

Journal of
Midwifery
& Women's Health



**Manuscript Preparation
and Style Guide**

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This guide is intended to supplement the *Journal of Midwifery & Women's Health (JMWH)* Instructions for Authors and the *AMA Manual of Style*,¹ which *JMWH* has adopted to inform grammar, punctuation, and style for articles published in the Journal. Refer to *Dorland's Medical Dictionary*² for spelling of medical terms.

I. MANUSCRIPT PREPARATION

A. General Guidelines

1. **Font, spacing, margins, and page numbers:** Use 12-point font, 1.5 line spacing, and uniform margins of 1" at the top, bottom, and sides of each page. Number pages consecutively.
2. **Headings:** Use bold uppercase for level 1 headings, bold title case for level 2 headings, italicized title case for level 3 headings, and normal (no bold or italics) title case for level 4 headings (ie, **LEVEL 1 HEADING**, **Level 2 Heading**, *Level 3 Heading*, Level 4 Heading). Ensure the content for each section matches the heading (eg, do not put any study results, such as the number of participants, in the methods section). The following level 1 headings should be used for both the abstract and manuscript text:
 - a. Original Research: Introduction, Methods, Results, and Discussion
 - b. Quality Improvement Reports: Introduction, Process, Outcomes, and Discussion
 - c. Other manuscript types: left to the discretion of the author
3. **Point of view:** Avoid using first-person (I, we, me, us, my, mine, our, ours) and second-person (you, your, yours) pronouns. Instead, identify who is speaking or being addressed (eg, the authors, midwives and other health care providers).
4. **Quotations:** Put short quotations in quotation marks and do not separate them from the running text or italicize. Put quotations, including interview excerpts from qualitative studies, that exceed 40 words of text into a freestanding block of text with a line space above and below, italicized text, no paragraph indents, and no quotation marks.
5. **Case summaries:** In Clinical Rounds and Review manuscripts, italicize the case summary section that describes the clinical scenario. Use pseudonym initials with periods for patients in case summaries (eg, W.B.).
6. **Search terms:** When listing terms used in a search strategy for a review, include the list of search terms after a colon, each separated by a comma, and with each term italicized.
7. **Qualitative research themes:** No special formatting (eg, capitalization or italics) should be applied to themes identified in qualitative research. For example, "The 3 themes identified included choice of service provision model, feeling valued, and multiple types of discrimination."
8. **Italics:** Italics are used for specific purposes and not for emphasis. Use italics:
 - a. For level 3 headings.
 - b. When terms are described as terms (eg, "The *nuchal fold* is the translucent nuchal space at the posterior fetal neck.>").
 - c. For titles of books, journals, organizational documents (eg, ACNM's *Core Competencies for Basic Midwifery Practice*), and other published material; note that anything publicly available on the internet is considered published.
 - d. For non-English words and phrases that are not shown among English terms in the current edition of *Merriam-Webster's Collegiate Dictionary* or in accepted medical dictionaries.

- e. For genus and species names of some microorganisms, plants, and animals when used in the singular and the names of a variety or subspecies (see Section IV, C for additional information).
- f. For gene symbols but not gene names.
- g. For the statistical terms *df* (degrees of freedom), *F* (*F* test), *P* (statistical probability), *r* (bivariate correlation coefficient), *R* (multivariate correlation coefficient), *r*² (bivariate coefficient of determination), *R*² (multivariate coefficient of determination), *t* (from Student's *t* test), *U* (Mann-Whitney *U* statistic), and *z* (*z* score).
- h. For legal cases.

B. Abbreviations

1. Keep abbreviations to a minimum: use approved abbreviations (Appendix 1) and avoid unacceptable abbreviations (Appendix 2). Judicious use of commonly recognized abbreviations can make a manuscript easier to read. Inventive use tends to confuse the reader. Use common sense when deciding whether to abbreviate terms. If a term appears only once or twice in a manuscript, spell it out.
2. Unless otherwise indicated (see excepted abbreviations in Appendix 1), all terms must be spelled out the first time they are used in both the abstract and manuscript, followed by the abbreviation in parentheses. Subsequent uses should include the abbreviation only unless the abbreviation is the only content of a heading, in which case it should be spelled out. If an abbreviated term first appears in a heading, the term should be spelled out in the heading without the abbreviation. The abbreviation should then be presented the first time the term appears in the text.

C. Web URLs

Web URLs may be listed in the text when it is the website itself that is referred to rather than the content on the site. When the content of a website is being referred to, include the website in the reference list then cite that reference in the text. If several websites are identified as resources, these should be listed in a table or appendix.

D. Hyphenation and Compound Words

JMWH follows the *AMA Manual of Style*¹ recommendations for hyphen use, and more detailed explanations of when to hyphenate can be found in that reference. Appendix 3 contains examples of hyphenation and compound words for terms commonly found in *JMWH*.

E. Items in a Series and Lists

1. Use a comma before the last term in a series (ie, the Oxford comma). For example, “Midwives provide maternity, gynecologic, and primary care.” Use a semicolon when items within a series contain commas.
2. Bulleted lists are not used in the text of *JMWH* articles, with the exception of *Share with Women* patient handouts and American College of Nurse-Midwives (ACNM) publications.
3. In text, format numbered lists with Arabic numbers. For example, “The 3 neurotransmitters that will be discussed are 1) serotonin, 2) dopamine, and 3) norepinephrine.”

F. References

1. References are a critical element of a scholarly publication and demand close scrutiny. Only the most pertinent references should be included. Authors bear responsibility for the veracity of all references and cited material.
2. The majority of references should be from primary, recent (≤ 5 years old) sources. When secondary sources are used, current reviews of the literature from peer-reviewed journals are preferable to textbooks.
3. Authors should take care to avoid citing predatory journals, which prey on authors for financial profit without meeting scholarly publishing standards. The titles of predatory journals may mimic legitimate journal titles, such as the *Journal of Midwifery, Women's Health and Nursing Practice*, which is a predatory journal title that is very similar to the name of *JMWH*. Predatory journals are not indexed in legitimate databases (eg, MEDLINE, CINAHL, PsycINFO). A complete discussion of how to identify predatory journals is beyond the scope of this guide, but additional resources to learn more about this topic are included in the references.³⁻⁵
4. References follow the format set forth in the *AMA Manual of Style*.¹ Authors are responsible for assessing the completeness of references and ensuring the references are presented in the proper style and format.
5. References are numbered consecutively in the order in which they are cited in the text. If a reference pertains only to a table or figure and is not cited elsewhere in the text, the reference is numbered according to the first mention of the table or figure in the text. For example, in the following sentences, the 3 references for Table 2 that are not used elsewhere in the text are numbered 9 to 11 and placed with the table: "The preferred daily treatment for individuals with mild persistent asthma is a low-dose inhaled glucocorticosteroid⁸ (see Table 2). Alternative treatments include cromolyn, a leukotriene receptor antagonist, and theophylline.¹²"
6. Place superscript reference numbers in the text outside periods and commas, inside colons and semicolons. Include page numbers for direct quotations. For example, "'This framework acknowledges the broader context of women's lives.'^{12(p 6)}"
7. When 3 or more references are cited, use hyphens to join the first and last numbers of a closed series, and commas without space to separate other parts of a multiple citation. For example, "Multiple studies demonstrate the safety of midwifery care.^{3-6,12,13,15}"
8. Journal titles should be abbreviated in the reference list according to the PubMed Journals database, which can be found at <http://www.ncbi.nlm.nih.gov/journals>.
9. Examples for references are provided below. Additional examples for references can be found in the *AMA Manual of Style*.¹

Journal article with 1 to 6 authors

Stapleton SR, Osborne C, Illuzzi J. Outcomes of care in birth centers: demonstration of a durable model. *J Midwifery Womens Health*. 2013;58(1):3-14.

Journal article with 7 or more authors

Ko JY, Dietz PM, Conrey EJ, et al. Gestational diabetes mellitus and postpartum care practices of nurse-midwives. *J Midwifery Womens Health*. 2013;58(1):33-40.

Manuscript published online ahead of print but not yet paginated in the print journal

Beck CT, LoGuidice J, Gable RK. A mixed-methods study of secondary traumatic stress in certified nurse-midwives: shaken belief in the birth process [published online January 20, 2015]. *J Midwifery Womens Health*. doi: 10.1111/jmwh.12221

Manuscript accepted for publication but not yet published

Likis FE. The 60th anniversary of the American College of Nurse-Midwives: honoring our past, celebrating our present, forging the future. *J Midwifery Womens Health*. In press.

Entire book

Avery, MD, ed. *Supporting a Physiologic Approach to Pregnancy and Birth: A Practical Guide*. Ames, IA: Wiley-Blackwell; 2013.

Chapter in an edited book

Marowitz A. Complications during labor and birth. In: King TL, Brucker MC, Osborne K, Jevitt CM, eds. *Varney's Midwifery*. 6th ed. Burlington, MA: Jones & Bartlett Learning; 2019:1051-1105.

Institutional publication

American College of Nurse-Midwives. *Core Competencies for Basic Midwifery Practice*. Silver Spring, MD: American College of Nurse-Midwives; 2012.

Website

Website references can be challenging because the availability of the information needed for a reference varies. Include the following elements, if available, in the order shown: Author(s), if given (often, no authors are given). Title of the specific item cited (if none is given, use the name of the organization responsible for the site). Name of the website. URL. Published [date]. Updated [date]. Accessed [date].

H1N1 flu (swine flu): resources for pregnant women. Centers for Disease Control and Prevention website. <http://www.cdc.gov/h1n1flu/pregnancy/>. Updated December 14, 2009. Accessed March 16, 2018.

Material submitted for publication but not yet accepted

Material that has not been accepted for publication should not appear on the reference list. It can be referred to in the text with the author's name and date (eg, Jane Smith, CNM, unpublished data, January 2010). *JMWH* requires written communication from the original author attesting that use of the unpublished data has been approved.

Personal communications

References for personal communications are included in the text, not in the reference list. Include the correspondent's name and highest academic degree, date of the communication, and whether it was oral or written, including email (eg, A.B. Jones, PhD, written communication, January 2014). The affiliation of the individual should be included if it would better establish the relevance and authority of the citation. *JMWH* may request written permission from the person whose communication is cited.

II. LANGUAGE SPECIFIC TO MIDWIFERY

A. American College of Nurse-Midwives and the *Journal of Midwifery & Women's Health*

1. ACNM's official journal is the *Journal of Midwifery & Women's Health (JMWH)*, which has an ampersand in its title rather than the word *and*. *JMWH* was formerly known as the *Journal of Nurse-Midwifery (JNM)*.
2. ACNM is an initialism, not an acronym. An initialism is an abbreviation formed by using the initials or first letters of a series of words and is pronounced by enunciating each letter. Acronyms are pronounced as words, formed from the initial letters of words. ACNM should not be preceded by *the*.
3. Avoid referring to ACNM as "the College." There are many other professional organizations that have *college* in their name, so it is best to use ACNM's full name or initialism.
4. ACNM has an Annual Meeting & Exhibition, not a convention.
5. A.C.N.M. Foundation, Inc. should include the periods between each letter and must be followed by Inc. The A.C.N.M. Foundation, Inc should be referred to as a related organization of ACNM and not as a partner or sister organization.
6. ACNM has a national office, not a headquarters. Use lowercase for national office.
7. An ACNM state affiliate should only be capitalized when referring to a specific affiliate and using its complete name (eg, the ACNM Florida State Affiliate). All other mentions of state affiliates should be lowercase. For example, "The state affiliates participated in a conference call."
8. The initialism for the American Midwifery Certification Board, Inc. is AMCB (formerly known as the ACNM Certification Council [ACC]). AMCB certifies certified nurse-midwives/certified midwives (CNMs/CMs).
9. The acronym for the Accreditation Commission for Midwifery Education is ACME (formerly known as the Division of Accreditation [DOA] of ACNM). ACME is the accrediting agency for CNM/CM midwifery education institutions and programs.
10. Any article that has an author who is an employee of ACNM must include the following statement in the conflict of interest disclosure: "<Insert author's name> is an employee of the American College of Nurse-Midwives (ACNM). All opinions expressed in this article are the authors' and do not necessarily reflect the policies and views of ACNM."
11. Any article that has an author who is an editor of *JMWH* who makes editorial manuscript decisions (ie, Editor-in-Chief or Deputy Editor) must include the following statement in the conflict of interest disclosure: "<Insert author's name> is <insert author's *JMWH* title> of the *Journal of Midwifery & Women's Health*. She/he was excluded from the peer review and editorial decision for this article."

B. Certified Nurse-Midwives, Certified Midwives, Student Nurse-Midwives, and Student Midwives

1. *Nurse-midwife* is always hyphenated as are variations, such as nurse-midwifery.
2. *CNM* is the abbreviation for certified nurse-midwife, and *CM* is the abbreviation for certified midwife. *NMW* and *NM* are not acceptable abbreviations for *nurse-midwife*.
3. The plural form of CNM is CNMs, not CNM's. Likewise, the plural of CM is CMs. When using abbreviations referring to both CNMs and CMs in plural form, the correct format is CNMs/CMs.

4. Unless CNMs and CMs are being referred to in a specific context that does not include both CNMs and CMs (eg, in literature reviews or studies that are specific to nurse-midwifery), the use of CNM should always be accompanied by CM (CNM/CM). Similarly, the words *midwife* and *midwifery*, rather than *nurse-midwife* and *nurse-midwifery*, should be used.
5. *SNM* is the abbreviation for student nurse-midwife, and *SM* is the abbreviation for student midwife. The plural form of SNM is SNMs, not SNM's. Likewise, the plural of SM is SMs. When using abbreviations referring to both SNMs and SMs in plural form, the correct format is SNMs/SMs.

C. Credentials

1. List CNM, CM, SNM, or SM first, if applicable. If including multiple academic degrees, list the highest first. Other than listing CNM, CM, SNM, or SM first and academic degrees highest to lowest, the order of academic, licensure, and certification credentials is according to author preference.
2. Only include earned academic degrees; do not use PhD(c) or other candidacy credentials.
3. Only include degrees below the master's level if a bachelor's degree is the highest degree held.
4. Academic degrees, credentials, and the suffixes *Jr* or *Sr* are followed by commas. For example, Susan Smith, CNM, MSN, and John Smith Jr, CNM, PhD.
5. *JMWH* does not publish honorary credentials, such as fellowships and honorary degrees (eg, FACNM, FAAN, DHL).

D. Language Referring to Midwives, Women, Physicians, and Clinical Practice

There are always at least one or 2 words to convey any specific meaning. Words may state a fact, reflect a bias, or illuminate a philosophy.⁶⁻¹³ The following are some of the common choices recommended for articles published in *JMWH*.

1. Midwife, clinician, or health care provider?
There are multiple terms one can use when referring to *midwives*, including *CNMs/CMs*, *clinicians*, *health care providers*, and *health care professionals*. Choose the term that most specifically describes the target population and is inclusive of all the health care disciplines that may be proper subjects for the sentence or thesis. Additionally, be consistent with the chosen term.
2. Woman, client, consumer, or patient?
Individuals who are cared for by midwives may be referred to as *patients* or *clients*. NOTE: This is a deviation from the *AMA Manual of Style*, which states patients should not be referred to as clients.¹ The use of patient or client is the author's choice, so long as usage is consistent. However, the words *woman* and *women* are preferred wherever possible. Authors who choose to use gender-neutral language (see Section IV.A) may use *person(s)*, *people*, or *individual(s)* in lieu of *woman* and *women*.
3. Woman or mother?
Use *women* instead of *mothers* wherever possible, including for women who are pregnant, postpartum, and/or breastfeeding.
4. Physician or doctor?
Use *physician* when referring to a doctor of medicine or osteopathy (MD or DO).
5. Collaborating, consulting, backup, or supervising physician?

Use *collaborating* or *consulting physician* rather than *backup* or *supervising physician*.

6. Obstetrician-gynecologist, obstetrician/gynecologist, or ob/gyn?
Use a hyphen, not a virgule, for *obstetrician-gynecologist* and do not abbreviate this term. Do not use *obstetrician/gynecologist*, *ob/gyn*, or *ob-gyn*. Use *obstetrics and gynecology* when referring to the specialty (eg, obstetrics and gynecology residents).
7. Obstetrics, midwifery, or maternity care?
Use *obstetrics* only when the topic is specific to obstetricians. When referring to care provided by midwives and other health care providers who are not obstetricians, use *midwifery care*, the specific type of care (eg, *antepartum*, *intrapartum*, *postpartum*), or *maternity care*. Additional guidance can be found in the *JMWH* Volume 62, Issue 4 editorial.⁷
8. Clinical practice guidelines, clinical guidelines, or protocols?
The preferred terms for documents that guide clinical practice are *clinical practice guidelines* and *clinical guidelines*. The term *protocols* should be used only to refer to research protocols.

III. PREFERRED USAGE

Appendix 4 contains a glossary of preferred usage for terms found in *JMWH*.

A. People-First Language

There are several ways a sentence can be written that is inadvertently disparaging. *JMWH* recommends people-first language to avoid dehumanizing words and phrases. The following are some of the common choices recommended for *JMWH*.

1. Place the person before the condition.
Avoid: Diabetic women have an increased risk of developing heart disease.
Preferred: Women with diabetes have an increased risk of developing heart disease.
2. Use *participant*, *respondent*, *woman*, *individual*, or *person* instead of *subject*.
Avoid: Subjects completed a 10-page questionnaire.
Preferred: Participants completed a 10-page questionnaire.
3. Do not refer to people as *controls* or *cases*.
Avoid: There were more episiotomies in the controls than in the cases.
Preferred: Women in the control group experienced more episiotomies than did the women in the side-lying group.

B. Commonly Confused and Misused Terms: General

A more detailed list of commonly misused terms in scientific writing can be found in the *AMA Manual of Style*.¹

1. Affect and effect

Affect, as a verb, means to have an influence on. *Effect*, as a verb, means to bring about or to cause. The 2 words cannot be used interchangeably. *Affect*, as a noun, refers to immediate expressions of emotion and is often used as part of psychiatric diagnostic terminology. *Effect*, as a noun, means result.¹ Most of the time, *affect* is used as a verb and *effect* is used as a noun. For example, “When you affect a situation, you have an effect on it.”

2. Assure, ensure, and insure
Assure means to reassure someone or remove doubt or anxiety. *Assure* is only used in reference to people or animals that are alive because only living things can have doubt or anxiety (helpful hint: assure and alive both start with a). *Ensure* is something you do to guarantee an event or condition (helpful hint: guarantee ends with 2 e's, and e is the first letter of ensure). *Insure* can be done to a person, place, or thing, but it is reserved for limiting financial liability, most commonly by obtaining an insurance policy.¹⁴ For example, "I assure you I will ensure that the practice is insured."
3. Can and may
Can is used to ask if something is possible. *May* is used to ask if something is permissible. *Can* means is able to; *may* means permitted.¹⁴
4. Continual and continuous
Continual means to recur at regular and frequent intervals. *Continuous* means to go on without pause or interruption.¹
5. Doctoral and doctorate
Doctoral is an adjective (eg, "Mary holds a doctoral degree in sociology."). *Doctorate* is a noun (eg, "The author has a doctorate.").
6. Fewer and less
Use *fewer* for things that can be counted (eg, individual persons or things) and *less* for things that cannot be counted (eg, time, money, distance). For example, "Fewer interventions may not always mean less care."
7. Historic and historical
Although their meanings overlap and they are often used interchangeably, *historic* and *historical* have different usages. *Historic* means important or influential in history (a historic discovery). *Historical* is concerned with the events in history (a historical novel).¹
8. Indexes and indices
Indexes are printed matter at the back of text. *Indices* are indicators.
9. Irregardless
Irregardless is a hybrid of regardless and irrespective. It should not be used in writing, regardless of usage.
10. May and might
The difference between *may* and *might* is subtle. They both indicate that something is possible, but something that may happen is more likely than something that might happen.¹⁴
11. Percent and percentage
Percent is always used with a specific number. *Percentage* is a more general term for any number or amount that can be stated as a percent.¹ For example, "Ninety percent of the participants gave birth vaginally" and "A large percentage of the population has been exposed to human papillomavirus."
12. That and which
In American English, *that* is used with restrictive (essential) clauses and does not necessitate a comma, whereas *which* is used with nonrestrictive (nonessential) clauses and does require a comma. If leaving off the clause changes the meaning of the sentence, use *that*.¹⁴ For example, "ACNM is the professional association that represents CNMs and CMs in the United States." If you can leave the clause off without changing the meaning of the sentence, use *which*.¹⁴ For example, "Laura is a member of ACNM, which is a professional association."

C. Commonly Confused and Misused Terms: Health Care

A more detailed list of commonly misused terms in scientific writing can be found in the *AMA Manual of Style*.¹

1. Abnormal, normal, negative, and positive

Abnormal, *normal*, *negative*, and *positive* are adjectives that apply to observations, results, or findings and not to the examination or laboratory test itself.¹

Correct: Findings from the physical examination were normal.

Incorrect: The physical examination was normal.¹

2. Dilation and dilatation

Dilation is the act of dilating, whereas *dilatation* is the state of being dilated. *Dilation* describes a type of movement. *Dilatation* describes the result of that type of movement. For example, “Cervical dilation began when her contractions were 10 minutes apart. After 3 hours of labor, her cervical dilatation was 5 centimeters.”¹⁵

3. Dose and dosage

Dose is the amount prescribed for one time; *dosage* is the amount of medicine to be given over a specific period. For example, “The dose of ampicillin is 500 mg 4 times a day, for a total dosage of 2 g per day.”

4. Immunization, vaccines, and vaccination

Immunization is the process of a person getting protection against a disease. *Vaccines* are the products that produce immunity. *Vaccination* is the act of getting a vaccine.

5. In, to, and among

Diseases occur *in* persons rather than *to* persons or *among* persons.

6. Incidence and prevalence

Incidence is the number of new cases of disease among persons at risk that occur over time.

Prevalence is the total number of persons with the disease at any given time.¹

7. Mucus and mucous

Mucus is a noun. *Mucous* is as an adjective.

8. Progestogen, progesterone, and progestin

Progestogen encompasses the endogenous sex steroid *progesterone*, synthetic forms of progesterone that are identical to the endogenous hormone, and synthetic *progestins* that are similar to progesterone but not identical in chemical structure.

IV. PREFERRED TERMINOLOGY

A. Gender-Neutral Language and Gender Identity

Authors may choose the language related to gender that they believe is best for their manuscript. For example, authors who choose to use gender-neutral language may use *person(s)*, *people*, or *individual(s)* in lieu of *woman* and *women*. Gender-neutral language should not be used for gender-specific study populations. For example, a study that only included women as participants should be described as such, rather than described as a study of people. Additional guidance regarding gender-neutral language can be found in the *JMWH* Volume 63, Issue 2 editorial.⁶ Appendix 5 defines selected terms regarding gender identity.

B. Race and Ethnicity

Race and ethnicity designations should be consistent throughout the manuscript. Researchers must specify who classified individuals as to race and/or ethnicity (eg, investigator, participant), the classifications, and who defined the options (eg, investigator, participant). The following recommendations are from the *AMA Manual of Style*.¹

1. Do not use races or ethnicities as nouns (ie, do not use Hispanics, Asians, etc).
2. *Black* is not capitalized. *African American* may be preferred to *black* when referring to US citizens of African descent. *African American* is capitalized but not hyphenated.
3. *White* is not capitalized. Do not use *Caucasian*.
4. *American Indian* is preferred to *Native American* for persons indigenous to North America. When possible, specify the nation or peoples (eg, Navajo, Iroquois).
5. *Hispanic* and *Latino/Latina* are capitalized. When possible, use a more specific term (eg, Mexican, Cuban, Puerto Rican).
6. Use *Asian*; however, Asian persons may wish to be described according to their country or area of origin (eg, Chinese, Indian, Japanese). Do not use *Oriental* or *Orientials*.

C. Age Referents

JMWH uses the age referents listed below from the *AMA Manual of Style*.¹ Authors should carefully define the ages referred to when using other terms (eg, perimenarchal, perimenopausal, postmenopausal) and use them consistently throughout the manuscript. The adjectival form aged, not the noun age, should be used. For example, “The woman, aged 30 years, had never been pregnant.” Alternately, “the 30-year-old woman” is acceptable.

Age Referent	Definition
Newborns or neonates	Birth to 1 month of age
Infants	1 month to 1 year (12 months)
Children, boys, girls	1 to 12 years
Adolescents	13 to 17 years
Adults	18 years and older

D. Bacteria and Other Microorganisms

The first reference should have genus and species spelled out in italics, with genus capitalized. The second reference is abbreviated to the first initial of the genus, capitalized, with no period, followed by the species in italics. For example, “The bacterium *Chlamydia trachomatis* was studied. The life cycle of *C trachomatis* occurs in 2 stages.” However, the genus name should not be abbreviated if the genus referred to is unclear; for example, if there is more than one organism with the same genus initial, or the same species name is used with many different genera (eg, *tuberculosis*, *faecalis*, *coli*). Taxonomy names above genus are not italicized.

V. NUMBERS AND UNITS OF MEASURE

The International System of Units (Le Système International d’Unités or SI) is the measurement system in most of the world.¹⁷ In 1977, the World Health Organization recommended the international scientific community adopt the SI, and many biomedical publications have done so.¹ However, most US clinicians continue to use conventional units for many clinical

measurements. Therefore, *JMWH* uses an approach that combines SI and conventional units, which is described further in the *AMA Manual of Style*.¹

A. Numbers

1. Use Arabic numerals for all numbers except one (NOTE: This is a deviation from the *AMA Manual of Style*.¹), including 2 through 9. However, the Arabic number for one should be used in a range or proportion (eg, score of 1 to 100, 1 in 20 women).
2. The following are exceptions to the usual use of Arabic numbers and should be spelled out:
 - a. Numbers that begin a sentence, title, subtitle, or heading (consider rewording to avoid beginning with a number)
 - b. Common fractions (eg, one-half, one-fourth)
 - c. Accepted usage such as idiomatic expressions and numbers used as pronouns
 - d. Ordinals first through ninth (except in reference lists [eg, 2nd ed])
 - e. Numbers spelled out in quotes or published titles
3. Whole numbers with 4 digits or fewer do not include commas (eg, 2400). Include commas for whole numbers with 5 or more digits (eg, 73,000). NOTE: This is a deviation from the *AMA Manual of Style*, which uses a thin space, instead of a comma.¹
4. In text, indicate a range using the word *to*. When a range is presented in parentheses or a table, use a hyphen. For example, “Most of the midwives attended 10 to 15 births per month (range, 2-30).”
5. Decimals should be rounded to reflect the precision of the measurement (eg, the weight for a scale accurate to 0.1 kg should be 75.2 kg, not 75.23 kg). The decimal form should be presented with only as much precision as has scientific value. Two decimal places are generally sufficient.
6. Place a zero before the decimal point in numbers less than one, except when expressing 3 types of values related to probability: *P*, α , and β .
7. Use Arabic numbers and the symbol % for percentages unless a percentage is at the beginning of a sentence in which case the number and *percent* should be spelled out (eg, “Twenty percent of women reported dysmenorrhea, and 10% of women with dysmenorrhea had symptoms that interfered with attending work or school.”).
8. When presenting a series or range of percentages in text, repeat the percentage symbol with each number (eg, 50%-60%).
9. In text, proportions should be reported as numerator of denominator rather than with a virgule (eg, 16 of 50 not 16/50). The virgule may be used in parentheses and tables.
10. Use a colon for ratios (eg, 2:1).
11. Use the terms *less than*, *less than or equal to*, *greater than*, or *greater than or equal to* in text, and the corresponding symbols (<, ≤, >, and ≥, respectively) in parentheses and tables.

B. Length, Area, Volume, and Mass

1. Report measurements of length, area, volume, and mass using metric units. The abbreviations for these measurements never have a plural “s” (eg, cm not cms).
2. The abbreviations for length are:

Abbreviation	Meaning
cm	centimeters
km	kilometers
m	meters

- mm millimeters
3. The abbreviations for area are:
- | Abbreviation | Meaning |
|---------------------|--------------------|
| cm ² | square centimeters |
| km ² | square kilometers |
| m ² | square meters |
4. The abbreviations for mass are:
- | Abbreviation | Meaning |
|---------------------|----------------|
| g | grams |
| kg | kilograms |
| mcg | micrograms |
| mg | milligrams |
5. The abbreviations for volume are:
- | Abbreviation | Meaning |
|---------------------|----------------|
| mL | milliliters |
| L | liters |
6. Do not use the abbreviations µg, cc, IU, U, or u (see Appendix 2). Use mcg instead of µg, mL instead of cc, and units instead of IU, U, or u.

C. Time and Temperature

1. The abbreviations for units of time are:
- | Abbreviation | Meaning |
|---------------------|----------------|
| h | hour |
| min | minute |
| mo | month |
| wk | week |
| y | year |
2. Use abbreviations for units of time in tables, figures, virgule constructions (eg, min/mL), and within parentheses. Spell out units of time in text.
3. For a specific time, use Arabic numerals and AM or PM in small capitals with no periods between the letters.
4. Use Celsius measures of temperature. Include the degree symbol with no spaces around it (eg, 39°C). Fahrenheit (F) conversions may be added in parentheses at the author's discretion.

VI. STATISTICS

A. Commonly Used Statistics

1. Mean and standard deviation: Format as mean (SD) instead of mean ± SD or mean (SD=x).
2. N and n: Capitalize N for the total study population and use lowercase n for a subpopulation or cohort within a larger study.
3. Statistical results within parentheses: Insert a comma between the statistical result and its value, and a semicolon between a series of results. For example, "The risk of preterm birth was more than doubled (odds ratio [OR], 2.3; 95% CI, 1.9-2.5)."

B. *P* Values and Confidence Intervals

1. *P* is capitalized and italicized.
2. If $P \geq .01$, express the value to 2 decimal places (eg, $P = .03$). If $P < .01$, it should be expressed to 3 decimal places ($P = .008$). The actual *P* value should be expressed (eg, $P = .04$ rather than $P < .05$) unless $P < .001$. Do not put a zero before the decimal point.
3. Do not list *P* values simply as not significant or NS. Provide exact *P* values.
4. *P* values reflect the results of a statistical test and cannot estimate the strength of an association or the clinical value of the result. Thus, use of phrases such as “highly significant,” “approached significance,” or “trended toward significance” to describe *P* values is inappropriate. *P* values should only be referred to as statistically significant or not significant.
5. *P* values cannot equal 0 or 1 because it is not statistically possible to prove or disprove the null hypothesis with that degree of certainty when only a sample is tested. Statistical programs may return a value of $P = 0$ if the calculated probability is very low or $P = 1$ if the calculated probability is very high. These should be reported as $P < .001$ and $P > .99$, respectively.
6. *P* values themselves only provide information about whether the null hypothesis can be accepted or rejected. Confidence intervals contain more information because they reflect the possible range of values for a parameter as well as an estimate of the power of the study. Confidence intervals are preferred when possible.
7. Confidence intervals are expressed with a hyphen separating the 2 values. For example, “The risk of preterm birth was more than doubled (odds ratio [OR], 2.3; 95% CI, 1.9-2.5).” To avoid confusion, replace the hyphen with the word *to* if one of the values is a negative number (eg, 95% CI, -1.9 to -2.5).
8. Confidence interval values should be expressed to no more than 2 decimal places.

C. Approved Abbreviations in Reporting Statistics

Abbreviation	Meaning
ANCOVA ^a	analysis of covariance
ANOVA ^a	analysis of variance
CI	confidence interval
<i>df</i> ^a	degrees of freedom
<i>F</i>	<i>F</i> test
<i>n</i>	size of a subsample
<i>N</i>	total sample size
OR ^a	odds ratio
<i>P</i>	statistical probability
<i>r</i>	bivariate correlation coefficient
<i>R</i>	multivariate correlation coefficient
RR ^a	relative risk
<i>r</i> ²	bivariate coefficient of determination
<i>R</i> ²	multivariate coefficient of determination
SD	standard deviation of a sample
SE	standard error
SEM ^a	standard error of the mean

- t Student's t ; specify α level, df , 1-tailed vs 2-tailed
- χ^2 chi-square test
- ^a Spell out term when first introduced in text followed by abbreviation in parentheses, then use abbreviation thereafter. Other terms on this list do not need to be spelled out at first use.

VII. PHARMACOLOGY

A. Names of Drugs

Generic names should be used and are not capitalized. Provide the brand name, which is capitalized, in parentheses immediately after the first use of the generic name. For example, "An effective treatment for dysmenorrhea is ibuprofen (Advil)." If there are several brand name products, the choice of one common brand name is acceptable. Do not use registration (®) or trademark (™) symbols.

B. Dose or Dosage

1. Do not follow a whole number with a trailing zero (eg, 1 mg not 1.0 mg).
2. Always precede a leading decimal point with a zero (eg, 0.25 mg not .25 mg).

C. Abbreviations

Due to the potential for medication errors, many pharmacology abbreviations are no longer used in scientific publications. These include abbreviations that are commonly used in clinical practice, such as *bid*, *prn*, and *qhs*. It is acceptable to use the abbreviations *IM* for *intramuscular* and *IV* for *intravenous*. Do not use the abbreviations *PO* for orally (per os), *PR* for rectally (per rectum), *PRN* for as needed, or *SQ* for subcutaneous. See Appendix 2 for a complete list of pharmacology abbreviations that may not be used in *JMWH*.^{1,18,19}

VIII. TABLES

Tables display information in rows and columns. Tables are an effective way to summarize, organize, or condense data or information. Tables should not repeat information in the text and vice versa. A table should stand independently, without requiring explanation from text. Some readers only read the tables. Make sure there is adequate content for a table. If the information it contains could be reported in 1 or 2 sentences, a table is unnecessary.

Place tables at the end of the manuscript with each table on a separate page. Use a page break to create the separate page. Do not use spaces, tabs, or hard returns to separate pages. Number tables consecutively according to when they are cited in the text.

A. Four Essential Elements of a Table

1. Title: The title of a table should completely explain the contents.
 - a. Place the title on a line above and outside of the table grid, distinguishable from other data displays in the manuscript.
 - b. No punctuation (eg, a period) is used at the end of the title.
 - c. The title should contain adequate detail and specific information to understand the table contents. For example, "Demographic Characteristics of 225 Women Who Received Care in a Birth Center" is a better table title than "Demographics of the Sample."

2. Column and row headings: People read a table from left to right and then top to bottom so comparisons can be made as one reads horizontally. If your table requires the reader to read down a column to compare values, consider reversing the row and column headings.
 - a. Include headings for all columns and rows. The first row lists the column headings. The first column (furthest to the left) lists the row headings.
 - b. Use bold font for column headings.
 - c. Rows may have major headings, subheadings, and headings in the body of the table. If rows contain multiple heading levels, the major headings should be in bold font, title case; the subheadings should be in bold font, sentence case; and row headings should be plain text, sentence case. For example, **Maternal Demographics** would be a major heading, **Level of education** would be a subheading, and High school and Associate's degree would be some of the row headings. See table example 1 in the next section for an example of a table with multiple heading levels.
 - d. The unit of measure (eg, n, %, mean, y) should be placed in the row or column headings rather than being repeated in each cell. If the units of measure in a column vary by row, place the units of measure in the row headings (see Table Example 1).
3. Body: Each cell of the body of the table lists the results or descriptive data.
 - a. Each item or datum should be in a separate cell.
 - b. If you are reporting both the number and percentage or the mean and standard deviation, place both in one cell because both values represent one data point in the study. Place the number first and the percentage in parentheses, or the mean first with the standard deviation in parentheses.
4. Abbreviations, footnotes, and sources are listed in the following order and placed outside the table:
 - a. Abbreviations: Each abbreviation used in a table must be defined. Abbreviations are listed in alphabetical order with the abbreviation followed by a comma followed by the term spelled out. Semicolons are placed between abbreviations, and a period is placed at the end of the abbreviations. See table examples 1 and 4 in the next section for examples of abbreviations.
 - b. Footnotes: Use superscript lowercase letters for any item in the table that requires additional explanation. The superscript letters should be placed in alphabetical order as you read the table from left to right and then down each row from top to bottom. List footnotes at the bottom of the table, each on its own line, outside of the table cells. Each footnote has a space after the superscript footnote letter followed by the footnote, which can be a phrase or complete sentence and should end with a period. See table examples 1, 3, and 4 in the next section for examples of footnotes.
 - c. Sources: If a table is constructed or reprinted from text or a table in another publication, appropriate credit must be given to the original source. The source appears below the footnotes. Sources should be listed in numeric order of the references (eg. Smith et al,²² Jones,²⁵ and Alvarez.²⁹). See table example 5 in the next section for an example of a table with a source listed. The source wording depends upon the construction of and permission for the table content:
 - i. A table constructed from the author's data does not need a source listed.
 - ii. A table constructed from text in another publication needs the source cited:
Source: Smith et al.²²

- iii. A table constructed from a table in another publication must be accompanied by written permission for its use from the copyright holder. Cite the source and permission:
Adapted with permission from Smith et al²² and Jones.²⁵
- iv. A table reprinted from another publication must be accompanied by written permission for its use from the copyright holder. Cite the source and permission:
Reprinted with permission from Smith et al,²² Jones,²⁵ and Lee.³⁷

B. Rules for Constructing Tables

1. Always use the table function in your word processing software to construct a table. Do not draw tables, embed them as images, or upload them as images.
2. Each individual data point in the body of the table must be contained in its own cell.
3. Do not use tabs to separate information in a table. If you are using a tab, another row or column is needed.
4. Do not use spaces, tabs, or hard returns to align text within a cell. No cell should contain a hard tab or return. Indentions that conform with the Journal's style will be inserted during typesetting.
5. Each row of the table should be single-spaced.
6. Tables that appear in the Journal will not have the gridlines showing. However, please submit tables with the gridlines clearly visible. This helps the typesetter recognize the number of rows and columns.
7. Tables that appear in *JMWH* will have shading inserted during typesetting that conforms with the Journal's style. Do not submit tables with shading.
8. Do not include bullets in a table. If each unit of measure is in a separate cell, bullets should not be necessary.
9. Do not create an extra empty column to separate columns or rows.

C. Table Examples

Table example 1: Demographic table

Demographic tables are sometimes the most difficult to construct because often many of the demographic characteristics have different units of measure (eg, n [%] or mean [SD]), and the unit of measure for the characteristic itself needs to be included (eg, y, mo, kg). If all of the characteristics have the same unit of measure, such as mean (SD), the unit of measure can be placed in the column heading. When the characteristics have different units of measure, the units of measure are placed in the row heading before the unit of measure that describes the characteristic itself. Note the use of capital N for the total sample size and lowercase n for the size of a subsample.

Table 1. Sociodemographic and Health Characteristics of Women Treated in a Pessary Clinic (N =120)

Characteristic	Value
Sociodemographic Characteristics	
Age, mean (SD), y	61 (14)
Race and ethnicity, n (%)	
White	48 (40)
Hispanic	38 (32)
Native American	6 (5)
Other	28 (23)
Insurance type	
Medicaid or Medicare	78 (65)
Private	43 (35)
Health Characteristics	
Weight, mean (SD), kg	71 (14)
Parity, mean (SD)	3 (2.2)
Hormonal status, n (%)^a	
Premenopausal	19 (17)
Postmenopausal, no HT	60 (55)
Postmenopausal, HT	30 (28)
Prior surgical history, n (%)	
Urinary incontinence procedure	12 (10)
Anal incontinence procedure	2 (2)
Prolapse procedure	18 (15)
Hysterectomy	47 (39)
Type of pelvic floor disorder, n (%)^b	
Urinary incontinence	85 (71)
Fecal incontinence	29 (24)
POP	112 (93)

Abbreviations: HT, hormone therapy; POP, pelvic organ prolapse.

^a n = 109 due to missing data.

^b Percentages total greater than 100 because respondents could choose multiple answers.

Table example 2: Table presenting outcomes of 2 different intervention groups

Table 2. Perineal Outcomes in Relation to Hands-Off versus Hands-On Management of Perineum Prior to Birth

Perineal Outcome	Total (N = 70) n (%)	Hands Off (n = 35) n (%)	Hands On (n = 35) n (%)	P Value
Perineal laceration	57 (81.4)	29 (82.8)	28 (80)	.76
Degree of laceration				<.001
First degree	47 (82.5)	24 (82.7)	23 (82.2)	
Second degree	10 (17.5)	5 (17.3)	5 (17.8)	
Location of laceration				.76
Anterior region of the perineum	21 (36.9)	10 (34.5)	11 (39.3)	
Posterior region of the perineum	19 (33.3)	11 (37.9)	8 (28.6)	
Anterior and posterior region of the perineum	17 (29.8)	8 (27.6)	9 (32.1)	

Table example 3: Table presenting the results of a questionnaire

Table 3. Scores on the Labor Agency Scale among Women Planning Home versus Hospital Births

Labour Agency Scale Item	Planned Place of Birth		P Value
	Home (n = 550) mean (SD) ^a	Hospital (n = 108) mean (SD) ^a	
1. I felt competent	1.44 (0.83)	1.98 (1.14)	<.001
2. I was dealing with labor	1.41 (0.80)	2.00 (1.18)	<.001
3. Everything made sense	1.43 (0.82)	1.95 (1.18)	<.001
4. I felt very responsible	1.31 (0.70)	1.85 (1.19)	<.001
5. I felt incomplete, I was going to pieces	6.62 (1.00)	6.26 (1.23)	<.001
6. I felt secure	1.35 (0.85)	1.73 (1.31)	.001
7. I felt incapable	6.59 (0.98)	6.00 (1.42)	<.001
8. I experienced a sense of great anxiety	6.38 (1.21)	5.89 (1.51)	<.001
9. I felt adequate	1.61 (1.38)	2.16 (1.60)	<.001
10. I felt open and receptive	1.52 (0.94)	3.02 (1.29)	<.001

^a 7-point Likert scale with anchors of 1 = always and 7 = never.

Table example 4: Table presenting the results of a logistic regression model

Table 4. Comparison of location and severity of maternal birth canal trauma by whether or not the birth was a waterbirth^a

Trauma	Frequencies		Adjusted Results		
	Non-waterbirth (n=10,252)	Waterbirth (n=6521)	Non-waterbirth	Waterbirth	
	n (%)	n (%)		aOR (95% CI)	P Value
None	5162 (50.6)	3186 (48.9)			
Episiotomy only	21 (0.2)	1 (0.02)	^b	^b	
1st or 2nd degree perineal only	3,140 (30.8)	1980 (30.4)	1 [Referent]	1.06 (0.98-1.14)	.13
3rd or 4th degree perineal only	63 (0.6)	27 (0.4)	1 [Referent]	0.79 (0.50-1.24)	.30
Mild labial only	551 (5.4)	487 (7.5)	1 [Referent]	1.50 (1.32-1.71)	<.001
More severe labial only	142 (1.4)	87 (1.3)	1 [Referent]	1.10 (0.84-1.45)	.50
Other trauma requiring repair	21 (0.2)	6 (0.09)	^b	^b	
Trauma at multiple sites	1080 (10.6)	684 (10.5)	1 [Referent]	1.10 (0.99-1.23)	.085
Trauma NOS	63 (0.6)	61 (0.9)	1 [Referent]	1.60 (1.12-2.28)	.01

Abbreviations: aOR, adjusted odds ratio; NOS, not otherwise specified.

^a Raw data as well as adjusted odds ratios (aOR) and 95% confidence intervals (95% CI) are presented. The multinomial logistic regression model controlled for primiparity.

^b Cell counts too low to produce reliable effect estimates.

Table example 5: Table displaying results of studies included in a systematic review

This is a short version of a literature review table to provide basic guidance. When a submission is provisionally accepted, the editors will assist with developing appropriate content and format for the topic. Note a period is only used at the end of text in a cell if the text is a complete sentence.

Table 5. Results of Included Studies Reporting on the Relationship Between Method of Birth and Sexual Health Outcomes

Author Year Country	N	Method of Birth	Adjustment for Confounders	Result(s)
Barrett et al ²² 2000 England	484	NSVB, VAVB, and cesarean	Maternal age, contraception, breastfeeding, perineal trauma, pre-pregnancy history of dyspareunia	Dyspareunia during first 3 months significantly associated with VAVB relative to NSVB (OR, 2.17; 95% CI, 1.23-3.81). Cesarean following labor had an inverse association with dyspareunia at 3 months postpartum (OR, 0.43; 95% CI, 0.23-0.79).
Brown and Lumley ³¹ 1998 Australia	1336	NSVB, VAVB, and cesarean	Duration of labor, infant birth weight, degree of perineal trauma	Women with VAVB relative to NSVB had nearly 5-fold risk for perineal pain (OR, 4.69; 95% CI, 3.2-6.8) and 2-fold risk for sexual problems (OR, 2.06; 95% CI, 1.4-3.0).
Glazener ³⁸ 1997 Scotland	438	NSVB, VAVB, and cesarean	Breastfeeding, depression	Perineal pain persisting after 8 weeks associated with VAVB: 30% (19/63) compared with 7% (23/310) for NSVB ($P < .001$) Perineal pain persisting after 8 weeks associated with cesarean: 2% (1/65) compared with 7% (23/310) for NSVB ($P > .05$)
Lydon-Rochelle et al ⁴⁴ 2001 United States	971	NSVB, VAVB, ^a and cesarean	Maternal age, education, payer, income, living situation, race/ethnicity, newborn length of stay	40% of women with VAVB had not resumed sexual activity at 7 weeks compared with 29% of women with NSVB ($P < .04$). No significant difference in resumed sexual intercourse after cesarean compared with NSVB

Abbreviations: NSVB, normal spontaneous vaginal birth; OR, odds ratio; VAVB, vacuum-assisted vaginal birth (forceps and/or vacuum).

^a No distinction between forceps and vacuum.

Table example 6: Table that displays text only

Table 6. Guidelines for Writing Plain Language for Patient Education

Text
Use words with fewer than 3 syllables
Avoid medical jargon
Use sentences with fewer than 15 words
Use the active voice
Format and design
Use heading and subheadings sparingly
Sections should be well spaced
Include adequate white space between text
Use at least 12-point font

Source: Centers for Disease Control and Prevention.³

IX. FIGURES

Figures include diagrams, flow charts, line drawings, and photographs. Figures can highlight patterns or trends in data and display complex relationships. All figures must be cited in the text. Number figures consecutively according to when they are cited in the text.

Figures should be high quality and submitted as a TIFF, JPEG, PDF, or EPS electronic file. Please save line artwork (vector graphics) as EPS files, and bitmap files (halftones or photographic images) as TIFF files, with a resolution of at least 300 dots per inch (dpi) at final size. Please do not send native file formats, such as Microsoft Excel or PowerPoint.

The number of color figures printed in the Journal is limited, and color figures are selected at the editors' discretion. Therefore, all figures should be able to be interpreted easily in black and white, and the caption should not rely on colors to explain a figure.

Each figure must have a caption. The figure caption succinctly identifies and describes the figure. It should provide sufficient detail to make the figure comprehensible without reference to the text. The caption for each figure should be placed on a separate page of text at the end of the Microsoft Word manuscript file. Do not include the figure caption as part of the image itself. A visual legend that explains symbols used in the figure, such as variations in shading of bar graphs, can be included as part of the image. If the figure has more than one panel, use capital letters to label the panels within the image.

A. Parts of a Figure Caption

1. Figure label: Figure 1. Figure 2. Etc.
2. Title: Like a table title, a figure title should be in title case and should not end with punctuation (eg, a period). For example, "**Figure 1.** Literature Search Strategy" (no period at the end).
3. Additional information: If further explanation of the figure is necessary, this information should be placed on the line below the figure title. If the figure has more than one panel, use capital letters to label the panels and describe them here; for example, "**A)** Normal placental development. **B)** Abnormal placental development in preeclampsia." Information identifying parts of a figure should also go in this section, unless the figure itself includes a visual legend; for example, "Solid lines represent relative risk. Dashed lines on either side of a solid line represent the 95% CI."
4. Abbreviations: Each abbreviation in the figure must be defined. The list of abbreviations and definitions goes on its own line after the title and additional information. Abbreviations are listed in alphabetical order with the abbreviation followed by a comma followed by the term spelled out. Semicolons are placed between abbreviations, and a period is placed at the end of the abbreviations. If an abbreviation is used in the figure caption but not in the figure itself, it should not be defined in this list; instead, it should be defined upon its first use in the figure caption. Abbreviations used in both the figure and its caption should be defined only in the list of abbreviations.
5. Sources: If a figure is constructed or reprinted from text or figures in another publication, appropriate credit must be given to the original source. If a figure includes a photograph of a potentially identifiable person, it must be accompanied by written permission to use the

photograph as a figure. This permission must be acknowledged in the figure caption. The source information appears on its own line at the end of the figure caption. The source wording depends upon the construction of and permission for the figure content:

- a. A figure constructed from the author's data does not need a source listed.
- b. A figure constructed from text in another publication needs the source cited:
Source: Smith et al.²²
- c. A figure constructed from a figure in another publication must be accompanied by written permission for its use from the copyright holder. Cite the source and permission:
Adapted with permission from Smith et al.²² and Jones.²⁵
- d. A figure reprinted from another publication must be accompanied by written permission for its use from the copyright holder. Cite the source and permission:
Reprinted with permission from Smith et al.,²² Jones,²⁵ and Lee.³⁷

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APPENDIX 1: GLOSSARY OF APPROVED ABBREVIATIONS

The following initialisms and acronyms are those approved for use in *JMWH*. For approved abbreviations for length, area, volume, mass, and time, see section V. For approved abbreviations in reporting statistics, see section VI. The editors may allow judicious use of abbreviations that are not listed here. Copyeditors will not introduce abbreviations.

Abbreviations That Do Not Require Expansion

The following initialisms and acronyms are so widely used that they do not need to be spelled out.

Abbreviation	Definition
AIDS	acquired immunodeficiency virus
AM and PM	ante meridiem and post meridiem, respectively; use small capital letters with no periods between letters
CI	confidence interval
D&C	dilation and curettage
DNA	deoxyribonucleic acid
HELLP	hemolysis, elevated liver, low platelets
HIV	human immunodeficiency virus
PaCO ₂	partial pressure of carbon dioxide, arterial
PaO ₂	partial pressure of oxygen, arterial
PCO ₂	partial pressure of carbon dioxide
RNA	ribonucleic acid
SAS	Statistical Analysis System
SD	standard deviation
SE	standard error
SPSS	Statistical Product and Service Solutions
VDRL	venereal disease research laboratory
US	United States (Note: US is only used in the adjectival form, and there are no periods after U and S)

Agency Abbreviations

These terms must be spelled out the first time they are used in an abstract and then again the first time they are used in text, followed by the abbreviation in parentheses. Subsequent uses should include the abbreviation only.

Abbreviation	Definition
AABC	American Association of Birth Centers (formerly NACC)
AAFP	American Academy of Family Physicians
AAP	American Academy of Pediatrics
ACCME	Accreditation Council for Continuing Medical Education
ACNM	American College of Nurse-Midwives
ACOG	American College of Obstetricians and Gynecologists
AHRQ	Agency for Healthcare Research and Quality

AIM	Alliance for Innovation on Maternal Health
AMA	American Medical Association
AMCB	American Midwifery Certification Board
ANA	American Nurses Association
APHA	American Public Health Association
ASAE	American Society of Association Executives
AWHONN	Association of Women’s Health, Obstetric & Neonatal Nurses
CDC	Centers for Disease Control and Prevention
CHIP	Children’s Health Insurance Program
CIMS	Coalition for Improving Maternity Services
CMM	Certification Maintenance Modules (published by AMCB)
CMP	Certification Maintenance Program (sponsored by AMCB)
DHHS	US Department of Health and Human Services
DOME	Directors of Midwifery Education
FDA	US Food and Drug Administration
FIGO	International Federation of Gynecology and Obstetrics
FTC	Federal Trade Commission
HCFA	Health Care Financing Administration
HRSA	Health Resources and Services Administration
ICM	International Confederation of Midwives
MANA	Midwives Alliance of North America
MEAC	Midwifery Education Accreditation Council
NARM	North American Registry of Midwives
NCHS	National Center for Health Statistics
NCQA	National Commission on Quality Assurance
NCSBN	National Council of State Boards of Nursing
NICHD	National Institute of Child Health and Human Development
NIH	National Institutes of Health
NPA	National Perinatal Association
NPWH	National Association of Nurse Practitioners in Women’s Health
SMFM	Society for Maternal-Fetal Medicine
UNICEF	United Nations International Emergency Children’s Fund
US DOE	United States Department of Education
USAID	United States Agency for International Development
USPSTF	United States Preventive Services Task Force
WHO	World Health Organization

General Abbreviations

These terms must be spelled out the first time they are used in an abstract and then again the first time they are used in text, followed by the abbreviation in parentheses. Subsequent uses should include the abbreviation only.

Abbreviation	Definition
AC	abdominal circumference
ACA	Patient Protection and Affordable Care Act

ACTH	adrenocorticotrophic hormone
AF	amniotic fluid
AFI	amniotic fluid index
AFP	alpha-fetoprotein
AGA	appropriate for gestational age
AGC	atypical glandular cells
ART	artificial reproductive technology
ASC	atypical squamous cells
ASC-H	atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion
ASC-US	atypical squamous cells of undetermined significance
AUB	abnormal uterine bleeding
BBT	basal body temperature
BMI	body mass index
BOD	board of directors
BP	blood pressure (do not use B/P)
BPD	biparietal diameter
bpm	beats per minute
BPP	biophysical profile
BV	bacterial vaginosis
CAM	complementary and alternative medicine
CE	continuing education
CEU	continuing education unit
CIN	cervical intraepithelial neoplasia
CMA	chromosomal microarray
CMV	cytomegalovirus
CNS	central nervous system
CSF	cerebrospinal fluid
CST	contraction stress test
CT	computed tomography
CV	curriculum vitae
CVS	chorionic villi sampling
D&C	dilation and curettage
D&E	dilation and evacuation
DEA	Drug Enforcement Administration
DES	diethylstilbestrol
DHEA	dehydroepiandrosterone
DIC	disseminated intravascular coagulation
DMPA	depot medroxyprogesterone acetate
DTaP	diphtheria and tetanus toxoids and acellular pertussis
DVT	deep vein thrombosis
DXA	dual-energy x-ray absorptiometry
E1	estrone
E2	estradiol
E3	estriol

EBL	estimated blood loss
EBP	evidence-based practice
ECG	electrocardiogram (do not use EKG)
ECV	external cephalic version
EFM	electronic fetal monitoring
EFW	estimated fetal weight
EGA	estimated gestational age
EHR	electronic health record
ELISA	enzyme-linked immunosorbent assay
EPT	expedited partner therapy
ET	estrogen therapy (do not use ERT)
FAS	fetal alcohol syndrome
FASD	fetal alcohol spectrum disorders
FGR	fetal growth restriction
FHR	fetal heart rate
FL	femur length
FM	fetal movement
FIMR	Fetal and Infant Mortality Review
FQHC	federally qualified health center
FSH	follicle-stimulating hormone
GBS	group B streptococci
GCT	glucose challenge test
GDM	gestational diabetes mellitus
GIFT	gamete intrafallopian transfer
GnRH	gonadotropin-releasing hormone
GTT	glucose tolerance test
HBIG	hepatitis B immunoglobulin
HBsAg	hepatitis B surface antigen
HC	head circumference
hCG	human chorionic gonadotropin
HDL	high-density lipoprotein
HEDIS	Health Employer Data Information Set
HELLP	hemolysis, elevated liver enzymes, and low platelet count
HIPAA	Health Insurance Portability and Accountability Act
HIE	hypoxic ischemic encephalopathy
HLA	human leukocyte antigen
HMD	hyaline membrane disease
hMG	human menopausal gonadotropin
HMO	health maintenance organization
HPV	human papillomavirus
HSIL	high-grade squamous intraepithelial lesion
HSV	herpes simplex virus (eg, HSV-1, HSV-2)
HT	hormone therapy (do not use HRT)
ICU	intensive care unit
Ig	immunoglobulin, abbreviate only with specification of class (eg, IgA,

	IgG, IgM)
IM	intramuscular
IPV	intimate partner violence
ITP	idiopathic thrombocytopenic purpura
IUD	intrauterine device
IUGR	intrauterine growth restriction
IV	intravenous, intravenously
IVF	in vitro fertilization
IVP	intravenous pyelogram
LARC	long-acting reversible contraception or contraceptive
LBW	low birth weight
LDL	low-density lipoprotein
LEEP	loop electrosurgical excision procedure
LGA	large for gestational age
LGBTQ	lesbian, gay, bisexual, transgender, queer (or questioning)
LGV	lymphogranuloma venereum
LH	luteinizing hormone
LLETZ	large loop excision of the transformation zone
LMP	last menstrual period
LNMP	last normal menstrual period
LNG-IUS	levonorgestrel-releasing intrauterine system
L/S	lecithin-sphingomyelin ratio
LSIL	low-grade squamous intraepithelial lesion
LWH	living with HIV, can combine with population (eg, PLWH for people living with HIV, WLWH for women living with HIV)
MAP	mean arterial pressure
MCH	maternal child health
MIC	minimum inhibitory concentration
mm Hg	millimeters of mercury (blood pressure)
MMR	measles-mumps-rubella
MMRC	maternal mortality review committee
MRI	magnetic resonance imaging
MSAFP	maternal serum alpha-fetoprotein
NAAT	nucleic acid amplification test
NE	neonatal encephalopathy
NICU	neonatal intensive care unit
NIPT	noninvasive prenatal testing
NSAID	nonsteroidal anti-inflammatory drug
NST	nonstress test
NT	nuchal translucency
NTD	neural tube defect
OA	occiput anterior (LOA, left occiput anterior; ROA right occiput anterior)
OAB	overactive bladder
OC	oral contraceptive
OCP	oral contraceptive pill

OCT	oxytocin contraction test
OP	occiput posterior (ROP, right occiput posterior; ROP right occiput posterior)
OR	odds ratio
OT	occiput transverse (LOT, left occiput transverse; ROT right occiput transverse)
OTC	over the counter
PCOS	polycystic ovary syndrome
PCR	polymerase chain reaction
PG	prostaglandin
PID	pelvic inflammatory disease
PMS	premenstrual syndrome
POP	pelvic organ prolapse
PPH	postpartum hemorrhage
PPO	preferred provider organization
PrEP	pre-exposure prophylaxis
PRL	prolactin
PROM	prelabor rupture of membranes
PPROM	preterm prelabor rupture of membranes
PT	prothrombin time
PTSD	posttraumatic stress disorder
PTT	partial thromboplastin time
QI	quality improvement
RBC	red blood cell
RCT	randomized controlled trial
RDA	recommended dietary allowance
RDS	respiratory distress syndrome
RIA	radioimmunoassay
RPR	rapid plasma reagin
RR	relative risk
SERM	selective estrogen receptor modulator
SGA	small for gestational age
SIL	squamous intraepithelial lesion
SROP	standing rules of procedure
SSC	skin-to-skin contact
SSNI	selective norepinephrine reuptake inhibitor
SSRI	selective serotonin reuptake inhibitor
STI	sexually transmitted infection
SUI	stress urinary incontinence
T ₃	triiodothyronine
T ₄	thyroxine
TAH	total abdominal hysterectomy
TBA	traditional birth attendant
TD	tetanus and diphtheria
Tdap	tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis

TOLAC	trial of labor after cesarean
TORCH	toxoplasmosis, other viruses, rubella, cytomegalovirus, herpes simplex viruses
TRH	thyrotropin releasing hormone
TSH	thyroid-stimulating hormone
TSS	toxic shock syndrome
UA	umbilical artery
UI	urinary incontinence
UTI	urinary tract infection
UUI	urgency urinary incontinence
UV	umbilical vein
VAS	visual analog scale
VBAC	vaginal birth after cesarean
VIN	vulvar intraepithelial neoplasia
VLBW	very low birth weight
VVC	vulvovaginal candidiasis
VZV	varicella zoster virus
WBC	white blood cell
ZIKV	Zika virus

ACNM-Specific Abbreviations

These terms must be spelled out the first time they are used in an abstract and then again, the first time they are used in text followed by the abbreviation in parentheses. Subsequent uses should include the abbreviation only.

Abbreviation	Definition
ACME	Accreditation Commission for Midwifery Education
AMCB	American Midwifery Certification Board, Inc.
DGH	Division of Global Health
DGO	Department of Global Outreach
DOE	Division of Education
DOME	Directors of Midwifery Education
DOR	Division of Research
DOSP	Division of Standards and Practice
JMWH	<i>Journal of Midwifery & Women's Health</i>
JNM	<i>Journal of Nurse-Midwifery</i>
LSS	Life-Saving Skills
HBLSS	Home-Based Life Saving Skills
PAC	Political Action Committee
SER	Self-Evaluation Report (submitted by nurse-midwifery/midwifery education programs to ACME)
SVR	Site Visit Report (written by site visitors for ACME)

Common Health Care Provider Credentials

Abbreviation	Definition
APRN	advanced practice registered nurse
BSN	bachelor of science in nursing
CNM/CM	certified nurse-midwife/certified midwife
CPM	certified professional midwife
CRNA	certified registered nurse anesthetist
DNP	doctor of nursing practice
DNS, DNSc	doctor of nursing science
DO	doctor of osteopathy
DrPH	doctor of public health
EdD	doctor of education
FNP-BC	family nurse practitioner-board certified
IBCLC	international board-certified lactation consultant
MD	doctor of medicine
MEd	master of education
MN	master of nursing
MPH	master of public health
MS	master of science
MSN	master of science in nursing
NP	nurse practitioner
PA	physician assistant
PhD	doctor of philosophy
PT	physical therapist
RD	registered dietitian
RN	registered nurse
SNM/SM	student nurse-midwife/student midwife
WHNP-BC	women's health nurse practitioner-board certified

Common Midwifery Honorary Credentials^a

Abbreviation	Definition
DHL	doctor of humane letters (honorary degree)
FAAN	Fellow of the American Academy of Nursing
FACNM	Fellow of the American College of Nurse-Midwives

^a *JMWH* does not publish authors' honorary credentials.

APPENDIX 2: UNACCEPTABLE ABBREVIATIONS

These abbreviations may not be used in *JMWH*.^{1,18,19}

Abbreviation(s)	Intended Meaning	Correction
µg	microgram	mcg
AD, AS, AU	right ear, left ear, each ear	right ear, left ear, each ear
bid	twice a day	twice a day
BT	bedtime	bedtime
cc	cubic centimeters	mL
D/C	discharge or discontinue	discharge or discontinue
HS	half-strength or bedtime	half-strength or bedtime
IJ	injection	injection
IN	intranasal	intranasal
IU	international unit	units
MS or MSO ₄	morphine sulfate	morphine sulfate
MS or MgSO ₄	magnesium sulfate	magnesium sulfate
npo	nothing by mouth	nothing by mouth
OD	once daily	daily
OD, OS, OU	right eye, left eye, each eye	right eye, left eye, each eye
PMADs	perinatal mood and anxiety disorders	perinatal mood and anxiety disorders
PO	orally	orally
PR	per rectum	rectally
prn	as needed	as needed
q1d	daily	daily
qd or QD	every day	daily
qhs or qn	nightly or at bedtime	nightly or at bedtime
qid	4 times a day	4 times a day
qod or QOD	every other day	every other day
SC, SQ, sub q	subcutaneous	subcut, subcutaneous
tid	3 times a day	3 times a day
U or u	unit	unit

APPENDIX 3: HYPHENATION AND COMPOUND WORDS^a

Temporary Compounds when Modifying a Noun^b		
child-care facility	full-scope practice	low-birth-weight infant
decision-making methods	high-density lipoprotein	low-quality suture material
double-blind trial	high-risk behavior	maternal-child health
evidence-based practice	large-for-gestational-age	second-stage labor
false-positive result	newborn	treatment-related event
Always Hyphenated		
beat-to-beat variability	gram-negative	meta-analysis
bottle-feed	gram-positive	nurse-midwife
cost-effective	half-life	obstetrician-gynecologist
cost-effectiveness	half-time	part-time
cross-reaction	live-born	state-of-the-art
cross-section	long-standing	up-to-date
full-time	long-term	well-being
Two Words, Not Hyphenated		
African American	breast milk	live birth
bed rest	direct entry	low forceps
birth center	health care	nurse practitioner
birth rate	home birth	policy maker
birth weight	life cycle	side effect
One Word, Not Hyphenated		
antimicrobial	inpatient	posttraumatic
breastfeed	interrater	preexisting
childbearing	medicolegal	reevaluation
childbirth	multicenter	socioeconomic
coauthor	nonnegotiable	stillbirth
crossmatch	nonprofit	underrepresented
crossover	ongoing	underserved
database	outpatient	waterbirth
deidentify	perimenopause	website
email	postmenopausal	workplace
freestanding	postpartum	

^a *JMWH* generally follows the *AMA Manual of Style* recommendations for hyphen use; however, these examples should be used if there are any discrepancies.

^b A temporary compound modifying a noun requires a hyphen when the term precedes a noun but not when it follows a noun (eg, the evidence-based treatment vs the treatment was evidence based).

APPENDIX 4: GLOSSARY OF PREFERRED USE

Term	Preferred Use
Abortion	Use <i>induced abortion</i> or <i>abortion</i> (by itself) if it is clear spontaneous abortion is not the topic. Do not use <i>elective abortion</i> , <i>therapeutic abortion</i> , or <i>termination of pregnancy</i> . Use <i>medication abortion</i> , <i>aspiration abortion</i> , or <i>dilation and evacuation (D&E) abortion</i> , as appropriate. Do not use <i>surgical abortion</i> .
A.C.N.M. Foundation, Inc.	Include periods after each letter in A.C.N.M. and at the end of Inc.
Adherence vs compliance	Use <i>adherence</i> .
Administer vs give	Use <i>administer</i> when discussing medications.
Adolescent or teenager vs teen	Use <i>adolescent</i> or <i>teenager</i> for individuals aged 13 to 17 years.
Advanced practice registered nurse vs advanced practice nurse or advance practice	Use <i>advanced practice registered nurse</i> (APRN). Do not use <i>advanced practice nurse</i> (APN) or <i>advance practice</i> as a noun.
American	<i>American</i> includes all of North and South American. Use <i>US</i> if referring only to persons who reside in the United States.
American College of Nurse-Midwives (ACNM)	Use <i>the</i> before the full name but not before the abbreviation (ie, ACNM not the ACNM). ACNM has an Annual Meeting & Exhibition, not a convention, and a national office, not a headquarters. An ACNM state affiliate should only be capitalized when referring to a specific affiliate and using its complete name (eg, the ACNM Florida State Affiliate). All other mentions of state affiliates should be lowercase. For example, “The state affiliates participated in a conference call.”
Antepartum, antenatal, and prenatal vs prepartum or antepartal	<i>Antepartum</i> , <i>antenatal</i> , and <i>prenatal</i> are acceptable.
Apgar score	<i>Apgar</i> is always spelled with the A, and only the A, capitalized. Scores can be presented as “Apgar score of 8/9 at 1 and 5 minutes,” or “Apgar score of 8 at 1 minute and 9 at 5 minutes.” <i>Apgar</i> should always be followed by score(s). Do not use “Apgar of 7” or “Apgars of 8 and 9.”
Article vs manuscript or paper	Use <i>article</i> for a (to be) published work and <i>manuscript</i> for an unpublished work.
Baby vs fetus, newborn, neonate, or infant	<i>Baby</i> may only be used for the Baby-Friendly Hospital Initiative (note that Baby-Friendly is capitalized and hyphenated). In all other instances where <i>baby</i> would be used, use <i>fetus</i> , <i>newborn</i> or <i>neonate</i> (birth to one month of age), or <i>infant</i> (one month to one year) as appropriate.

Birth vs delivery	Use <i>birth</i> instead of <i>delivery</i> , including <i>mode of birth</i> , except for <i>labor and delivery</i> when referring to a hospital unit or nurses.
Bishop score vs Bishop's score	Use <i>Bishop score</i> .
©	The © copyright symbol informs the public that the work is protected by copyright. To guarantee copyright protection, the notice must consist of the copyright symbol, the year of first publication, and the name of the copyright owner (eg, © 1999 Pat Doe).
CenteringPregnancy	<i>CenteringPregnancy</i> is one word; do not abbreviate it <i>CP</i> or include a registration (®) symbol.
Certified nurse-midwife (CNM) and certified midwife (CM)	<i>CNM</i> is the abbreviation for <i>certified nurse-midwife</i> , and <i>CM</i> is the abbreviation for <i>certified midwife</i> . The plural forms are <i>CNMs</i> and <i>CMs</i> ; use <i>CNMs/CMs</i> when referring to both types of midwives.
Cervical dilatation	Include <i>cervical</i> with <i>dilatation</i> ; do not use <i>dilatation</i> alone. Use “the cervix dilated” rather than “she dilated.”
Cesarean birth vs cesarean delivery, cesarean section, and C/S	<i>Cesarean birth</i> and use of <i>cesarean</i> as a noun (eg, <i>elective cesarean</i>) or adjective (eg, <i>cesarean rate</i>) are preferred. Do not use <i>cesarean delivery</i> , <i>cesarean section</i> , <i>C-section</i> , or <i>C/S</i> .
Complained and chief complaint	Avoid <i>complained</i> and <i>chief complaint</i> when referring to women's symptoms and experiences. Alternatives include <i>reported</i> (eg, the woman reported vaginal discharge), <i>concern</i> (eg, the woman's chief concern was vaginal discharge), or the <i>symptom</i> (eg, the woman sought care for vaginal discharge).
Contraception vs birth control	Use <i>contraception</i> . <i>Contraception</i> is a noun, while <i>contraceptive</i> can be an adjective or noun.
Data	The word <i>data</i> is plural and takes a plural verb (eg, data are missing).
Databases	Correct capitalization and spelling of commonly used databases are CINAHL, Embase, MEDLINE, PsycINFO, and PubMed. Databases are commonly known by their abbreviated names (eg, CINAHL); these abbreviated names do not need to be spelled out.
Decline vs refuse or noncompliant	Use <i>decline</i> when referring to individuals choosing not to participate in a study or receive health care interventions. Do not use <i>refuse</i> or <i>noncompliant</i> .
Diabetes	The preferred terms are <i>type 1 diabetes</i> ; <i>type 2 diabetes</i> ; <i>prediabetes</i> , <i>impaired fasting glucose</i> , or <i>impaired glucose tolerance</i> (these 3 terms are synonymous); and <i>gestational diabetes mellitus</i> . The words <i>type</i> and <i>diabetes</i> are not capitalized unless they start a sentence. The older terms <i>insulin-dependent diabetes mellitus</i> , <i>juvenile diabetes</i> , <i>juvenile-onset diabetes</i> ,

	<i>non-insulin dependent diabetes mellitus</i> , and <i>adult-onset diabetes</i> are no longer used.
Dilation vs dilatation	<i>Dilation</i> is the act of dilating (eg, rate of dilation), whereas <i>dilatation</i> is the state of being dilated (eg, 5 centimeters dilatation).
Direct entry vs lay midwife	<i>Direct entry</i> is preferred over <i>lay</i> when referring to midwives. There are several terms used for midwives who are not CNMs/CMs, depending on their certification and licensure, including <i>certified professional midwives</i> (CPMs), <i>licensed midwives</i> (LMs), and <i>direct entry midwives</i> (DEMs). Use the term that most accurately and expansively describes the category of practitioner.
Doppler	<i>Doppler</i> is capitalized.
Down syndrome	<i>Down syndrome</i> is capitalized and should not be written in the possessive form (ie, Down’s syndrome is incorrect). Use <i>trisomy 21</i> if referring to karyotype.
Education programs vs educational programs	Use <i>education</i> for midwifery education programs.
Eg	<i>Eg</i> has no periods between the letters, is used only in parentheses, must be followed by a comma, and is not italicized. It is from the Latin <i>exempli gratia</i> , which means “for example.” Since <i>eg</i> implies a list that is not inclusive, the use of <i>etc</i> is unnecessary. Use <i>eg</i> (for example) and <i>ie</i> (that is) carefully as they are not interchangeable. NOTE: The required use of parentheses is a deviation from the <i>AMA Manual of Style</i> .
Electronic health record vs electronic medical record	Use <i>electronic health record</i> .
Email	Do not hyphenate <i>email</i> .
Embryo versus fetus	An <i>embryo</i> is a product of conception to 8 weeks’ gestation. A <i>fetus</i> is a product of conception beyond 8 weeks’ gestation.
Epidural analgesia or epidural anesthesia vs epidural	Use <i>epidural analgesia</i> . Do not use <i>epidural</i> as a noun (eg, an epidural). Use <i>epidural anesthesia</i> only for cesarean birth.
Et al	No period is used after <i>et al</i> , an abbreviation for the Latin phrase <i>et alii</i> , which means “and others.”
Etc	No period is used after <i>etc</i> , an abbreviation of the Latin phrase <i>et cetera</i> , which means “and so forth” or “and other things.”
Evidence-based vs evidenced-based	<i>Evidence-based</i> is correct.
Examination vs exam	Use <i>examination</i> .
Fertility-awareness-based methods vs natural family planning	Use <i>fertility-awareness-based methods</i> .

Fetus vs baby	A <i>fetus</i> is a product of conception from 8 weeks' gestation until birth. Do not use <i>baby</i> for a fetus. When referring to a fetus, use <i>that</i> instead of <i>who</i> .
Follow up vs follow-up	Use <i>follow up</i> (two separate words, no hyphen) as a verb and <i>follow-up</i> (hyphenated) as a noun or adjective.
Gravida and para	Write out <i>gravida 3, para 3</i> instead of abbreviating <i>G3P3</i> .
Gynecologic vs gynecological	Use <i>gynecologic</i> .
Health or clinical or clinically vs medical	Use <i>health, clinical, clinically</i> , or another more inclusive term, rather than <i>medical</i> , when the concept being discussed is not limited to physicians and the practice of medicine. For example, use <i>health care</i> instead of <i>medical care</i> , <i>health record</i> instead of <i>medical record</i> , <i>health condition</i> or <i>clinical condition</i> instead of <i>medical condition</i> , and <i>clinically indicated</i> instead of <i>medically indicated</i> .
Health care provider vs provider	Use <i>health care provider</i> instead of <i>provider</i> by itself.
Hormone therapy vs hormone replacement therapy	Use <i>hormone therapy</i> .
Ie	<i>Ie</i> has no periods between the letters, is used only in parentheses, must be followed by a comma, and is not italicized. It is an abbreviation of the Latin phrase, <i>id est</i> , meaning "that is." The use of <i>ie</i> implies that the items that follow are specific and inclusive; therefore, etc is not used with <i>ie</i> . Use <i>ie</i> (that is) and <i>eg</i> (for example) carefully as they are not interchangeable. NOTE: The required use of parentheses is a deviation from the <i>AMA Manual of Style</i> .
Indexes vs indices	<i>Indexes</i> are printed matter at back of text. <i>Indices</i> are indicators.
Induction of labor	Use <i>induction of labor</i> or <i>labor induction</i> . Do not use <i>induction</i> as a noun (eg, an induction). Labors, not women, are induced (eg, use labor [not woman] was induced).
Infant vs newborn or neonate vs baby	Use <i>infant</i> for children aged one month to one year (12 months). Use <i>newborn</i> or <i>neonate</i> for persons from birth to one month of age. Do not use <i>baby</i> .
Internet	Do not capitalize <i>internet</i> .
Interprofessional vs interdisciplinary	Use <i>interprofessional</i> .
Intimate partner violence or intimate partner abuse vs domestic violence	Use <i>intimate partner violence</i> or <i>intimate partner abuse</i> .
In utero	Do not hyphenate or italicize.
In vitro, in vivo	Do not hyphenate or italicize.
<i>Journal of Midwifery & Women's</i>	The title of the Journal is italicized and contains an

<i>Health (JMWH)</i>	ampersand instead of the word <i>and</i> .
Karyotype	Expressed as the number of chromosomes, followed by the sex chromosomes, which are capitalized and separated from the number of chromosomes by a comma with no spaces (eg, 46,XY).
Laboratory vs lab	Use <i>laboratory</i> .
Laceration vs tear	Use <i>laceration</i> .
LISTSERV	Do not use this trademarked term. Alternatives include <i>email discussion list</i> or <i>electronic mailing list</i> .
Medicaid and Medicare	Always capitalize the letter M in both <i>Medicaid</i> and <i>Medicare</i> .
MEDLINE	All the letters in <i>MEDLINE</i> are capitalized.
Midtrimester	Use <i>second trimester</i> .
Multigravid woman vs multigravida	Use <i>multigravid woman</i> .
Multiparous woman vs multipara	Use <i>multiparous woman</i> .
N and n	Use uppercase when referring to the entire study population; use lowercase when referring to a sample of the study population. For example, “We enrolled women from an outpatient clinic (N = 305) and randomized them to receive ibuprofen (n = 153) or placebo (n = 152).” Do not italicize these symbols.
Newborn or neonate vs infant vs baby	Use <i>newborn</i> or <i>neonate</i> for persons from birth to one month of age. Use <i>infant</i> for children aged one month to one year (12 months). Do not use <i>baby</i> .
Nonphysician	Do not use <i>nonphysician</i> . Specify the type(s) of clinician(s).
Nulligravid woman vs nulligravida	Use <i>nulligravid woman</i> .
Nulliparous woman vs nullipara	Use <i>nulliparous woman</i> .
Nurse-midwife and nurse-midwifery	<i>Nurse-midwife</i> and <i>nurse-midwifery</i> are always hyphenated.
Nurse practitioner	<i>Nurse practitioner</i> is not hyphenated (ie, <i>nurse-practitioner</i> is incorrect).
Obstetric vs obstetrical	Use <i>obstetric</i> .
Obstetrician-gynecologist	Use a hyphen, not a virgule, for <i>obstetrician-gynecologist</i> and do not abbreviate. Do not use <i>obstetrician/gynecologist</i> , <i>ob/gyn</i> , or <i>ob-gyn</i> . The professional membership organization for obstetrician-gynecologists is the American College of Obstetricians and Gynecologists (not Obstetrics and Gynecology).
Obstetrics	Use <i>obstetrics</i> only when the topic is specific to obstetricians. When referring to care provided by midwives and other health care providers who are not obstetricians, use <i>midwifery care</i> , the specific type of care (eg, <i>antepartum</i> , <i>intrapartum</i> , <i>postpartum</i>), or <i>maternity care</i> . Additional guidance can be found in

	the <i>JMWH</i> Volume 62, Issue 4 editorial. ⁷
Online	Online, as it refers to the internet, is one word and is not capitalized or hyphenated.
Pap test vs Pap smear	Use <i>Pap test</i> . <i>Pap</i> is always uppercase and used in lieu of <i>Papanicolaou</i> .
Participant or respondent vs subject	Use <i>participant</i> or <i>respondent</i> .
Payer vs payor	Use <i>payer</i> .
People-first language	Place the person before the condition (eg, women with diabetes instead of diabetic women). Do not refer to people as <i>subjects</i> , <i>controls</i> , or <i>cases</i> . Alternatives include <i>women</i> , <i>persons</i> , <i>people</i> , <i>individuals</i> , and <i>participants</i> (eg, women in the control group).
Per vs virgule (/)	When a construction involves units of measure, use <i>per</i> in text and the virgule within parentheses and in tables. For example, use “3 times per week” in text but “3 times/week” in parentheses and tables.
Physician assistant	<i>Physician assistant</i> is the profession; <i>physician’s assistant</i> is incorrect.
Physician vs doctor	Use <i>physician</i> instead of <i>doctor</i> when referring to a doctor of medicine or osteopathy (MD or DO). Use <i>collaborating</i> or <i>consulting physician</i> instead of <i>backup</i> or <i>supervising physician</i> .
Physiologic vs physiological	Use <i>physiologic</i> .
Phone numbers	Use hyphens between the area code, first 3 numbers, and the last 4 numbers: 240-485-1815.
Polycystic ovary syndrome vs polycystic ovarian syndrome	Use <i>polycystic ovary syndrome</i> .
Postpartum or postpartum period vs postpartal	Use <i>postpartum</i> as an adjective. When used as a noun, <i>postpartum period</i> and <i>postpartum</i> (alone) are acceptable. Do not use <i>postpartal</i> .
Preconception vs preconceptionally vs preconceptual	<i>Preconception</i> is prior to conception.
Primigravid woman vs primigravida	Use <i>primigravid woman</i> .
Primiparous woman vs primipara	Use <i>primiparous woman</i> .
PsycINFO	<i>PsycINFO</i> is one word with the P and INFO capitalized.
PubMed	<i>PubMed</i> is one word with the P and M capitalized.
Race and ethnicity	Do not use races or ethnicities as nouns (ie, do not use Hispanics, Asians, etc). Do not capitalize <i>black</i> or <i>white</i> . <i>African American</i> is capitalized, but not hyphenated. Do not use <i>Caucasian</i> . <i>American Indian</i> is preferred to <i>Native American</i> for persons indigenous to North America. <i>Hispanic</i> and <i>Latino/Latina</i> are capitalized. Use <i>Asian</i> ; do not use <i>Oriental</i> or <i>Orientalists</i> .
Radiograph vs x-ray	Use <i>radiograph</i> .

Ratios	Use a colon to express ratios involving numbers (eg, 2:1) and the word “to” for ratios involving words (eg, the male to female ratio).
Registration and trademark symbols	Do not use registration (®) or trademark (™) symbols.
Reported vs complained	Use <i>reported</i> instead of <i>complained</i> and <i>chief concern</i> instead of <i>chief complaint</i> .
Sexually transmitted infection vs sexually transmitted disease	Use <i>sexually transmitted infection</i> .
Side effect vs adverse effect	A <i>side effect</i> can be beneficial or harmful. The term <i>adverse effect</i> is preferred for the latter.
Stages of labor	Use <i>first stage of labor</i> , <i>second stage of labor</i> , and <i>third stage of labor</i> as nouns and <i>first-stage labor</i> , <i>second-stage labor</i> , and <i>third-stage labor</i> as adjectives.
Stillborn fetus vs stillbirth fetus	Use <i>stillborn fetus</i> .
Student nurse-midwife (SNM) and student midwife (SM)	<i>SNM</i> is the abbreviation for <i>student nurse-midwife</i> , and <i>SM</i> is the abbreviation for <i>student midwife</i> . The plural forms are <i>SNMs</i> and <i>SMs</i> ; use <i>SNMs/SMs</i> when referring to both types of students.
Time period	Do not use. The 2 words together are redundant.
United States vs US	Spell out <i>United States</i> unless it is a modifier (eg, women in the United States, US women). There are no periods in US.
Unsuccessful vs failed	Use <i>unsuccessful</i> . For example, “the woman’s trial of labor after cesarean was unsuccessful” instead of “the woman had a failed TOLAC.”
Versus	Spell out <i>versus</i> in text. Use <i>vs</i> (with no period) in tables, figures, and within parentheses.
Website and webpage	Do not capitalize <i>website</i> or <i>webpage</i> .
Weeks’ vs weeks	Use an apostrophe after <i>weeks</i> when discussing gestational age but not when discussing postpartum time frames (eg, 32 3/7 weeks’ gestation, 6 weeks postpartum).
Woman in labor vs parturient	Use <i>woman in labor</i> .
Women vs mothers, patients, or clients	Use <i>women</i> instead of <i>mothers</i> , <i>patients</i> , or <i>clients</i> wherever possible, including for women who are pregnant, postpartum, and/or breastfeeding.
Work-up	This term is somewhat informal. Suggested alternatives are <i>examination findings</i> or <i>follow-up care</i> .

APPENDIX 5: SELECTED TERMS REGARDING GENDER IDENTITY

Term	Meaning
Agender	A person whose understanding of self is outside of the concept of gender or does not align with a specific gender identity.
Binary gender construct	A social construct that recognizes only 2, mutually exclusive gender identities: male and female. In the United States, gender has historically been understood only through a binary construct.
Cisgender	A person whose gender identity is in alignment with the sex they were assigned at birth. For example, a person who was assigned female at birth and identifies as a woman.
Gender	A social rather than biological construct, which assigns specific roles, traits, and responsibilities to a person based on the sex they were assigned at birth. These assigned characteristics are rooted in culture and may vary significantly between cultural groups.
Gender expression	The way in which a person outwardly expresses gender. Gender expression includes mannerisms, style of dress, behavior, and modifiable aspects of physical appearance.
Gender identity	A person's internal understanding of self in regard to gender. Gender identity may or may not be in alignment with one's sex or gender expression.
Gender nonconforming	A person whose gender identity is not limited to solely male or solely female. This umbrella term covers a diverse array of gender identities.
Nonbinary	Similar to gender nonconforming, this is an umbrella term describing a person whose gender identity is not limited to solely male or solely female.
Sex	A construct that classifies people into separate categories based on their chromosomal makeup and the appearance of their genitals. One's natal sex is the sex that was assigned at the time of birth. Although often thought of as binary, in reality there is a great deal of human variation in regard to sex.
Transgender	A person whose gender identity is not in alignment, in some way, with the sex assigned at birth. Transgender people can have binary or nonbinary gender identities.
Transgender woman	A person whose was assigned the male sex at birth and has a female gender identity. Transgender women may or may not pursue medical or surgical interventions to better align their physical appearance with their gender identity.
Transgender man	A person whose was assigned the female sex at birth and has a male gender identity. Transgender men may or may not pursue medical or surgical interventions to better align their physical appearance with their gender identity.

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