

## Scope

The *Italian Journal of Gynaecology & Obstetrics* (E-ISSN: 2385-0868) is a **Scopus-indexed** three-monthly peer-reviewed publication, which provides a robust platform for clinical and surgical articles as well as basic and translational research about gynecology and obstetrics. As official Journal of the “[Società Italiana di Ginecologia e Ostetricia](#)” (SIGO), it publishes original articles (including retrospective/prospective observational studies and randomized controlled trials), narrative and systematic reviews (with or without meta-analysis), protocols for studies and systematic reviews, case reports, description of techniques, video articles, letters to the Editor unrelated to published articles, commentaries to published articles, Position Statements from National and International Societies, and conference proceedings (published as Supplements). Articles will be considered only if they may add significantly novelty compared to what was already published and available in literature. For conference proceedings, abstracts are evaluated and accepted by the Organizing Committee (clearly indicated in the Supplement, with name, surname, role and affiliation of each member), without formal external peer review by the Journal's Editor/Reviewers.

**The Journal is published in open access, without any article processing charge for the authors in case of acceptance.**

## Editorial Policy

### *Duplicate submission or publication*

A manuscript is considered on the understanding that it has been submitted exclusively to the *Italian Journal of Gynaecology & Obstetrics*, the data presented have not been published elsewhere and that no additional submission will be made elsewhere unless the paper is rejected.

If there is any overlap with a previous publication, this should be clearly disclosed in the cover letter. If the work has been previously submitted in abstract form at a conference, this should be also detailed. If you are unsure whether a planned dissemination constitutes publication, please include the details.

Consent for the manuscript to be submitted to the *Italian Journal of Gynaecology & Obstetrics* should be gained by the corresponding author from all co-authors. This avoids two authors submitting the same paper to different journals without each other's knowledge. Not gaining consent from each author for submission to the *Italian Journal of Gynaecology & Obstetrics* could lead to inadvertent misconduct in the form of duplicate submission.

### *Data sharing and data availability*

The *Italian Journal of Gynaecology & Obstetrics* expects that data supporting the results in the paper will be archived in an appropriate public repository. Authors are required to provide a data availability statement to describe the availability or the absence of shared data. When data have been shared, authors are required to include in their data availability statement a link to the repository they have used, and to cite the data they have shared. Whenever possible, the scripts and other artefacts used to generate the analyses presented in the paper should also be publicly archived. If sharing data compromises ethical standards or legal requirements then authors are not expected to share it.

See the Standard Templates here: [Template for data availability statement](#).

### *Clinical trial registration*

Relying on published trials alone can provide a biased view of effectiveness and safety when assessing medical interventions. Therefore, all trials should be deposited in a public Clinical Trials Registry such as:

- <http://www.anzctr.org.au>
- <http://www.clinicaltrials.gov>
- <http://isrctn.org>
- <http://www.umin.ac.jp/ctr>
- One of the WHO primary registries, <https://www.who.int/clinical-trials-registry-platform/>

The *Italian Journal of Gynaecology & Obstetrics* does not consider the posting of trial results in the above registries as prior publication, if the results are limited to a brief (500 word) structured abstract. This is in accordance with guidance from the International Committee of Medical Journal Editors (ICMJE).

The *Italian Journal of Gynaecology & Obstetrics* supports the AllTrials (<https://www.alltrials.net/>) initiative, which calls for all clinical trials to be registered and reported. However, for a trial to be published in the *Italian Journal of Gynaecology & Obstetrics* it must be prospectively registered, as detailed above.

### *Systematic review and meta-analysis registration*

PROSPERO, the online international register for systematic reviews aims to reduce unplanned duplication and promote efficient use of resources. We recommend registration with PROSPERO for all systematic reviews to improve the transparency and rigour of secondary research but at present it is not a requirement. Please note that retrospective registration is not possible. Further information can be found here: <https://www.crd.york.ac.uk/prospero/>

### *Disclosure of interests*

Authors must include financial relationships (such as employment, consultancies, stock ownership or options, honoraria, patents, and paid expert testimony), personal, political, intellectual (organizing education) or religious interests, according to the ICMJE recommendations (<http://www.icmje.org/disclosure-of-interest/>).

A competing interest should not prevent someone from being listed as an author if they qualify for authorship (see below).

If there is doubt about whether interests are relevant or significant, it is prudent to disclose.

### *Authorship criteria*

Authorship is a way of making explicit both credit and responsibility for the contents of published articles. Please note that to qualify for authorship an individual should meet all of the following criteria:

1. Substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; AND
2. Drafting the article or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Contributors who do not qualify for authorship should be included in the 'Acknowledgements' section.

Authors are required to confirm during the submission process that all individuals that qualified for authorship have been included (to prevent ghost authorship) and that all those included qualify for authorship (to prevent gift/guest authorship).

For more information see ICMJE's "Defining the Role of Authors and Contributors" webpage: <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>

#### *Contributors*

The *Italian Journal of Gynaecology & Obstetrics* considers ghost writing of manuscripts to be dishonest and unacceptable. Therefore, medical writers who do not qualify for authorship must be included in the 'Acknowledgements' section and their roles and affiliations should be described in full.

Each author should be clearly identified in the section "Authors contribution" with at least one role, according to the CRedit (Contributor Roles Taxonomy):

Conceptualization, Data curation, Formal Analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing.

For more information, refer to: <https://credit.niso.org/>

#### *Order of authorship*

The authors themselves should decide the order in which authors are listed in an article. Many different criteria are used to decide order of authorship. Among these are relative contributions to the work and, in situations where all authors have contributed equally, alphabetical or random order. Readers cannot know, and should not assume, the meaning of order of authorship unless the approach to assigning order has been described by the authors. Authors may want to include in the 'Contribution to authorship' section, a description of how order was decided.

#### *Change in authorship*

If the list of authors needs to be amended after submission, a letter explanation should be prepared, hand-signed (print-sign-scan procedure) by **all authors** including the author that is to be added/removed, and sent: [editorialoffice@gynaecology-obstetrics-journal.com](mailto:editorialoffice@gynaecology-obstetrics-journal.com).

#### *Ethical approval*

Manuscripts that report the results of research conducted on human subjects should include a declaration that the study protocol was approved by the competent Ethics Committee, that the study was conducted in accordance with the ethical standards established in the Declaration of Helsinki of 1946, and that informed consent was obtained from all participants before enrolment in the study. All details that could reveal the identity of a patient (including initials of the patient name and unnecessary reference to personal data such as occupation and residence) must be omitted from the text and illustrative materials. The patients must provide written informed consent to the publication.

If experiments have been conducted on animals, the study must have been conducted in accordance with the International Guiding Principles for Biomedical Research Involving Animals guidelines recommended by the World Health Organization (WHO) for the use of laboratory animals, and such adherence must be explicitly stated in the manuscript.

If a paper has been submitted from a country where there is no ethics committee, institutional review board, or similar review and approval, authors should explain how the study adhered to the World Medical Association Declaration of Helsinki: <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>

#### *Patient consent and confidentiality*

A case report submitted to the *Italian Journal of Gynaecology & Obstetrics* should always have consent from the patient before publication. If consent cannot be obtained, then the author should provide evidence that steps have been taken to obtain consent and the case report should be sufficiently anonymized. If the patient is deceased, then the Data Protection Act does not apply. However, authors should seek permission from the patient's next of kin where possible.

In case reports where it has not been possible to obtain patient consent the *Italian Journal of Gynaecology & Obstetrics* Ethics Committee will assess that all necessary steps to obtain consent have been taken and that the case has been sufficiently anonymized.

#### *Declaration of transparency*

Articles will not be considered unless the lead author has affirmed in the cover letter, on behalf of the co-authors, that their manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

## *Core Outcomes in Women's and Newborn Health (CROWN)*

The *Italian Journal of Gynaecology & Obstetrics* supports the CROWN initiative (<https://spiral.imperial.ac.uk/handle/10044/1/48234>), aimed to facilitate the embedding of core outcome sets in research practice. We therefore ask authors to consider the following:

- The importance of outcomes reported should be covered in the manuscript.
- The methods section should include whether a core outcome set (COS) was used when designing the trial
- If a COS has been used this should be stated
- If a COS has not been used, the CROWN database should be checked to comment on whether a relevant COS exists or is in development
- If a COS has not been used, this should be analyzed in the discussion section of the paper.

## *Enhancing the QUAlity and Transparency Of health Research (EQUATOR)*

The *Italian Journal of Gynaecology & Obstetrics* supports the EQUATOR (Enhancing the QUAlity and Transparency Of health Research) Network is an international initiative that seeks to improve the reliability and value of published health research literature by promoting transparent and accurate reporting and wider use of robust reporting guidelines.

Authors are requested to follow the EQUATOR guidelines and their extensions (<https://www.equator-network.org/>), for each type of study:

- Randomised trials: CONSORT (<https://www.equator-network.org/reporting-guidelines/consort/>)
- Observational studies: STROBE (<https://www.equator-network.org/reporting-guidelines/strobe/>)
- Routinely-collected health Data: RECORD (<https://www.equator-network.org/reporting-guidelines/record/>)
- Systematic reviews: PRISMA (<https://www.equator-network.org/reporting-guidelines/prisma/>)
- Meta-analysis of observational studies: MOOSE (<https://www.equator-network.org/reporting-guidelines/meta-analysis-of-observational-studies-in-epidemiology-a-proposal-for-reporting-meta-analysis-of-observational-studies-in-epidemiology-moose-group/>)
- Study protocols: SPIRIT (<https://www.equator-network.org/reporting-guidelines/spirit-2013-statement-defining-standard-protocol-items-for-clinical-trials/>) and PRISMA-P (<https://www.equator-network.org/reporting-guidelines/prisma-protocols/>)
- Diagnostic/prognostic studies: STARD (<https://www.equator-network.org/reporting-guidelines/stard/>) and TRIPOD (<https://www.equator-network.org/reporting-guidelines/tripod-statement/>)
- Case reports: CARE (<https://www.equator-network.org/reporting-guidelines/care/>)
- Clinical practice guidelines: AGREE (<https://www.equator-network.org/reporting-guidelines/the-agree-reporting-checklist-a-tool-to-improve-reporting-of-clinical-practice-guidelines/>) and RIGHT (<https://www.equator-network.org/reporting-guidelines/right-statement/>)

- Qualitative research: SRQR (<https://www.equator-network.org/reporting-guidelines/srqr/>) and COREQ (<https://www.equator-network.org/reporting-guidelines/coreq/>)
- Animal pre-clinical studies: ARRIVE (<https://www.equator-network.org/reporting-guidelines/improving-bioscience-research-reporting-the-arrive-guidelines-for-reporting-animal-research/>)
- Quality improvement studies: SQUIRE (<https://www.equator-network.org/reporting-guidelines/squire/>)
- Economic evaluations: CHEERS (<https://www.equator-network.org/reporting-guidelines/cheers/>)
- Survey studies: CROSS (<https://www.equator-network.org/reporting-guidelines/a-consensus-based-checklist-for-reporting-of-survey-studies-cross/>)

Authors **must** upload a checklist, available through the EQUATOR website (<https://www.equator-network.org/>), according to the type of the study. This step is mandatory during the submission.

#### *Patient and Public Involvement*

The *Italian Journal of Gynaecology & Obstetrics* encourages active patient and public involvement (PPI) in research.

We request authors of papers describing any study, including but not limited to randomized controlled trials and systematic reviews, to provide a statement in the methods section if and how patients were involved in the research. Please state if patients were not involved. Please be assured that the *Italian Journal of Gynaecology & Obstetrics* will consider papers that have not engaged with patients in the development of the trial; we are simply looking for transparency and standardization in reporting.

If there has been patient involvement authors may include 'Patient involvement' as a subheading within the Methods section in the same way as 'Statistical methods' can be reported under a subheading.

#### **Peer review and acceptance of submissions**

If the submitted manuscript receives major or minor revisions after the external peer review and editorial evaluation, the authors must submit a letter with point-to-point answers to all the comments by the Editor and external reviewers (see template for this purpose: [Answer to Editor and Reviewers](#)) when they will submit the revised version of the manuscript, with changes clearly highlighted (use red color or track changes function of Word).

Submitted contributions are accepted for publication on the basis of scientific interest and relevance for the *Italian Journal of Gynaecology & Obstetrics*, at the final discretion of the Editor-in-Chief. All the peer review system is single blind, at least two external anonymous reviewers are involved, and their evaluations are blinded to the authors. External reviewers will be selected based on their expertise and publication track (i.e. number of articles published on the topic), bibliometric parameters (total citation count and h-index) and Country (i.e. the handling editor will select preferably potential reviewers of Countries different from the ones of the authors).

In case of articles authored by editors and editorial board members, the peer review will be handled by one editorial board member that does not have conflict of interest with the authors (i.e., no shared authorships in the previous 5 years), preferably from a different Country, with the same peer review system (single blind, at least two external anonymous reviewers are involved and their evaluations are blinded to the authors) and reviewer selection criteria as for other submissions.

Usually, no more than two rounds of peer review will be allowed: if the authors fail to address the comments of the external reviewers repeatedly, the manuscript will be rejected (without to encourage re-submission).

The Editor-in-Chief will oversee on the overall peer review system and external reviewer selection, ensuring that the principles of appropriateness, fairness and transparency are followed.

#### *Complaints and appeals*

If a manuscript is rejected, the corresponding author has the option to write to the Journal ([editorialoffice@gynaecology-obstetrics-journal.com](mailto:editorialoffice@gynaecology-obstetrics-journal.com)) explaining the reasons for disagreeing with the decision. The Editor-in-Chief or a Deputy Editor-in-Chief may uphold the decision or may request further information or consult with colleague editors on the manuscript prior to making a decision regarding whether to reject or uphold the appeal.

The purpose of an appeal is for the Editor-in-Chief or a Deputy Editor-in-Chief to examine the editorial process. If it is found not to have been in line with our policies, remedial action will be taken to reinstate correct procedure. Please note that we rarely revisit opinions expressed by editors or referees, unless you can convince us that there are factual errors in our understanding of the scientific content of the paper. Please also note that a manuscript can only be appealed once, so it is your responsibility to ensure that you make a convincing argument to have a change of appealing successfully.

Other complaints should be addressed in writing to the Editor-in-Chief for consideration and any necessary action. Where a complaint remains unresolved, the complainant can refer the matter to the Committee on Publication Ethics (COPE): <https://publicationethics.org/>

#### *Potential author misconduct*

The *Italian Journal of Gynaecology & Obstetrics* takes signs of possible scientific misconduct seriously. If the team of editors have concerns about the publication ethics/research ethics of a submitted manuscript, in the first instance they will contact the author(s) to request further clarification.

The editor will progress the situation by following the appropriate COPE flowchart: <https://publicationethics.org/guidance/Flowcharts>

#### *Plagiarism*

Plagiarism is defined as taking the work of another, and presenting it as one's own without crediting the source. Authors are required to perform plagiarism screening, using tools such as CrossCheck by iThenticate or similar, before submission. Plagiarism, even if unwanted, will be taken seriously and Editors will consider informing authors' Institution in case about

those cases. In any case, it is important that all sources are properly referenced and reworded to prevent copyright infringement.

#### *Self-plagiarism*

Self-plagiarism is defined as a form of plagiarism where the writer republishes their own work in its entirety or reuses portions of a previously written text while authoring a new work. In particular self-plagiarism constitutes presenting one's own previously published work as new. Self-plagiarism is considered to be a significant issue, especially because it can infringe upon a publisher's copyright. It is recommended that authors declare and explain if their manuscript relates to a previously published paper. Similar to plagiarism, also self-plagiarism will be taken seriously and Editors will consider informing authors' Institution in case about those cases.

For more information see "The Ethics of Self-Plagiarism":

<https://f.hubspotusercontent30.net/hub/92785/file-5414624.pdf/ith-selfplagiarism-whitepaper.pdf>

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No specific feature within an image may be enhanced, obscured, moved, removed or introduced. Adjustments of brightness, contrast or colour balance are acceptable if they are applied to the whole image and as long as they do not obscure, eliminate, or misrepresent any information present in the original.

The grouping of images from different parts of the same gel, or from different gels, fields, or exposures must be made explicit by the arrangement of the figure (e.g. dividing lines) and in the text of the figure legend.

#### *Original data*

If the editor thinks that it is necessary to view the raw data described in a paper, the authors will be expected to provide these data on request (with details of patients removed). If the original data cannot be produced by an author when asked to provide it, the acceptance of the manuscript may be revoked.

#### *Commercial sponsorships*

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