

Guidelines for Authors

Women's Healthcare: A Clinical Journal for NPs is the official journal of the National Association of Nurse Practitioners in Women's Health (NPWH). This peer-reviewed journal, published quarterly, focuses on clinical topics of interest and importance to NPs and other advanced practice nurses who attend to women's healthcare needs. ***Women's Healthcare (WH)*** is indexed in CINAHL.

Authors who wish to submit manuscripts to ***WH*** must adhere to these guidelines; otherwise, manuscripts will be returned and you will be asked to correct and resubmit them. Manuscripts should have a clinical focus, providing NPs with up-to-date information that is useful in everyday practice. In addition, research studies with clinical implications are eligible for consideration. Before submitting manuscripts, you may send a brief email query to managing editor Dory Greene (dgreene@npwomenshealthcare.com) and/or Editor-in-Chief Beth Kelsey (bkelsey@npwomenshealthcare.com) to determine whether the chosen topic is likely to be of interest to ***WH*** readers.

Publication ethics

Women's Healthcare: A Clinical Journal for NPs adheres to the principles stated on the International Committee of Medical Journal Editors (ICMJE) website [Recommendations page](#). In particular, authors are directed to read the Roles and Responsibilities information on this website page, specifically with regard to Defining the Role of Authors and Contributors and Author Responsibilities—Conflicts of Interest. Authors submitting research manuscripts should also read the section on Protection of Research Participants. This section addresses patients' right to privacy, informed consent, and human and animal rights as research participants.

All authors are asked to address these concerns and others in the [Manuscript Submission Cover Letter](#). In addition, each author must complete the ICMJE [Disclosure of Conflicts of Interest form](#).

Therefore, in order to ensure that ethical principles in publication are addressed, the **author(s)** must submit to ***WH***, along with the manuscript itself, the Manuscript Submission Cover Letter. In addition, **each author** must submit her or his own ICMJE Disclosure of Conflicts of Interest form to ***WH***.

Manuscripts submitted to ***WH*** must not have been previously published or be under consideration for publication in another journal. In accordance with the ICMJE, each listed author must have made a substantive intellectual contribution without which the manuscript could not have been written. Authors assume responsibility for all content. Once a manuscript is published in ***WH***, it becomes the joint property of HealthCom Media and NPWH.

Text format

The **title page** must contain, in the following order, the paper's full title; each author's first name, middle initial, last name, credentials (eg, DNP, WHNP-BC), position, and affiliation; any source(s) of financial support (if none, please state so); and disclaimers, if any. The title page must also include the name, address, phone numbers, fax number, and email address of the corresponding author.

The next page must contain a single-spaced **abstract** of 3-4 sentences summarizing the purpose/content of the article. If the article is a clinical study, you need not describe the findings or conclusion in the abstract. Please include six **key words** for database searching.

The **manuscript** is to be double-spaced, in 12-point Times New Roman font (MS Word only), using 1-inch margins (maximum, 3,500 words, including references and graphics). Do *not* add headers or footers. In the text of the manuscript, use one character space, not two spaces, between sentences. Keep abbreviations to a minimum and define each abbreviation at first use. Units of measure are abbreviated only when used with numbers. Refer to the *American Medical Association Manual of Style: A Guide for Authors and Editors (10th ed.)* for standard scientific abbreviations. Cite references (no older than 5 years if possible) using a superscript¹ in the text and then list them in the reference section in the order cited in the text. Internet websites, if cited, must be reliable resources; original articles are strongly preferred. References are styled in AMA format. You are responsible for the accuracy of all information, including references.

Short-form article options

As an alternative to submitting feature-length papers or research studies, authors may submit shorter articles for any of the departments listed here. Authors of short-form articles still need to heed the guidelines listed in the Text format section—minus the need for an abstract or key words.

- **“DNP projects: Spotlight on practice”** (600-1,300 words, including references and graphics): *WH* invites students or recent graduates to submit reports on their DNP projects in abstract form for publication consideration. The project should focus on quality improvement in an aspect of women's healthcare relevant to NPs providing this care. The project must include implementation of an evidence-based intervention for change and an evaluative component to determine the impact of the intervention. Preferred projects for consideration will have an innovative approach to addressing a clinical problem or improving health outcomes. The content of the abstract should include the purpose of the project with brief literature support; description of the setting/population for the project, intervention, methods used for evaluation of outcomes, outcomes, limitations, and implications for women's health; and references. In addition, authors must submit documentation of institutional review board status, including if deemed exempt or not human research status. The student's faculty advisor must approve the abstract for submission.
- **“On the case”** (2,000-2,500 words, including references and graphics): The case study addresses complex women's health situations, and is presented in a way that challenges readers, as led by the author, to work through each step from making the diagnosis to the planning of care. The particular challenge may

involve co-morbidities and/or psychosocial, cultural, or ethical dimensions that complicate the situation. Authors should first provide background information about the patient and the health situation, which will help readers understand the complexity of the case. The case study itself should reflect an evidence-based approach to assessment, diagnosis, development of desired outcomes, plan and implementation of care, and evaluation of outcomes. Readers are led through this process as the case unfolds. Authors can pose decision-point questions, and then use these questions to address the rationale for each step in the clinical decision-making process. Use of decision-making algorithms, charts, or tables is encouraged. Last, authors should provide a lessons-learned component with take-home messages that readers can apply to the management of cases similar to the one described.

- **“Assessment and management”** (1,300-2,000 words, including references and graphics): This short piece provides readers with up-to-date, evidence-based information on screening, diagnosis, pharmacologic/nonpharmacologic treatment, patient counseling/education, and/or referral resources for a specific health condition important to women and relevant to NPs providing care for women with this condition.
- **“Commentary”** (1,300-2,000 words, including references and graphics): In this unique *WH* forum, authors can share their perspective on a topic of importance to women’s healthcare and relevance to NPs providing this care. The commentary may challenge current practice, reflect on the author’s real-world experience in providing services not widely considered part of NP practice, propose thought-provoking ideas concerning practice, and/or provide a viewpoint on the implications of expanding some aspect of clinical practice. Authors need cite only references deemed essential to support their viewpoint.
- **“Clinical resources”** (600-2,000 words, including references and graphics): This department focuses on new or updated practice guidelines, screening and diagnostic tests, and technology for high-quality, evidence-based patient care.
- **Professional development** (600-2,000 words, including references and graphics): This department focuses on processes that foster learning or quality improvement in clinical practice or that promote the business aspect of being an NP.

Student authors

We accept manuscript submissions from master’s-prepared APNs enrolled in a doctoral-degree program. Students who have previously authored an article in a peer-reviewed journal may submit a manuscript as a solo author (documentation of this previously published work must be provided at the time of manuscript submission). Otherwise, the student’s faculty advisor or another faculty member must serve as second author on the manuscript.

Graphics

Manuscripts may be accompanied by tables, figures, photographs, illustrations, and/or video links. In the body of the manuscript, indicate where the graphic should be placed (e.g., Insert Figure 1 here). Tables are designed on the Word document and placed in numerical order after the reference section. Other graphics are submitted in a *separate electronic file* titled “Figure 1,” “illustration of digestive system,” and the like. Figure titles and associated captions, legends, and sources are placed in numerical order following the reference section.

If you did not create or if you do not own the graphic image presented for publication, you must obtain written permission to reproduce the image from the creator/owner of the image and give proper credit. In addition, any person whose image is shown in a photograph must sign a consent form giving permission to publish it.

Preferred graphics: TIFF, EPS, or JPG formats are preferred. Do not embed figures, photos, or illustrations in the Word document. Line art must have a minimum resolution of 600 dpi, halftone art (photos) a minimum of 300 dpi, and combination art (line/tone) a minimum of 500 dpi. Color figures should be submitted actual size. Multiple figure files can be compressed into a Stuffit or Zip file.

Alternatives:

Photos and slides:

- *Physical photos, preferably in color, are acceptable.* Glossy black and white photographs are submitted unmounted. You must obtain written permission from photographers and from all persons identifiable in photographs.
- *Digital photos:* Images are prepared so that they may be printed at 4 x 6 with a resolution of 300 dpi. They must be at least 200 KB in size. File sizes >10 MB must be submitted on a CD (they cannot be emailed).

PowerPoint images: All logos and images must be embedded in the PowerPoint file, and photographic images must be saved at 300 dpi at 4 x 6. Low-resolution (<300 dpi) PowerPoint charts cannot be reproduced; they will be redrawn by our art director.

More information:

- *Tables:* Articles may contain up to four tables containing actual tabular material (simple lists should be incorporated into the text). Tables are cited in the text in numerical order, but they are physically placed in numerical order after the reference section. You must obtain permission to reproduce a previously published table, which must also include a credit line stating the original source.
- *Figures, graphs, and illustrations:* These should be professionally prepared in color or produced on a high-quality laser printer. As mentioned previously, they are cited in the text in numerical order but are physically submitted in separate files. Figure titles, captions, legends, and sources are listed in numerical order after the reference section.
- *Video links:* Links to videos from professional organizations, as well as from academic and government sources, are encouraged.

Manuscript submission process

After you submit a manuscript to the managing editor Dory Greene (dgreene@npwomenshealthcare.com), you will receive an email confirmation. The editor-in-chief will determine whether the manuscript is ready for peer review, needs minor or major revision, or is not suitable for **WH**. This determination is then communicated to the

corresponding author by the managing editor. If the manuscript is sent directly for blind peer review, a process that can take 4-6 weeks, the managing editor, upon hearing from the peer reviewers, will advise the corresponding author whether the manuscript has been accepted for publication, accepted pending revision, or rejected. If the manuscript is accepted for publication, authors are asked to sign an agreement giving HealthCom Media and NPWH the rights to the article. Next, the article will undergo standard in-house editing to ensure consistency with **WH** editorial style. The corresponding author may be asked to address outstanding queries and concerns at this time. Before the article is published, the corresponding author will be asked to review and approve the page proofs.