual images should be appropriately labeled and referenced within the text. This category of manuscripts should consist of descriptive essays on subjects which are essentially for teaching and are very well illustrated with a large number of figures. Visual images in a pictorial essay should be of high quality and clearly depict the scientific information or concepts being conveyed. Images should be properly cited, and permissions should be obtained for any copyrighted images. The prescribed word count is **up to 700 words** excluding tables, references, and abstract.
4. **Case Report:** New/interesting/very rare cases can be reported. Cases with clinical significance or implications will be given priority, whereas mere reporting of a rare case may not be considered. The prescribed word count is **up to 600 words** excluding tables, references, and abstracts.
5. **Brief Report:** These are similar to original research and follow the same format and guidelines but are designed for small-scale research or research that is in the early stages of development. These may include preliminary studies that utilize a simple research design or a small sample size and that have produced limited pilot data and initial findings that indicate the need for further investigation. Brief reports are much shorter than manuscripts associated with a more advanced, larger-scale research project. The text of a brief report amounting to approx **1,800 words** (excluding Abstract, references, and Tables), should be divided into sections with the headings:
  - *Abstract* up to 250 words (Structured: Objectives, Materials, and Methods, Results, Conclusions), Key words (3–7 MeSH words), and
  - *Main Text* (Structured format: Introduction, Materials, and Methods, Results, Discussion, Conclusions, References, Tables and Figure legends).
6. **Case Series:** Four or more cases with interesting / new imaging findings OR a new interventional procedure performed. The prescribed word count is **up to 800 words** excluding tables, references, and abstracts.

7. **Invited Opinion:** Writing an invited opinion in a scientific journal is an opportunity to share your expert perspective and contribute to the scientific discourse in your field. Invited opinions typically follow a similar structure to original research articles, with an introduction, main body, and conclusion. The introduction should clearly state the purpose of the opinion and provide context for the topic being discussed. The main body should present the opinion, supported by evidence and references. The conclusion should summarize the main points and provide any recommendations or conclusions. The prescribed word count is up to **3,000 words** excluding tables, references, and abstracts.
8. **Correspondence:** Also known as “**Letter to the Editor**”, these should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary observations that need a later paper for validation. The letter may have **up to 300 words** and 5 references. It may generally be authored by not more than four authors. It should follow the response of authors with similar word count and references with the reading ‘In response.’
9. **How To Articles:** These should cover a technique or algorithm and should have a clear and well- structured format that includes a title, abstract, introduction, detailed step-by-step instructions or protocols, results, discussion, conclusion, and references. It should have **up to 400 words and up to 5 references**.
10. **Technology Showcase:** Provide a comprehensive and detailed description of the technology being showcased, including its purpose, principles, specifications, and functionalities. Use clear and concise language to explain the technology to readers who may not be familiar with it. It should have a clear and well-structured format that includes a title, abstract, introduction, description of the technology, results or examples of its applications, discussion, conclusion, and references. It should have **up to 300 words** and 5 references
11. **Cover Image:** The cover image should be original and not infringe on any copyright or intellectual property rights. Avoid using images or graphics that have been previously published without proper attribution or permission. The image should be of high quality and visually appealing. It should be clear, well-composed, and visually engaging. The cover image should convey a clear message or concept related to the scientific content. Provide a concise and informative caption for the cover image. The caption should explain the significance or context of the image and provide relevant information about the scientific content it represents.
12. **Editorial:** Editorials are solicited by the editorial board or Editor-in-Chief; should be **up to 1,500 words** and with no more than 15 references.
13. **SFM Practice Guidelines** These are put together by committees constituted for a specific purpose.
14. **SFM Position Statements** These are put together by committees constituted for a specific purpose.

## General Guidelines

- ☐ You must submit a digital copy of your manuscript. Hard copy submissions are not accepted.
- ☐ Keep the format of your manuscript simple and clear. We will set your manuscript according to our style— do not try to “design” the document.
- ☐ The manuscript, including the title page, abstract and keywords, text, references, figure captions, and tables should be typewritten, double-spaced in 12-point font with 1-inch margins all around and saved as one file.
- ☐ Each figure should be saved as its own separate file. **Do not** embed figures within the manuscript file. This requires special handling by Thieme's Production Department.
- ☐ Keep abbreviations to a minimum and be sure to explain all of them the first time they are used in the text.
- ☐ The manuscripts should be written in American English.
- ☐ The authors should use Système International (SI) measurements. For clarity, nonmetric equivalents may be included in parentheses following the SI measurements.
- ☐ Use generic names for drugs. You may cite proprietary names in parentheses along with the name and location of the manufacturer.
- ☐ Credit suppliers and manufacturers of equipment, drugs, and other brand-name material mentioned in the manuscript within parentheses, giving the company name and primary location.
- ☐ Additional material, which is not pivotal, but supporting in nature to the theme of the manuscript, can be submitted as “Supplementary Material” and will be published only online (not in print).

## Title Page

- ☐ This journal adheres to a **double-blinded peer-review policy**. The title page should **NOT** be included in the main document.
- ☐ The title page should list the article title and the corresponding author's full name, highest academic degrees (up to maximum 3), title, department, affiliation, mailing address, e-mail address, and telephone and fax numbers. It should also list the full name, degree, title, department, e-mail address and affiliation of every co- author.
- ☐ All authors' affiliations and full financial disclosures listed
- ☐ Details of earlier presentation: date(s) and site(s) of presentation (if applicable)
- ☐ Listing of each author's role/participation in the authorship of the manuscript on the manuscript (on a separate page in the manuscript)
- ☐ Statement of institutional review board approval and/or statement of conforming to the Declaration of Helsinki

## Abstract and Keywords

See the section Article Types for word limits. Structured format (Objectives, Materials and Methods, Statistical analysis, Results, Conclusions) is necessary for original articles, not necessary for systematic reviews. The abstract should briefly outline the content of the article and any conclusions it may reach. The keywords should be wording a reader would be likely to use in searching for the content of the article.

## Main Document

- ❑ Please clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary.
- ❑ As needed, use italic, superscripts, subscripts, and boldface, but otherwise do not use multiple fonts and font sizes.
- ❑ Do not insert page or section breaks except where noted in the Author Instructions.
- ❑ Use hard returns (the Enter key) only at the end of a paragraph, not at the end of a line. Allow lines of text to break automatically in your word-processing software. Do not justify your text.
- ❑ Use only one space, not two, after periods.
- ❑ Create tables using the Table function in Microsoft Word.

## Acknowledgments

The source of any financial support received and recognition of personal assistance for the work being published should be indicated at the end of the article, just before the Reference section, under the heading Acknowledgments. Please note that Acknowledgments should **NOT** include source of author's identity.

## Conflict of Interest

It is required that a list of disclosures from every named author is submitted alongside the manuscript. In it, each author should identify any financial or non-financial conflicts relevant to the article. If no conflicts exist, please state so in this section.

Types of conflicts include Consulting, Royalties, Research Support, Institutional Support, Ownership, Stock/Options, Speakers Bureau, and Fellowship Support. Any commercial entity whose products are described, reviewed, evaluated, or compared in the manuscript, except for those disclosed in the Acknowledgments section, are potential conflicts.

Please click <http://www.icmje.org/conflicts-of-interest> to download a Conflict-of-Interest form.

## References

References should be the most recent and pertinent literature available. It is essential that they are complete and thoroughly checked. If the reference information is incomplete, good online sites to search for full details are the National Library of Medicine: [www.nlm.nih.gov](http://www.nlm.nih.gov); Books in Print: [www.booksinprint.com](http://www.booksinprint.com); PubMed: [www.ncbi.nlm.nih.gov/PubMed/](http://www.ncbi.nlm.nih.gov/PubMed/); or individual publisher Web sites.

- ❑ References must be listed in AMA style, using Index Medicus journal title abbreviations.
  - ❑ References follow the article text. Insert a page break between the end of text and the start of references.
  - ❑ References must be cited sequentially (NOT alphabetically) in the text using superscript numbers.
  - ❑ By way of exception to AMA style, do not italicize book titles or journal title abbreviations and do not put a period at the end of a reference.
  - ❑ List all author names, up to and including six names. For more than six authors, list the first three followed by et al.
  - ❑ References should be styled per the following examples:
1. Citing a journal article:  
Newburger JW, Takahashi M, Burns JC, et al. The treatment of Kawasaki syndrome with intravenous gamma-globulin. *N Engl J Med* 1986; 315:341– 347
  2. Citing a chapter in a book:  
Toma H. Takayasu's arteritis. In: Novick A, Scoble J, Hamilton G, eds. *Renal Vascular Disease*. Philadelphia: WB Saunders; 1995:47–62
  3. Citing a book:  
Stryer L. *Biochemistry*. 2nd ed. San Francisco: WH Freeman; 1981:559–596
  4. Citing a thesis:  
Stern I. Hemorrhagic Complications of Anticoagulant Therapy [Ph.D. dissertation]. Evanston, IL: Northwestern University; 1994
  5. Citing a government publication:  
Food and Drug Administration. Jin Bu Huan Herbal Tablets. Rockville, MD: National Press Office; April 15, 1994. Talk Paper T94-22
  6. Citing an online article:  
Rosenthal S, Chen R, Hadler S. The safety of acellular pertussis vaccine vs whole-cell pertussis vaccine [abstract]. *Arch Pediatr Adolesc Med* [serial online]. 1996; 150:457–460. Available at: [http://www.ama-assn.org/sci-pubs/journals/archive/ajdc/vol\\_150/no\\_5/abstract/htm](http://www.ama-assn.org/sci-pubs/journals/archive/ajdc/vol_150/no_5/abstract/htm). Accessed November 10, 1996
  7. Citing a symposium article:  
Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of American Medical Colleges; October 28, 1995; Washington, DC



## Figure Legends

- Figures include photographs or radiographs, drawings, graphs, bar charts, flow charts, and pathways, but NOT lists or tables.
- Figures must be cited sequentially in the text. Number all figures (and corresponding figure legends) sequentially in the order they are cited in the text.
- Figure legends should be written after the reference list. Insert a page break between the end of references and the start of figure captions.
- Figure legends should include a description of the figure and/or each lettered part (A, B, etc.) and of any portions of the figure highlighted by arrows, arrowheads, asterisks, etc.
- For a figure borrowed or adapted from another publication (used with permission), add a credit line in parentheses at the end of each figure legend. This credit line should be a complete bibliographic listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example (Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000; 20:357.)

## Tables

- Data given in tables should be commented on but not repeated in the text. Be sure that lists or columns of related data are composed in a word-processing program like the rest of the text.
- Do not intersperse tables in the text. Tables should appear after the figure captions. Insert a page break between the end of the figure captions and the start of the tables.
- Tables must be double-spaced and numbered in the same sequence they are cited in the text. A short descriptive title should be provided for each table.
- If a table contains artwork, supply the artwork separately as a digital file.
- For tables borrowed or adapted from another publication (used with permission), add a credit line as the first footnote beneath each table. This credit line should be a complete bibliographical listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example, "Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000; 20:357." ("Data from . . ." or "Adapted from . . ." may also be used, as appropriate.)
- Other footnotes for tables should be indicated in the table using superscript letters in alphabetical order.
- Any abbreviations used in the table should be explained at the end of the table in a footnote.

## Videos

- The following formats are acceptable: \*.avi, \*.mov and \*.mpg.
- For supplementary videos, the length should not exceed 4 minutes, and a legend of no more than 40 words per video or per sequence is required (it should also be included in the main document).
- All videos should include a clear, English language voice over explaining the demonstration or operation being presented. Be precise, informative, and clear in your

speech. Re-record audio in post-production for sound quality.

- Be slow and deliberate in all movements. Be cautious of bad lighting, and white balance the camera each time you turn it on. Place the camera on a tripod and obscure the faces of any patients or obtain a signed Statement of Consent.

## **DIGITAL ARTWORK PREPARATION**

### **General Guidelines**

- It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels.
- Do not submit art created in Microsoft Excel, Word, or PowerPoint. These files cannot be used by the typesetter.
- Acceptable figure file formats are .tif, .eps, .jpg, .pdf.
- Save each figure in a separate file.
- Do not compress files.
- All black-and-white and color artwork should be at a resolution of 300 dpi (dots per inch) in TIFF format. Line art should be 1,200 dpi in EPS or TIFF format. Contact the Production Editor at Thieme if you are unsure of the final size.
- It is preferable for figures to be cropped to their final size (approximately 3½ inches for a single column and up to 7 inches for a double column), or larger, and in the correct orientation. If art is submitted smaller and then must be enlarged, its resolution (dpi) and clarity will decrease.

**Note:** Lower resolutions (less than 300 dpi) and JPEG format (.jpg extension) for grayscale and color artwork are strongly discouraged due to the poor quality they yield in printing, which requires 300 dpi resolution for sharp, clear, detailed images. JPEG format, by definition, is a lower resolution (compressed) format designed for quick upload on computer screens.

### **Black-and-White Art**

- Black-and-white artwork can be halftone (or grayscale) photographs, radiographs, drawings, line art, graphs, and flowcharts. Thieme will only accept digital artwork.
- If possible, do not send color art for conversion to black-and-white. Do the conversion yourself so that you can check the results and confirm in advance that no critical details are lost or obscured by the change to black- and-white.
- For best results, line art should be black on a white background. Lines and type should be clean and evenly dark. Avoid screens or cross-hatching, as they can darken or be uneven in printing and lead to unacceptable printing quality.

### **Color Art**

- All color artworks should be saved in CMYK, not RGB.

## Art Labels

- Arrows, asterisks, and arrowheads (or other markers) should be white in dark or black areas and black in light or white areas, and large in size. If not, these highlighting marks may become difficult to see when figures are reduced in size during the typesetting process.
- Use 1-point (or thicker) rules and leader lines.
- Capitalize the first word of each label and all proper nouns. Consider using all capitals if you need a higher level of labels.
- Where there are alternate terms or spellings for a named structure, use the most common one and make sure it is consistent with what is used in the text.
- Avoid using multiple fonts and font sizes for the labels; use only one or two sizes of a serif font.

## SUBMISSION PROCEDURE

### Article Processing Charge (APC)

All article processing charges (APCs) are fully sponsored by the Society of Fetal Medicine (SFM). Upon acceptance, no APC is due by the author. For current prices, please visit [Open Access - Journal authors - Thieme Group](#), navigate to "APC", and select the Price List. APCs are regularly reviewed and may be subject to change. No additional fees, including submission fees, editorial processing charges, or page and color charges apply.

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### Submission Procedure

- Consult the checklist on the first page of this document to ensure that you are ready to submit your manuscript.
- Manuscripts must be submitted electronically at the following link: <https://www.manuscriptmanager.net/jfm>
- Always review your manuscript before submitting it. You may stop a submission at any phase and save it to submit later. After submission, you will receive a confirmation email. You can also check the status of your manuscript by logging in to the submission system. The Editor in Chief will inform you via email once a decision has been made.

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- Should the editors decide that your article requires a revision, you will need to make the changes via a word- processing program and resubmit it electronically. All changes should be made using "Track Changes" and highlighted with yellow, so that reviewers could follow the changes easily. Failure to do so will require resubmission and delay in article decision process.
- Log In to the submission system and find your article, which will be marked for revision.
- The best way to revise your manuscript is by enabling the Track Changes mode in Microsoft Word, which will automatically highlight and mark up revised text. Please submit both a marked-up copy and a clean copy of your revised manuscript to the submission system.
- Your original files will still be available after you upload your revised manuscript, so you should delete any redundant files before completing the submission.

- You will also be provided space in which to respond to the reviewers' and editors' comments. Please be as specific as possible in your response.

### **Peer Reviewing Process**

The journal follows double blind peer-review process where neither the author nor the reviewer gets to know the identity of each other. This is ensured by masking the separate front-page file to the reviewers having author details.

At least three random reviewers based on their technical and clinical expertise are assigned by the Chief Editor on each manuscript and the decision is taken based on the comparative reviews which the manuscript receives during the review process.

### **Appointment of Reviewer Team for the journal**

The reviewer team is being appointed based on the individual expertise and experience in publishing in the subject category. Individual publishing history as first and last authors is being taken into consideration before sending the invite to the individual. A mix of experienced and young researchers are being chosen to construct the reviewer panel.

## **PRODUCTION PROCEDURE**

### **Page Proofs**

Page proofs will be sent to you via email. The proofs will be in a PDF file format, which should be opened using Acrobat Reader software. You will receive further instructions with your proofs. Take this opportunity to check the typeset text for typographic and related errors. Elective alterations are difficult to accommodate owing to the associated time and expense of introducing them. Therefore, please be sure that when you submit your manuscript, it is accurate, complete, and final.

## **POLICY STATEMENTS**

### **Statement on Liability**

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### **Definition of Authorship**

Authorship credit should be based on criteria established by the [International Committee of Medical Journal Editors](#). Each author should have made the following contributions towards the completion of the manuscript:

1. Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data
2. Drafting the article or revising it critically for important intellectual content
3. Final approval of the version to be published.

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## Conflict of Interest Resolution

Conflict of any form which arises related to the content published is being resolved with an unbiased approach by letting both the whistleblower and the author to present due facts in support of their side of the argument and a decision to retain the content or reject/retract is being taken.

## Statement of Ethics

This journal adheres to the ethical standards described by the [Committee on Publication Ethics](#) and the [International Committee of Medical Journal Editors](#). Authors are expected to adhere to these standards.

For all manuscripts reporting data from studies involving human or animal participants, formal review and approval, or formal review and waiver (exemption), by an appropriate institutional review board (IRB) or ethics committee is required, as well as any necessary HIPAA consent, and should be described in the Methods section with the full name of the reviewing entity. All clinical trials must be registered in a public trial's registry. Denote the registry and registry number.

Please follow the standard Levels of Evidence for Primary Research and the reporting guidelines specified by this table:

Type of Study	Guidelines
Randomized controlled trials	CONSORT
Studies of diagnostic accuracy	STARD
Systematic reviews and meta-analyses	QUOROM/PRISMA
Observational studies in epidemiology	STROBE
Meta-analyses of observational studies in epidemiology	MOOSE

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## EDITORIAL CONTACTS

Please contact office of the Editor in Chief for further queries at [faisaljofm@gmail.com](mailto:faisaljofm@gmail.com)