

Guidelines for Authors

Women's Healthcare: A Clinical Journal for NPs (WH) is the official journal of the National Association of Nurse Practitioners in Women's Health (NPWH). This peer-reviewed journal, published six times a year, focuses on clinical topics of interest and importance to NPs and other advanced practice registered nurses who attend to women's and gender-related healthcare needs. **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 Gretchen L. Schwenker (gschwenker@healthcommedia.com) and/or Editor-in-Chief Beth Kelsey (bkelsey@npwh.org) 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 (WH) provides ethical oversight of the journal through the implementation of adopted policies incorporating recommendations from the International Committee of Medical Journal Editors (ICMJE), Committee on Publication Ethics (COPE), and the *AMA Manual of Style: A Guide for Authors and Editors*, 11th edition.

To ensure that ethical principles in publication are addressed, the authors are directed to read the following policies and to adhere to them as applicable:

Authorship and contributorship

Intellectual property

Conflicts of interest/competing interests

Peer review

Appeal of editorial decisions

Protection of research participants and patients

Allegations of author misconduct

Corrections and retractions

Complaints and concerns

Sponsored journal materials

Authors can access this information on the [journal's ethics policies section on the journal website](#).

Each author must complete the ICMJE Disclosure of Conflicts of Interest form, but the corresponding author can submit these forms together 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 property of HealthCom Media, the publisher of the journal for 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; brief description of role in development of the manuscript (eg, conception or design of the work; acquisition, analysis, or interpretation of data for the work; drafting the work or revising it critically for important intellectual content); 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, and email address of the corresponding author.

For full feature-length manuscripts or research studies, the next page must contain a single-spaced **abstract** of 3 to 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 **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 *AMA Manual of Style: A Guide for Authors and Editors* (11th 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. Subscription clinical decision support resources such as UpToDate are not acceptable as references. References are styled in AMA format. You are responsible for the accuracy of all information, including references.

Other article options

As an alternative to submitting full feature-length papers or research studies, authors may submit shorter articles for any of the titles listed here. Authors still need to heed the guidelines listed in the Text format section—minus the need for an abstract or key words, with the exception of the first option as follows.

- **“Assessment and management”** (2,000-2,500 words, including references and graphics): This shorter version of a feature article 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 relevant to NPs providing women's and gender-related healthcare. It is the only short-form option that requires an abstract and key words, and it is subject to peer review.
- **“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.

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- **“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 or gender-related 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.
- **“DNP projects: Spotlight on practice”** (1,600-2,000 words, including references and graphics): **WH** invites DNP students or recent graduates to submit manuscripts on completed quality improvement DNP projects in abstract format for publication consideration. The project should focus on quality improvement in an aspect of women’s or gender-related healthcare relevant to NPs providing this care. Preferred projects for consideration will have an innovative approach to addressing a clinical problem or improving health outcomes. The student’s faculty advisor must complete and sign an advisor approval form to be submitted with the manuscript. Please refer to specific author guidelines for DNP projects (DNP Project Author Guidelines, Project Faculty Advisor Approval Form).
- **“On the case”** (2,000-2,500 words, including references and graphics): The case study addresses complex women’s or gender-related 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 comorbidities 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.
- **“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.

Graphics

Manuscripts may be accompanied by tables, figures, photographs, illustrations, and/or video links. Tables are designed on the Word document and placed in numerical order after the reference section. Other graphics are to be submitted in a *separate electronic file* titled “Figure 1,” “illustration of digestive system,” and the like.

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.
- *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 Gretchen L. Schwenker (gschwenker@healthcommedia.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 for blind peer review, a process that can take 4 to 6 weeks, the managing editor, after 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 the rights to the article. The article then will undergo standard in-house editing to ensure consistency with **WH** editorial style, and the corresponding author will be asked to address any outstanding queries and concerns.

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