Submission

All manuscripts should be submitted online at: https://www2.cloud.editorialmanager.com/goij/default2.aspx.
Please prepare your files using .docx format for all the items, except figures and videos, since the submission system does not accept .doc format.

The corresponding author must register on the site. Once this has been done you can use your login and password to access your home page (please avoid creating duplicate accounts). From the home page, you will have access to the status of your manuscripts throughout the editorial process and, therefore, you need to retain your login and password for future reference. Only one corresponding author is allowed for each manuscript.

- Ensure the corresponding author's email address is correct and up to date as all correspondence will be sent to this address.
- Read our instructions for authors before submitting your manuscript.

Once a paper has been correctly submitted through the online system, it is assigned a tracking number and is accessed by one of our Deputy Editors-in-Chief.

In case of problems or if you need further information, you may contact Journal Publishing Editor by email (**editorialoffice@gynaecology-obstetrics-journal.com**).

NOTE: before the submission you need to read carefully the Scope and Editorial Policy of the Journal.

Article preparation

Please follow the instructions below to increase the chances of your paper passing this initial quality control stage first time, avoiding delays to your submission. Editorial office will return manuscripts back to the authors in case they will not follow carefully the editorial guidelines.

In order to help authors to include all the necessary information/files during the manuscript submission, a submission checklist is available here: Submission checklist

(NOTE: this checklist does NOT need to be uploaded during the submission of the manuscript).

Compulsory requirements for all papers

Cover letter

A cover letter accompanying the article must be submitted, addressed to the Editor-in-Chief, signed by the corresponding author on behalf of the coauthors, who must declare:

- That the manuscript has neither been previously published, nor under consideration for publication elsewhere.
- That the Authors have obtained written permission for the reproduction of images, figures or algorithms protected by copyright, if necessary.
- If the article is published, the Author's rights concerning the article itself will be transferred to the Editor.
- Any potential conflict of interest.
- For original articles, that a formal approval was obtained by an Independent Institutional Review Board (see "Compliance with Ethical Standards" for further information and cases of potential exemption of formal IRB approval).
- That the research was conducted in accordance with the ethical standards established in the Declaration of Helsinki of 1946; 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, if applicable.
- That informed consent was obtained from all participants before enrolment in the study, if applicable.
- That the study is line with the recommendations of the Enhancing the QUAlity and Transparency Of health Research (EQUATOR) Network and the Core Outcomes in Women's and Newborn Health (CROWN) Initiative.
- In case of clinical trial, registration ID and repository should be reported. Similarly, systematic reviews and meta-analyses should be registered on PROSPERO or similar registry, and ID should be provided.

The corresponding author should also provide a brief explanation of the reason why the study was conducted, and the novelty of the investigation compared with the available literature.

In order to facilitate the formatting of the cover letter according to these guidelines, the authors can use this template: Template-Cover-Letter

Manuscript preparation

All manuscripts should be double-spaced in an A4-sized document, with each line and page numbered. The preferred font for the *Italian Journal of Gynæcology & Obstetrics* is Arial, 12 pt. The word count for an article only includes the main body of the text, and excludes all other sections including the abstract and references. The following requirements are compulsory for all manuscripts.

In order to facilitate the formatting of the manuscript according to these guidelines, the authors can use this template: Template Manuscript

1. ***Title page*** **must include:**

- the full title of the paper which should include the methodology after a colon (e.g. "Spinal anesthesia vs general anesthesia in gynecological laparoscopic surgery: a systematic review and meta-analysis").

- A shortened short title of no more than 60 characters.
- Names, surnames (in bold, to be clearly differentiated from the names), progressive number of affiliations in superscript, affiliations (Department/Hospital, Institution, City, Country). Maximum 3 affiliations per author is allowed. The corresponding author must be identified with *. See an example below:

Antonio Simone **Laganà** [1,*], Andrea **Giannini** [2], Milan **Terzic** [3,4,5]

[1] Department of Obstetrics and Gynecology, "Filippo Del Ponte" Hospital, University of Insubria, Varese, Italy.

[2] Department of Medical and Surgical Sciences and Translational Medicine, "Sapienza University", Rome, Italy.

[3] Department of Medicine, School of Medicine, Nazarbayev University, Nur-Sultan, Kazakhstan.

[4] National Research Center of Mother and Child Health, Clinical Academic Department of Women's Health, University Medical Center, Nur-Sultan, Kazakhstan.

[5] Department of Obstetrics, Gynecology and Reproductive Sciences, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA.

- Corresponding author information (name, surname in bold, title, affiliation with address and postal code, email). Only one corresponding author is allowed for each manuscript. See an example below:

***Corresponding author:** Antonio Simone **Laganà**, M.D., Ph.D. Department of Obstetrics and Gynecology, "Filippo Del Ponte" Hospital, University of Insubria, Piazza Biroldi 1, 21100 Varese, Italy. Email: antoniosimone.lagana@uninsubria.it

- Authors should provide a separate section of the title page with Open Researcher and Contributor ID (ORCID) for each author. If one author does not have an ORCID, we suggest to register on the following website: https://info.orcid.org/what-is-orcid/
- Word count, referring only to the main text (excluding title page, abstract, key words, “Compliance with Ethical Standards” section, table/figure legend, and reference list).

2. ***Abstract page*** (not required only for letters to the Editor and commentaries) **must include:**

- Structured abstract only in English (see “Specific requirements for each type of article” for further details), maximum 250 words.

- 3 (minimum) - 5 (maximum) key words, separated by semicolons (;) and selected according to the Medical Subject Headings (MeSH: https://www.ncbi.nlm.nih.gov/mesh/).

3. ***Main body of text*** (see "Specific requirements for each type of article" for further details).
4. ***"Compliance with Ethical Standards" section (mandatory) must include:***

- **Authors contribution**

Each author should be clearly identified with initials (e.g. Antonio Simone Laganà should be identified as A.S.L.) with at least one of the following roles, 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/

- **Funding**

Funding for any type of publication, for example by a commercial company, charity or government department, should be stated here.

- **Study registration** (if applicable)

Please indicate repository and ID.

- **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.

- **Ethical approval**

Any reports of studies or trials involving human or animal subjects, or medical records, should contain a statement that the procedures of the study received ethics approval from the relevant regional or institutional ethics committee responsible for human experimentation or complied with regulations governing experimentation using animals.

For observational studies using data collected during routine clinical practice, without any intervention/experiment performed the authors (including survey studies with fully

anonymized data collection/analysis), a formal IRB approval could be considered exempted, although these studies must be in line with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement (https://www.equator-network.org/reporting-guidelines/strobe/), the REporting of studies Conducted using Observational Routinely-collected health Data (RECORD) Statement (https://www.equator-network.org/reporting-guidelines/record/) and/or the Consensus-Based Checklist for Reporting of Survey Studies (CROSS) Statement (https://www.equator-network.org/reporting-guidelines/a-consensus-based-checklist-for-reporting-of-survey-studies-cross/).

A formal IRB approval could be considered exempted for "Case report" and "Description of technique", although written informed consent from patient(s), allowing data collection for research purpose, is mandatory.

- **Informed consent**

Clearly state how informed consent for data collection for research purposes was obtained for studies involving human subjects, if applicable.

- **Data sharing**

See the Standard Templates here: Template for data availability statement

When data is available and linked, authors will need to provide a citation of the data in their reference list.

Data citation:

[dataset]Authors; Year; Dataset title; Data repository or archive; Version (if any); Persistent identifier (*e.g.* DOI)

- Please not that "Acknowledgment" paragraph is not mandatory within the "Compliance with Ethical Standards" section.

5. References

Authors must follow the conventions of the Vancouver style system in which references are numbered consecutively in the order in which they are first mentioned in the text, using square brackets (e.g. [1]) in the main text, before punctation.

Numbering in superscript (e.g. [1]) and between parentheses (e.g. (1)) is not allowed. Referencing after punctation is not allowed (e.g. … as recently found. [1])

In the reference list, authors must adhere to the following examples:

- Articles with less than 6 authors

Scioscia M, Noventa M, Palomba S, Laganà AS. Effect of the COVID-19 pandemic on oncology screenings: it is time to change course. BJOG. 2021;128(13):2213-2214. doi: 10.1111/1471-0528.16857.

- Articles with 6 or more authors

Alonso Pacheco L, Bermejo López C, Carugno J, Azumendi Gómez P, Martinez-Ten P, Laganà AS, et al. The Rule of 10: a simple 3D ultrasonographic method for the diagnosis of T-shaped uterus. Arch Gynecol Obstet. 2021;304(5):1213-1220. doi: 10.1007/s00404-021-06147-y.

- In case of articles in press or Epub (without page numbers), authors can use follow this example (only year of publication and DOI):

Buzzaccarini G, Stabile G, Török P, Petousis S, Mikuš M, Della Corte L, et al. Surgical Approach for Enlarged Uteri: Further Tailoring of vNOTES Hysterectomy. J Invest Surg. 2021. doi: 10.1080/08941939.2021.1967528.

- Books

South J, Blass B. The future of modern genomics. 2001. Blackwell, London.

- Book chapters

Brown B, Aaron M. The politics of nature. In: Smith J (ed), The rise of modern genomics, 3rd edn. 2001. Wiley, New York, pp 230-257.

- Online articles and pre-prints

Alvergne A, Kountourides G, Argentieri MA, et al. COVID-19 vaccination and menstrual cycle changes: A 2 United Kingdom (UK) retrospective case-control study. [available at: link]. Accessed on January 15, 2022.

- **How to cite *Italian Journal of Gynæcology & Obstetrics***

The abbreviated name of this Journal is **Ital J Gynaecol Obstet.** with the dot at the end.
If authors want to cite our articles, must follow the example below:

Dellino M, Crupano FM, Rossi AC, Xuemin H, Tinelli R, Cicinelli E, et al. Relationship between prelabour uterine rupture and previous placenta previa diagnosis: case reports and review of literature. Ital J Gynaecol Obstet. 2022;34(1):48-53. doi: 10.36129/jog.34.01.08.

So:

- the surname(s) of authors with the abbreviated name(s) (et al. just in case the authors are more than 6).
- The title of the article.

- The abbreviated Journal name.
- The year;volume(issue):first page-last page.
- Doi.

Authors are kindly requested to avoid referring to personal observations to support the findings of their investigations.

In case of wrong referencing, manuscript will be sent back to the authors for correction.

6. **Figure and Table legend** (Figures and Table must be uploaded as separate files)

Specific requirements for each type of article.

Original article

- Abstract (250 word maximum) for original articles must be subdivided in the following paragraphs: Objective, Materials and Methods (or Patients and Methods), Results, Conclusions.
- Main text should be subdivided in the following sections:

1. Introduction (summary of the available evidence about the topic; why the investigation was developed; objectives/aims).
2. Materials and Methods (description of the methodology, study registration if applicable, ethical and methodological standards, statistical analysis). Consider to include a subsection about “Patient and public involvement”.
3. Results (do not repeat data contained in tables/figures; do not comment data).
4. Discussion (main findings, strengths and limitations, interpretation and comparison with other literature).
5. Conclusions (including potential implications for the clinical practice and future research priorities).

Narrative review

- Abstract (250 word maximum) for narrative review can be unstructured or can be subdivided in the following paragraphs, following the authors’ preference: Objective, Materials and Methods, Results, Conclusions.
- Main text can be organized according to the authors’ preference.

Systematic review and meta-analysis

- Abstract (250 word maximum) for systematic review should be subdivided in the following paragraphs: Objective, Materials and Methods, Results, Conclusions.
- Main text should be organized in the following sections:

1. Introduction
2. Methods (Study design and registration - recommended, not mandatory; Inclusion criteria; Search strategy; Study selection and data extraction; Quality assessment; Data synthesis).
3. Results (Study selection; Included studies; Type of intervention; Type of patients; Risk of bias assessment; Effects of intervention; Sensitivity analysis).
4. Discussion (main findings, strengths and limitations, interpretation and comparison with other literature).
5. Conclusions (including potential implications for the clinical practice and future research priorities).

Protocol for study and systematic review

- Abstract (250 word maximum) and main text must be subdivided in the following paragraphs: Objective, Materials and Methods (or Patients and Methods), Expected Results.

Case report

- Abstract (250 word maximum) must be subdivided in the following paragraphs: Background, Case presentation, Conclusions.
- Main text should be organized in the following sections: Introduction, Case presentation, Discussion, Conclusions.
- Note: a formal IRB approval could be considered exempted for this type of article, although written informed consent from patient(s), allowing data collection for research purpose, is mandatory.

Description of technique

- Abstract (250 word maximum) must be subdivided in the following paragraphs: Objective, Description of the technique, Conclusions.
- Main text should be organized in the following sections: Introduction, Description of the technique, Discussion, Conclusions.
- Note: a formal IRB approval could be considered exempted for this type of article, although written informed consent from patient(s), allowing data collection for research purpose, is mandatory

Video-article

This type of article requires the author(s) to submit:

1. A “Manuscript” file containing only the title page (see “Manuscript preparation”) a structured abstract (250 word maximum, subdivided in the following sections:

Objective; Methods or Description of the technique/case; Conclusions), 3 (minimum) – 5 (maximum) key words, and the "Compliance with Ethical Standards" section;
2. The "Video" (a single file of maximum 20 Megabytes) in one of the following formats: .mp4.

The Video-article must be 6 to 8 minutes in length, must cover all elements found in a written manuscript, must have narration, with or without music. Please note that the narration must be in English. A Video Article submission may contain images, graphs and/or statistics that support or demonstrate the findings of the Video Article.

Please note that if the video was already published/posted anywhere (including YouTube and/or social media), it is not possible to submit it for potential publication in the *Italian Journal of Gynæcology & Obstetrics* (as for any other published material).

Please note that full length manuscript is not required for this type of article.

Letter to the Editor (not related to articles published in the Journal)

- Abstract is not required.
- Main text should be 600 words and 10 references maximum.

Commentary (on articles published in the Journal)

- Abstract is not required.
- Main text should be 600 words and 10 references maximum.
- Commentaries will be considered only if they refer to articles published in the Journal within the last 6 months)

Position Statement

- Abstract (250 word maximum) for Position Statements can be unstructured or can be subdivided in the following paragraphs, following the authors' preference: Objective, Materials and Methods, Summary of the recommendations.
- Main text can be organized according to the authors' preference.

Conference proceedings

- This type of publication will be not available as unsolicited. Head(s) of conference/meeting should contact the editorial office (**editorialoffice@gynaecology-obstetrics-journal.com**) for planning. For conference proceedings (published as Supplements), 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.

Specific requirements for Tables

All tables must be submitted separately from the manuscript file in Word format.

Tables must be identified and referred in the manuscript with arabic numbers (e.g. Table 1). and in the “Figure and table legend” section (e.g. Table 1. Xxxxx).

Tables will not be accepted in PowerPoint, PDF or JPG formats, which require retyping of the text for uniformity of style with journal graphics.

Specific requirements for Figures

The figures (i.e., photographs, graphs, and diagrams, including flow charts) themselves must be submitted separately from the manuscript file (one file for each figure). Each figure must be numbered with an Arabic numeral (according to its citation in the text). For composite figures, each component should be labeled with lowercase letters (e.g., figure 1a).

Photographs, figures, graphs, diagrams, and flow charts must be supplied in one of the following formats: JPG (high resolution: min 300 dpi), TIFF (high resolution: min 400 dpi).

Scanned images must be acquired with high resolution and saved in a high-resolution format. Illustrative material included in the article should ideally be unprotected by copyright. For tables or figures that have already been published (by the authors or others), permission to reproduce must be obtained from the copyright holder (in generally, the journal in which the material was originally published) and attached to the submission. Failure to obtain this permission prior to submission can delay publication of an accepted manuscript.

Authors should make sure that photographs of patients contain no identifying features. The patient must be asked to provide written informed consent to the publication of the photograph.

In addition, the Publisher reserves the right to not publish images not conforming to these requirements, which could affect the graphical quality of the journal.

Please note:

- Figures must be presented separately, not inserted in the manuscript text and must not contain trade names or bibliographic references.
- Captions for figures are to be provided in the text file at the end of the manuscript. DO NOT incorporate captions into figures.

Enhancing the QUAlity and Transparency Of health Research (EQUATOR)

The *Italian Journal of Gynæcology & 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.

Acronyms, abbreviations, units of measurements

The *Italian Journal of Gynæcology & Obstetrics* recognizes the adoption of the International Systems of Units (SI-Units). Acronyms, abbreviations, and units of measurements without a

legend and/or incomprehensible are not permitted. When necessary, a list of abbreviations may be inserted after the abstract.

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 Gynæcology & 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..

Proofreading

Proofreading is the responsibility of the Authors regarding content and of the Editors regarding the technical part. The proofs for correction will be sent to the corresponding Author indicated in the manuscript. These must be corrected and returned to the editorial office by the date indicted in the accompanying letter and within 3 working days of their receipt.

After this deadline, ex officio correction and/or postponing of publication will occur, depending on the editorial priority of the Editor in Chief.

Responses received after the indicated date and requests for sending to another or more than one Author, different from the one indicated in the manuscript, will not be accepted.

NOTE: proofreading corrections must avoid modifying the graphics already defined or modifying the content, conversely a new peer-review process will be required.

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