

Journal of Obstetric, Gynecologic, & Neonatal Nursing

JOGNN

Scholarship for the Care of Women, Childbearing Families, & Newborns

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STYLE GUIDE FOR AUTHORS



ELSEVIER

JOGNN

Journal of Obstetric, Gynecologic, & Neonatal Nursing

Style Guide for Authors

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NOTE ON JOGNN STYLE

The purpose of this style guide is to supplement the *JOGNN* author guidelines, which provide additional information on submission requirements. Authors should consult both documents when preparing manuscripts for submission. In addition, the *JOGNN* editorial policies are available [here](#).

This style guide is based on the Publication Manual of the American Psychological Association, 7th Ed. (APA Manual). Highlights of APA style and any journal-specific exceptions are noted herein. Refer to the APA Manual for grammar, punctuation, style, and statistical reporting; *Merriam-Webster's Dictionary Revised Edition* (2022) for spelling of nontechnical words; *Dorland's Illustrated Medical Dictionary* (2020) for spelling of medical terms. The internet is a valuable tool for confirming drug and equipment names through manufacturers' websites.

The APA Manual is an invaluable resource for authors. It does not simply cover reference formatting; the manual also addresses how to present research findings (the authors' own and those of others), how and when to use abbreviations and acronyms, how to use bias free language, how to format tables and what they should include, how to format numbers, and common grammatical errors. Authors are encouraged to become familiar with the various elements of the APA Manual.

REQUIREMENTS SPECIFIC TO JOGNN

JOGNN style requirements take precedence over APA style, reviewer suggestions, and author preference. Table 1 provides a summary of the major required manuscript elements for submitted manuscripts.

Table 1. Formatting Requirements for *JOGNN* Articles

Article Type	Page Limit ^a	Reference Limit	Abstract Headings	Abstract Word Limit	Section Headings ^b
Research	18	N/A	Objective Design Setting Participants Methods Results Conclusion	250	Introduction or Background Literature Review Methods Design Setting Participants Data Collection Measures or Procedures Analysis Results Discussion Summary and Interpretation Limitations Implications Conclusion
Review	20	N/A	Objective Data Sources Study Selection Data Abstraction Data Synthesis Conclusion	300	Headings and subheadings in accordance with the appropriate reporting guidelines for the type of review, including Introduction (includes rationale and objectives) Methods Results Discussion Summary and Interpretation Limitations Implications Conclusion

Article Type	Page Limit ^a	Reference Limit	Abstract Headings	Abstract Word Limit	Section Headings ^b
Health Care Improvement & Evaluation	18	N/A	Objective Design Setting/Local Problem Patients Intervention/Measurements Results Conclusion	250	Headings and subheadings in accordance with the SQUIRE reporting guidelines
Principles & Practice	18	N/A	Unstructured	150	As appropriate to article, including Discussion Summary and Interpretation Limitations Implications Conclusion
Critical Commentary	18	N/A	Unstructured	150	As appropriate to article, including Discussion Summary and Interpretation Limitations Implications Conclusion
Case Report	18	N/A	Unstructured	150	Headings and subheadings in accordance the CAse REport (CARE) guidelines adapted to nursing

Article Type	Page Limit ^a	Reference Limit	Abstract Headings	Abstract Word Limit	Section Headings ^b
Methods	18	N/A	Unstructured unless reporting on the psychometric properties of an instrument, in which case use the following headings: Objective Design Setting Participants Method Results Conclusion	150 or 250	Authors should follow the appropriate reporting guidelines for type of report and use the following headings: Introduction or Background Literature Review Methods Results Discussion Summary and Interpretation Limitations Implications Conclusion
Letter to the Editor	5	N/A	No abstract	N/A	N/A
Fast Track Manuscripts					
Brief Report	10	20	Objective Design Setting Participants Method Results Conclusion	250	As appropriate for purpose of manuscript
Protocol	10	20	Objective Design Setting Participants Methods	250	As appropriate for purpose of manuscript
Policy Report	10	20	Unstructured	150	As appropriate for purpose of manuscript

Note. All article types include a precis statement; callouts are included with all types except letters to the editor.

^a The page limit is exclusive of the precis, abstract, keywords, callouts, references, tables, and figure captions. A general guideline is one page is approximately 250 words (double spaced); therefore 18 pages is approximately 4500 words. ^b Headings necessary to differentiate additional sections of the manuscript follow APA style

<https://apastyle.apa.org/style-grammar-guidelines/paper-format/headings>

ABSTRACTS BY ARTICLE TYPE

Each type of article published in *JOGNN* includes an abstract that adheres to the following formatting requirements. For structured abstracts, the objective must be a simple declarative statement that begins with “to,” for example, To determine ... , To evaluate ... , To explore... The objective should not include background material.

- **Research.** Reports of studies that generate new knowledge to inform and advance clinical practice, policy, or research. These manuscripts include structured abstracts of no more than 250 words using the following headings:

- Objective
- Design
- Setting
- Participants
- Methods
- Results
- Conclusion

Authors must provide evidence that trials are registered with ClinicalTrials.gov or other relevant clinical trials registration before conduct of the trial.

- **Review.** Meta-analyses, meta-syntheses, systematic, integrated, or scoping literature reviews with specific implications that advance practice, policy, or research. These manuscripts include structured abstracts of no more than 300 words using the following headings:

- Objective
- Data Sources
- Study Selection
- Data Extraction
- Data Synthesis
- Conclusion

- **Health Care Improvement and Evaluation.** Reports of quality improvement, program evaluation, and evidence-based practice projects with implications beyond the study site. These manuscripts include structured abstracts of no more than 250 words using the following headings:

- Objective
- Design
- Setting/Local Problem
- Patients
- Intervention/Measurements
- Results
- Conclusion

- **Principles & Practice.** Analysis of innovations and trends in health care, clinical practice, care delivery systems, or public policy, including application of theory or new information to nursing practice. These manuscripts include unstructured abstracts of no more than 150 words that are factual and provide the main points of the manuscript.
- **Critical Commentary.** Analysis of issues, opinions, experiences, or personal perspectives. These manuscripts include unstructured abstracts of no more than 150 words that are factual and provide the main points of the manuscript.
- **Case Reports.** Presentation of new information through case reviews of nursing and inter-professional care. Authors must provide written consent from the participant when clinical descriptions make identification possible. These manuscripts include unstructured abstracts of no more than 150 words that are factual and provide the main points of the manuscript.
- **Methods.** Reports of analysis of the development of new methods or novel applications of methods of intervention, research, practice improvement, or evaluation. These manuscripts include unstructured abstracts of no more than 150 words that are factual and provide the main points of the manuscript unless reporting on the psychometric properties of an instrument, in which case they include structured abstracts of no more than 250 words using the following headings:
 - Objective
 - Design
 - Setting
 - Participants
 - Method
 - Results
 - Conclusion
- **Brief Report.** Concise report that presents novel and significant contributions to research, including initial discoveries, innovative methodologies, or preliminary or pilot studies. These manuscripts are limited to one figure, one table, and include structured abstracts of no more than 250 words using the following headings:
 - Objective
 - Design
 - Setting
 - Participants
 - Method
 - Results
 - Conclusion

Brief reports undergo a fast-track review process.

- **Protocol.** Detailed report of planned or ongoing research studies or clinical research trials, including only those for which participant recruitment has not been completed at the time of submission. Protocols describe the purpose and rationale for the study and provide a detailed account of the study objectives, design, participant recruitment strategies, intervention or procedure, outcome measures (primary and secondary) and variables, ethical considerations, and analysis plan. Protocols for pilot or feasibility studies or systematic reviews are not considered. These manuscripts include structured abstracts of no more than 250 words. Using the following headings:
 - Objective
 - Design
 - Setting
 - Participants
 - Methods

Reports of protocols undergo a fast-track review process.

- **Policy Report.** In depth report and analysis of a specific health or public policy, including origins, objectives, implementation, outcomes, and recommendations for modification or improvement. Authors may critically evaluate the effect on nursing practice, patient care, interprofessional collaboration, and health care outcomes, including implementation challenges and opportunities. These manuscripts are limited to 20 references and include unstructured abstracts of no more than 150 words that are factual and provide the main points of the manuscript. Policy analyses undergo a fast-track review process.

Fast-Track Review. Brief reports and reports of protocols and policies undergo a streamlined review process to facilitate dissemination. Fast-track review is characterized by a prompt initial evaluation, accelerated peer review, and a rapid editorial decision within 3 weeks of submission.

ACKNOWLEDGEMENTS

Acknowledgements are limited to 25 words except in special circumstances. Authors should acknowledge funding sources and significant non-author contributions, such as data collection. Acknowledgement of participants, manuscript review, or contributions of dissertation or other committee members is not permitted. The acknowledgement should include any language required by the funding body.

ARTIFICIAL INTELLIGENCE

Authors may use AI-assisted technologies in the writing process only to improve readability and language of the work. AI tools should not be used to analyze and draw insights from data as part of the research process. *JOGNN* follows the policy recommendations of Elsevier in that authors must disclose the use of AI-assisted technologies in the writing process in a statement at the end of the manuscript before the reference list. The statement should be placed in a new section titled “Declaration of AI-assisted Technologies in the Writing Process.” The statement should read as follows:

During the preparation of this work the author(s) used [NAME TOOL / SERVICE] to/for [REASON]. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

BIAS FREE LANGUAGE

In accordance with recommendations from the APA, authors submitting to *JOGNN* must strive to use language that is free of bias and to avoid perpetuating prejudicial beliefs or demeaning attitudes in their manuscripts. In general, authors should use the term(s) participants or populations use to describe themselves and person first language/identity first language. For APA's complete Inclusive Language Guidelines, click [here](#).

Gender Inclusive Language in JOGNN

Because of its focus areas of women's and maternal-child health, *JOGNN* has specific requirements regarding the use of gender inclusive language. These instructions are tailored specifically for each article on a case-by-case basis, but fundamental principles follow that are based on APA style.

- Terminology should be precise, consistent, and accurately reflect the population studied (i.e., context specific) and should be more specific rather than less specific. Nonspecific, umbrella terms such as "birthing person," "childbearing people," "birthing populations," "pregnant individuals," and others are scientifically imprecise and are not used. Instead, if a sample includes people who do not identify as women, this must be explicitly explained. For example, "participants ($N = 20$) included 18 women, 1 transgender man, and 1 gender nonconforming person."
- Use "gender nonconforming" instead of "gender nonbinary" since nonbinary implies only two genders.
- Although woman or women is preferred to patient or patients, patient can be used to prevent awkward syntax or unnecessary wordiness.
- Authors should not alter terminology when they report the results of previous studies. If Smith et al. identified their participants as "women," it is inaccurate and misleading to say, "Smith et al. investigated the experiences of birthing people..."
- If study participants do not include gender nonconforming people, but the authors wish to address the provision of care for these people, they are encouraged to do so in the description of participants and/or in the clinical implications section of the manuscript.

Resources on Reporting Sex and Gender

European Association of Science Editors. (2023). *The SAGER guidelines*.

<https://ease.org.uk/communities/gender-policy-committee/the-sager-guidelines/>

This source includes three resources: The SAGER Checklist; Sex and Gender Equity in Research: Rationale for the SAGER Guidelines and Recommended Use; and The Sex and Gender Equity in Research (SAGER) Guidelines: Implementation and Checklist Development.

Lowe, N. K. (2018). Words matter. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 47(1), 1–2.

<https://doi.org/10.1016/j.jogn.2017.11.007>

Lowe, N. K., & Hartley, A. (2022). *JOGNN's Editorial Statement on Justice, Equity, Diversity, and Inclusion*, 2021. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 51(1), 1–3.
<https://doi.org/10.1016/j.jogn.2021.11.002>

CALLOUTS

Provide three callouts of no more than 25 words each. 1. Identify the problem or issue the study was undertaken to address. 2. State what is currently known about the topic. 3. State what this study will add to the literature, i.e., the study's contribution, not how it was conducted. Avoid repeating text found in the abstract or the first page. Participant quotes are not appropriate as callouts. Do not use abbreviations/acronyms in callouts. Place callouts on its own page, following the first page. The callouts will be displayed in a box within the article.

COVER LETTER

The cover letter provides critical information to the *JOGNN* editorial team. Manuscripts should be blinded for peer review, and all identifying information should be provided in the cover letter, including the following as applicable:

- **Title.** Provide the full manuscript title.
- **Authors.** List all author names in preferred order. Degrees/credentials are not included in the author list. If more than six authors (for research) or four authors (for all other types of manuscripts) are listed, justification of how every author meets all *JOGNN* requirements for authorship must be provided in the cover letter according to the Contributor Role Taxonomy (CRediT).
- **Corresponding author.** Provide the name, complete mailing address, and email address of the corresponding author, i.e., the person who will receive correspondence regarding the manuscript.
- **Author identification notes (author bios).** Provide bios for all authors in the following format: Name, credential(s), position title, department, place of employment or organizational affiliation, city, state, and ORCID identifier. Use completed/earned degrees only; do not include candidacy credentials such as PhD(c).
- Statement that all authors have seen and approved the manuscript.
- **Conference presentations.** List the name, date, and location of any conference or professional meetings at which the material was presented. If the proceedings were published, provide the citation.
- **Similar publications and preprints.** List the citations of any disseminated or published material that significantly overlaps with the manuscript. This may include similar articles, preprints, or protocols. See [JOGNN editorial policies](#) for more information.
- **Trial registration.** Clinical trials must include preregistration. List the trial registry name, registration identification number, and the URL for the registry.
- **Acknowledgments (see Acknowledgements).** List all significant non-author contributions and financial support.

- **Conflict of interest.** Explain any real or perceived conflicts of interest for any listed authors that may include but are not limited to discussion of products or services or compensation for services. See the author disclosure/copyright form for further details.
- Provide any additional information that may be helpful to the editor, such as the type of article the manuscript represents.

DIVERSITY, EQUITY, AND INCLUSION IN RESEARCH AND SCHOLARLY PUBLISHING

The editors and editorial advisory board made an editorial commitment to upholding the principles of justice, equity, diversity, and inclusion (JEDI). As a result, the editors ask each reviewer to evaluate the degree to which manuscripts contribute to or expand the understanding DEI as they relate to the problem or population under study. Authors should be mindful of DEI considerations throughout the entire research process, from the initial research design to the reporting and implications of the findings, including the suggestions below. Visit the APA style page, [Bias Free Language](#), for comprehensive information on general principles for reducing bias, participation in research, and reporting of various demographic characteristics.

Research Conduct

- Be aware of personal biases and potential biases or stereotypes in the study's design, data collection, or analysis and respond appropriately. For example, does the design or framing of the research reinforce negative stereotypes about historically excluded and oppressed groups?
- Ensure that the research questions are inclusive and relevant to diverse populations if appropriate for the study objective.
- Attempt to recruit participants that reflect the demographic characteristics of the population under study and include members of that population in the design and conduct of the research.
- Use culturally sensitive and inclusive language in all research materials and communication.
- Consider language preferences and cultural nuances when conducting interviews or surveys.
- Conduct subgroup analyses to explore disparities and differences in health outcomes across diverse populations. Consider whether the sample size is adequate to draw meaningful conclusions about underrepresented groups.
- Collaborate with colleagues from diverse backgrounds to ensure a more comprehensive perspective.

Reporting and Writing

- Explicitly mention any relevant DEI considerations in the methodology section.
- Describe how diversity was addressed in participant recruitment and data collection.
- Acknowledge potential limitations related to sample diversity and data collection methods.
- Use inclusive language throughout the manuscript and avoid stereotypes or biases.
- Ensure inclusion of a diverse range of sources and authors in references to reflect broad perspective on nursing research.

Discussion and Implications

- Reflect on the potential effect of findings on health disparities and health equity.
- Discuss the implications of the research for diverse populations and health care settings.
- Consider how findings might inform policies and interventions aimed at reducing health and health care disparities.
- Suggest areas for future research to further explore DEI in nursing and health care.

INTERNAL CONSISTENCY

The purpose of the study or article should be stated in exactly the same way throughout the manuscript, from abstract, to background, to conclusion, to figures and tables. For example, the objective stated in the abstract should exactly match the purpose statement when it appears at the end of the introduction and at the beginning of the discussion section.

Concepts and terms should be defined/identified, and then the exact term should be used consistently throughout the manuscript.

INSTITUTIONAL REVIEW BOARD (IRB)

Human subject studies (research and quality improvement) require an IRB or ethics committee statement in the manuscript that includes the full name of the institution granting the approval and the IRB or approval number. Place the IRB statement in the Methods section under the subheading Design: *This study was approved by the University of X Institutional Review Board, number #.* Authors should also indicate in the Methods section how informed consent was obtained from all participants. The editor may request documentation of the IRB or ethics committee approval or exemption.

KEYWORDS

Submit 5 to 7 keywords or phrases that best describe the manuscript's content. Keywords are the terms used to search for your study or similar studies on the same topic. Consider keywords from the [Medical Subject Headings \(MeSH\)](#) suggested by the National Library of Medicine to index PubMed. Place keywords at the bottom of the abstract, in alphabetical order, in title case, separated by commas.

ORCID

[ORCID or Open Researcher and Contributor Identifier](#) is an author's unique numerical identifier (e.g., 0000-0001-6542-721). An ORCID is assigned to an author for a lifetime and links authors with their publications. Registration is free, and authors are encouraged to add ORCIDs to their Editorial Manager accounts. Log into [Editorial Manager](#), select your user name at the top right corner of the page, click "Update My Information," and enter the number on the "Personal Information" section of the author information page. The editors strongly suggest ORCIDs for all authors. Upon *submission*, list all ORCIDs in the cover letter.

PERCENTAGES IN PRE-POST INTERVENTION STUDIES

Generally, pre-postintervention studies do not have the same participants or the same number of participants before and after the intervention. Therefore, percentages and increases/decreases cannot

be directly compared. For example, 50% of 100 is different than 50% of 106 or 50% of 200. When percentages are compared, the number must be provided: 17% of 233 participants before compared to 22% of 267 participants after the intervention. And unless the numbers are exactly the same, increases and decreases must also be accompanied by numbers.

Incorrect: After implementation of the intervention, medication adherence increased by 25%.

Correct: After implementation of the intervention, the rate of medication adherence increased: 10% of 75 participants before intervention compared to 25% of 80 participants after intervention.

PRIORITY CLAIMS

In general, claims of first reports/no reports are discouraged because they are often difficult to prove; how does the author know that this is the first/there are no other reports? If the claim is based on a systematic search of the literature, that search should be described (search engine, search terms, time and languages encompassed by the search). If it is not based on a systematic search but only on the author's level of awareness, it is not a claim that is permitted.

QUALITATIVE RESEARCH

Authors who submit reports of qualitative studies should follow the general guidelines below. Further information is available from Beck, 2021, 2022, 2023.

Follow and reference primary sources (original reports) for research designs and methods. If a study is based on the thematic analysis method developed by Braun and Clarke, for example, this method must strictly be applied to the study, and Braun and Clarke should be referenced in the manuscript. Research textbooks and published reports of qualitative studies (articles) using the method are secondary sources that should not be used. Even if they are published in top tier journals, these articles can still have methodological flaws. Textbooks include mere summaries of specific research methods, and these summaries provide insufficient methodological grounding for the conduct of a study. Furthermore, the use of secondary sources can perpetuate eroding and misapplication of a qualitative method.

Many qualitative methodologies have different types based on the work of different scholars. For example, phenomenological studies can be descriptive or interpretive, and authors should use Husserl's or Heidegger's philosophy of phenomenology to underpin their studies. Manuscripts must include a thorough and current description of the methodology used for a study. Methods are often updated by their creators in new publications, and authors are responsible to search the literature for any updated sources and apply them appropriately.

When reporting the mixed methods studies, thoroughly describe both methodologies.

Authors should avoid method slurring or mixing elements of multiple qualitative methods in one study. An example of method slurring would be to conduct an interpretive phenomenological study but to use grounded theory coding to analyze the data.

Finally, it is critical to ensure that participants remain anonymous. More than quantitative researchers, qualitative researchers run the risk of inadvertently identifying their participants. Submissions should not include tables of demographic information and other characteristics of participants in which each participant is listed alongside their characteristics. Describe participants in a qualitative study as a group rather than individually.

Format. In qualitative manuscripts with themes, use italics and title case (each word capitalized) for names of themes and sub-themes.

Example: “In this study, the authors identified the following themes related to the participants’ experiences of pregnancy loss: *Disbelief, Grief, Questioning the Reason, and Recovery From Shock.*”

References

- Beck, C. T. (2021). Thoughts on the conduct and dissemination of qualitative research. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 50(3), 237–239. <https://doi.org/10.1016/j.jogn.2021.03.003>
- Beck, C. T. (2022). Avoiding potential pitfalls in qualitative research methods. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 51(5), 473–476. <https://doi.org/10.1016/j.jogn.2022.08.002>
- Beck, C. T. (2023). The value of secondary analysis for qualitative inquiry. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 52(6), 421–424. <https://doi.org/10.1016/j.jogn.2023.08.005>

REPORTING GUIDELINES

Authors are required to follow standard reporting guidelines. A statement regarding adherence to reporting guidelines should be included in the manuscript in the Methods section under the subheading Design. Include the name of the guideline with a citation. [The EQUATOR Network](#) is a comprehensive source of reporting guidelines.

Reporting guidelines provide the elements necessary to write a complete and comprehensive report of the study or review. Use of reporting guidelines does not demonstrate methodological rigor or quality. They are not intended as methodological guidance for how to craft or conduct a study or review, and their use does not demonstrate methodological rigor or quality.

Research

- Reports of randomized controlled trials should be prepared in accordance with the CONSolidated Standards of Reporting Trials (CONSORT) guidelines. CONSORT includes the CONSORT Statement, a checklist focused on the structure of the report, and a flow diagram to document the progression of all participants through the trial.
- Reports of nonexperimental quantitative studies should be prepared in accordance with the Strengthening the Reporting of Observational studies in Epidemiology (STROBE) guidelines.
- Reports of online survey studies should be prepared in accordance with the Checklist for Reporting Results of Internet E-Surveys (CHERRIES).

- Reports of diagnostic accuracy studies should be prepared in accordance with the STAndards for the Reporting of Diagnostic Accuracy (STARD) guidelines.

Qualitative Research

- Reports of qualitative research studies should be prepared in accordance with the Standards for Reporting Qualitative Research (SRQR)
- Reports of qualitative research studies with interviews and focus groups should be prepared in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ).

Reviews

- Reports of systematic reviews should be prepared in accordance with the Preferred Reporting Items of Systematic reviews and Meta-Analyses (PRISMA) guidelines. PRISMA can be applied to reviews of randomized trials and other types of research and includes a checklist and flow diagram.
- Reports of scoping reviews should be prepared in accordance with the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist.
- Reports of meta-ethnographies should be prepared in accordance with the Meta-Ethnography Reporting Guidance (eMERGe).
- Reports of Meta-analysis of Observational Studies in Epidemiology should be prepared in accordance with the MOOSE guidelines.

Health Care Improvement and Evaluation

- These reports, including quality improvement, program evaluation, and evidence-based practice, should be prepared in accordance with the Standards for Quality Improvement Reporting Excellence (SQUIRE) guidelines and outline 2.0. A useful table to help authors format these articles is available [here](#).

Case Reports

- Case Reports must follow the CARE guidelines, which include a 13-item checklist. Although written from a medical perspective, these guidelines are generally applicable to and can be adapted for nursing case reports.

REPORTING OF VARIABLES

Provide operational definitions for each variable used in the study to clarify how they were quantified or categorized. Include detailed descriptions of the measurement instruments, scales, or data collection methods used. Throughout the manuscript, list variables consistently in the order provided below.

- **Dependent variables.** Describe the outcomes or results under study and explain how these variables were measured, assessed, or categorized. The dependent variable is the outcome or main variable of interest.
- **Independent variables.** Specify the factors, predictors, conditions, or treatments manipulated or examined in the study. Provide clear definitions and explanations for each independent variable.

- **Control variables.** If applicable, mention any control variables used to account for potential confounding factors, effect modifiers, or sources of variation.

REFERENCES

Placement in Sentence

- Do not group multiple references at the end of a sentence unless the references are relevant to all components of the sentence. If multiple outcomes/factors/characteristics are listed, the appropriate reference should immediately follow the relevant outcome.

Incorrect: Multiple challenges exist for individuals with OUD in the perinatal period, including stigma, shame, lack of family support, childcare responsibilities, fear of child protective services, and neonatal abstinence syndrome (Frazer et al., 2019; Martin et al., 2022; McHugh et al., 2018; Schiff et al., 2022; Stone, 2015).

Correct: Multiple challenges exist for individuals with OUD during in perinatal period, including stigma, shame, lack of family support (Frazer et al., 2019; Stone, 2015), childcare responsibilities (McHugh et al., 2018), fear of child protective services, and neonatal abstinence syndrome (Martin et al., 2022; Schiff et al. 2022).

Age of References

- Reference should preferably be less than 5 years old but no more than 10 years old unless they refer to reports of tools or theory or to seminal studies. If an older reference refers to a seminal study, include text to identify it as such and explain its current relevance. It should be very transparent to the reader why an outdated study is cited.

REVIEWS

Authors should carefully choose the type of review they plan to conduct (Munn et al., 2018) and then craft an appropriate review question and objective. Any type of review article must include a question that the review is designed to answer, and review questions have specific components depending on the type of review chosen. For example, questions for systematic reviews of interventions often follow PICO format, which includes population, intervention, comparison, and outcome (Page et al., 2021).

Methods must be appropriate, and authors must cite primary sources of methodological guidance for the specific type of review. For example, for a systematic review of interventions, the following primary source would be cited:

Higgins, J. P. T., Thomas, J., Chandler, J., Cumpston, M., Li, T., Page, M. J., Welch, V. A. (Eds). (2023). *Cochrane handbook for systematic reviews of interventions version 6.4*. Cochrane. www.training.cochrane.org/handbook

Updated methodical guidance is available for meta-analyses, meta-syntheses, systematic, integrated, and scoping reviews. Please consult a review expert or a librarian for further assistance.

Systematic and scoping review manuscripts submitted to *JOGNN* should include a written, registered protocol. See Eisenhauer (2022) for more information.

For any type of review, searches must be conducted in a minimum of two to three databases that are relevant and appropriate for the subject matter. Additional, subject-specific databases, trial registers, web searches, and scanning of reference lists should also be considered depending on the extent of the review. Authors should consult with a librarian or information professional about the search strategy before commencing the review. *JOGNN* recommends that two information professionals use the PRESS guidelines to peer-review and improve the quality of the search strategy (McGowan et al., 2016). Review authors should acknowledge the assistance of information professional(s) by name, with permission, in the acknowledgement section.

A minimum of one full search strategy that has been copied directly from the identified database (not re-typed) must be included as a supplemental table in the manuscript. The search should reflect any limiters and filters that were used. Best practice is to include this information for all databases searched as a supplemental file (Page et al., 2021).

Inclusion and exclusion criteria must be explicitly stated.

Two or more review authors must participate in screening articles for inclusion in the review, and two or more review authors must participate in extracting data from the included studies. Ideally, two or more review authors participated in the assessment of quality or risk of bias process.

Data analysis and synthesis methods must be

- appropriate for the type of review,
- described in detail in relation to the specific review; in other words, describe not just what was done but how it was accomplished, and
- appropriately cited using the most up-to-date, original sources for the method.

The technique and/or tool used to assess the quality or risk of bias of included studies and the outcome of this assessment must be clearly provided.

To ensure the accuracy of the reports of various types of studies, authors should follow standard reporting guidelines as described elsewhere in this guide. Reporting guidelines (e.g., PRISMA) provide the structure for the report of a review; they should not be cited as a source for methods.

Authors are expected to demonstrate a sound understanding of the review methodology, follow it, and cite methods appropriately. PhD students should seek the expertise of faculty members on review methodology and writing for publication before submitting their manuscripts. Chapters of theses and dissertations must be re-formatted to meet *JOGNN* author guidelines.

See Eisenhauer (2022) and Lowe (2009) for further tips on writing review articles.

References

- Eisenhauer E. (2023). Thoughts on writing high-quality review articles. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 52(3), 172–177. <https://doi.org/10.1016/j.jogn.2023.04.002>
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- McGowan, J., Sampson, M., Salzwedel, D. M., Cogo, E., Foerster, V., & Lefebvre, C. (2016). PRESS peer review of electronic search strategies: 2015 guideline statement. *Journal of Clinical Epidemiology*, 75, 40–46. <https://doi.org/10.1016/j.jclinepi.2016.01.021>
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- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., & Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, 372, n71. <https://doi.org/10.1136/bmj.n71>

SECTION HEADINGS, SUBHEADINGS, AND CONTENT

Follow APA style for all section headings unless specified otherwise below.

Research

- The following level 1 headings are required: Introduction or Background, Literature Review, Methods, Results, Discussion.
 - The Methods section should include the following subheadings (level 2): Design (IRB approval is mentioned here along with the theoretical framework if applicable), Setting, Participants, Data Collection, Measures or Procedures, and Analysis.
 - The Discussion section should include the following subheadings (level 2): Summary and Interpretation, Limitations, Implications, and Conclusion. The discussion should not repeat information from the results. Rather, the results should be summarized, and statistically significant findings should be compared to other published findings. Authors may present potential alternative explanation(s) of their findings in the context of what is already known on the topic (interpretation). Strengths are determined by the reader and should not be presented with limitations. The section on Limitations should account for the sources, direction, and strength of any potential bias and discuss the generalizability or external validity of the study results. Research, policy, and/or practice implications should be reported as appropriate. The conclusion should be a succinct summary of findings and the relevance of those findings.

Review

- The following level 1 headings are required: Introduction (includes rationale and objectives), Methods, Results, and Discussion.
 - Note: different types of review articles are addressed by different reporting guidelines; therefore, authors should follow the appropriate guidelines for the type of review.
 - The Discussion section should include the following subheadings (level 2): Summary and Interpretation, Limitations, Implications, and Conclusion. Strengths are determined by the reader and should not be presented with limitations. Research, policy, and/or practice implications should be reported as appropriate. The conclusion should be a succinct summary of findings and the relevance of those findings.

Methods

- The following level 1 headings are required: Introduction or Background, Literature Review, Methods, Results, Discussion, Conclusion.
 - The Discussion section should include the following subheadings (level 2): Summary and Interpretation, Limitations, Implications, and Conclusion. Strengths are determined by the reader and should not be presented with limitations. Research, policy, and/or practice implications should be reported as appropriate. The conclusion should be a succinct summary of findings and the relevance of those findings.

Fast-Track Manuscripts

- Brief Reports, Protocols, and Policy Reports should include section headings that are appropriate for the purpose of the manuscript.

Other Types of Manuscripts

- Other types of articles published in *JOGNN* include Health Care Improvement and Evaluation, Principles & Practice, Critical Commentary, and Case Report. Health Care Improvement and Evaluation reports should include the headings and subheadings outlined in the SQUIRE reporting guidelines. Case Reports should include the headings and subheadings outlined in the CARE guidelines adapted to nursing.
 - The Discussion section for all other article types should include the following subheadings (level 2): Summary and Interpretation, Limitations, Implications, and Conclusion. Strengths are determined by the reader and should not be presented with limitations. Research, policy, and/or practice implications should be reported as appropriate. The conclusion should be a succinct summary of findings and the relevance of those findings.

SHARING YOUR MANUSCRIPT/ARTICLE

Sharing appropriately ensures that

- You receive credit, your article is cited accurately, and usage statistics can be recorded properly.
- The integrity of the scientific record is not compromised. Always direct readers to the most up-to-date version of your article: a link to the published article at the journal website. See Table 2.

Table 2. Sharing Your Manuscript or Article

Where?	How?
At a conference	You can always present your research in a presentation, abstract, or poster.
For teaching purposes	You can use your published article for your own classroom teaching and internal training at your institution, including use in course packs and courseware programs.
For grant applications	You can include your published article for grant funding purposes.
With friends and colleagues	You can share your published article with your colleagues (and other individuals) in private communications.
On a preprint server	<i>JOGNN</i> allows papers that were previously deposited on preprint servers to be submitted for publication consideration. However, if the manuscript is accepted for publication, authors must update any preprint versions with a link to the final published article in <i>JOGNN</i> .
On my personal website or blog	You should link to the published article at https://jognn.org . Open access articles can be posted on your non-commercial personal website or blog.
On my institutional repository	You can post your accepted manuscript to an institutional repository and make this publicly available after an embargo period has expired. For open access articles, you can post your published article and immediately make it publicly available.
On a subject repository	You can always post your preprint version and you can also post your accepted author manuscript after the embargo period has expired. For open access articles, you can post the published article immediately.
On a scholarly collaboration network (SCN), such as Mendeley or Scholar Universe	You can share your preprint or a link to your published article.
On social media (Facebook, Twitter, LinkedIn,	Elsevier will send you a share link, a personal, customized short link that you will receive after final publication of your article. It provides 50 days free access to your newly published article on ScienceDirect to anyone clicking on the link. We encourage you to share this link on social media. After 50 days the share link will still work but automatically revert to a link to your full text article.

Note. Preprint version = original version that has not yet been submitted for peer review; submitted manuscript = manuscript under review; accepted manuscript = accepted version after peer review and revision (this version is not typeset); published article = final version published on the *JOGNN* website.

STATISTICS

General Principles for Reporting Statistics

- Describe the statistical methods with enough detail to replicate the analysis.

- Describe any statistical procedures used to modify raw data before analysis. Examples include transforming distributions, creating ratios or other derived variables, and collapsing continuous data into categorical data or combining categories.
- Describe statistical tests used by data type (continuous vs. categorical, normal vs non-normally distributed data).
- Verify that that data conformed to the assumptions of the test used to analyze them.
- Report the amount and pattern of missing data and how any missing data were treated in the analyses (as appropriate).
- Explain how participants lost to follow-up were addressed (as appropriate).
- Specify the significance level used to interpret the data.
- Report whether and how any adjustments were made for multiple statistical comparisons.
- Include sample size calculations and power analysis (as appropriate).
- For information on statistical abbreviations and symbols, decimal places, percentages and percentage change, and measures of central tendency or spread, see the [APA Numbers and Statistics Guide](#). For information on reporting statistical test and results, see the [SAMPL Guidelines](#)

p Values

Consistent with the recommendations of the American Statistical Association, statistical reporting must adhere to the following principles.

- When a *p* value is reported, state its value regardless of how small or large it may be. Express exact *p* values unless the *p* is less than .001, then express as (*p* < .001). Express *p* values to 2 or 3 decimal places without leading zero; e.g. (*p* = .014). Express *p* value as lowercase, italicized *p* without a hyphen.
- Avoid using .05 or any other fixed value threshold for a *p* value as the basis for a decision about the meaningfulness/importance of an effect.
- Do not report *p* values in isolation, as they fail to convey effect size and importance. In reporting a *p* value, a measure of the effect size should be included along with a corresponding interval estimate (e.g., confidence interval). For example, Report as (point estimate, CI, *p*), E.g. (OR 0.8, 95% CI [0.22,1.86], *p* = .13).

Statistical Software

Specify the software in the Methods section under the subheading Analysis. State the software name and version only. Do not cite and reference software.

TABLES

Tables should be self-explanatory and supplement rather than duplicate the material in the text. Tables should be complete enough to be interpreted by the reader without referring to the text for explanation. Limit the total number of tables to six. Extra tables may be submitted as supplemental content as appropriate. The handling editor makes the final determination whether tables are included

and how they are published. Use the same font in tables as in the rest of the manuscript. Consult APA for further information and [sample tables](#).

- **Table title.** Label each table with a concise, descriptive title and capitalize the title in title case. The table title appears one double-spaced line below the table number and should be placed above and outside the table grid, not as part of the table.
- **Table columns.** Use column headings and subheadings to delineate subcategories. Center column headings and capitalize them in sentence case. Use statistic names in the column headings such as *n* or % when the data displays the same statistic throughout the table. List the statistic and unit of measurement in the left-most column when tables report a mix of different types of statical data. Place different indices (e.g., means and standard deviations) in different columns rather than in the same column. If reporting *p* values label the column heading label as a lowercase *p*.
- **Table notes.** Three types of notes (general, specific, and probability) appear below the table as needed to describe contents that cannot be understood from the table title or body alone. Place “*Note*” in italics followed by a period under the table. Define all abbreviations even if previously defined in the text in a general note. The general note should also include permission language as specified by the copyright holder and full citation for the source of any information that is reused or adapted from a previously published source. The format of this text differs from standard APA format for references. Use superscript lowercase letters (a, b, c, etc.) for specific notes and an asterisk for probability notes (e.g., *p* values). See the example below.

Note. Participants were on average 39.5 years old (*SD* = 10.1), and age did not differ by condition. LL = lower limit; UL = upper limit. Adapted from “Individual Differences in Activation of the Parental Care Motivational System: Assessment, Prediction, and Implications,” by E. E. Buckels, A. T. Beall, M. K. Hofer, E. Y. Lin, Z. Zhou, and M. Schaller, 2015, *Journal of Personality and Social Psychology*, 108(3), p. 501 (<https://doi.org/10.1037/pspp0000023>). Copyright 2015 by the American Psychological Association. Used with permission.

^a Reflects the number and percentage of participants answering “yes” to this question. ^b Values reflect the average across 3 years of data.

p* < .05. *p* < .01.

- **Table placement.** Do not embed tables within the text. Submit each table on a separate page in an editable text file following the references.

COMMON ERRORS

Avoid these common errors in submitted manuscripts. Along with these suggestions, authors are strongly encouraged to read current, published articles in *JOGNN*, which provide useful templates for the elements required for successful peer review and acceptance.

Table 3. Common Errors *JOGNN* Manuscripts

Area of Concern	Problem	Solution
Format	Formatting is not appropriate	Use 1-inch margins, continuous line numbers, and 12-point font. Begin each new paragraph with an indented sentence. Do not insert an extra space between paragraphs. See the <i>JOGNN</i> style guide and APA manual
Format	Manuscript does not include required reporting elements for article type	Follow the reporting guidelines provided in the <i>JOGNN</i> style guide
Length	Body of manuscript is more than 18 pages	Edit text for clarity and succinctness
Title	Title does not clearly describe the study; includes a colon	Titles should be succinct, clearly describe the study, and not include colons
Abstract	Abstract does not contain required headings	See the <i>JOGNN</i> style guide for required headings and word limit
Abstract	Objective is unclear; includes background information	Use a simple, declarative statement that begins with "To..." The objective is a single statement only
Abstract and Introduction	Objective in abstract is stated differently than purpose statement at the end of the introduction	The objective/purpose statement should be stated exactly the same way each time it appears to ensure the internal consistency of the manuscript
Callouts	Callouts are not appropriate	Ensure that callouts respond to the purposes stated in the author guidelines and style guide
Section Headings and Subheadings	Headings and subheadings do not follow <i>JOGNN</i> requirements for article type or APA style	See the <i>JOGNN</i> style guide and the APA manual
Literature Review	References are outdated; more than 10 years old	Use current references only, preferably no more than 5 years old but no more than 10 years old except reports of tools or theory. Seminal studies must be clearly identified as such
APA Style, Voice	First person active voice is not used in abstract and body of manuscript	Do not use passive voice; use first-person, active voice: We identified discrepancies... not Discrepancies were identified...
APA Style, References	In text citations and/or reference list include formatting errors	Apply the current APA style guidelines for references
APA Style, Tables	Information in tables replicates text; tables are not formatted properly; table notes are not used appropriately	Apply the current APA style guidelines for tables
Figures	Figures are not appropriate or do not conform to APA style	Consult the style guide and APA manual

Area of Concern	Problem	Solution
Permission	Permission has not been obtained to use or adapt any previously published materials, including tables and figures	Obtain permission to reuse before submission and upload written permission with the submission files. Use appropriate APA format and language required by original publisher
Preferred Terminology	Manuscript includes terms such as “baby,” “delivery,” “postpartum person,” “impact,” etc.	See the <i>JOGNN</i> style guide and the editorial “ Words Matter ”
Out of Scope	The following manuscripts will not be considered for peer review: <ul style="list-style-type: none"> • Concept analyses • Reports of pre and post education intervention studies • Unstructured literature reviews • Those with <ul style="list-style-type: none"> ○ Medical focus, including surgery or other area beyond nursing scope of practice ○ Lack of focus on nurses or nursing ○ Lack of relevance beyond study site ○ Global research without applicability for <i>JOGNN</i> readers 	

PREFERRED TERMS

A

affect or affected (as a verb) not impact or impacted

a posteriori (Roman)

a priori (Roman)

ad lib (Roman)

ages (not aged; adolescents ages 15 to 17)

ambulatory services (will be understood by the reader; no need for further elaboration)

Anglo not allowed; use White

ANOVA, ANCOVA; spell out in text at first mention

African American or Black as supplied by participants

B

baby should not be used unless in direct quotes. Use fetus, newborn or neonate, or infant as defined by the World Health Organization

Baby-Friendly: okay for use in the context of a hospital becoming “Baby-Friendly” or obtaining a “Baby-Friendly” designation

believe (not “feel”): “They believed the results indicated . . .” (not “They felt the results . . .”)

biological (not biologic)

birth should be used rather than “delivery” for the actual process of childbirth

birth weight (n); low-birth-weight infant (adj); very-low-birth-weight (adj) infant

Black or African American, capitalize

“both” and “either”: do not use to precede two items

bottle-feed, bottle-fed

breastfeed, breastfeeding, breastfed (different from “lactation”; these terms cannot be used interchangeably)

C

Caucasian not allowed; use White and capitalize

Centers for Disease Control and Prevention

cesarean (not caesarean); never capitalize; do not use cesarean section or cesarean delivery; use only cesarean birth or cesarean alone

chi-square test or χ^2 test: Spell out at the beginning of a sentence; always use symbol in parens and tables; symbol can be used in text depending on the context

child care (n, adj)

Cochrane Review (cap. for both words)

D

data (check for correct plural use)

database (one word) data set (two words)

decision maker (n)

decision-making (n)

decision-making (adj)

delivery is not preferred when referring to birth; however, delivery room should be used (NOT birthing room); labor and delivery unit okay in most instances per hospital conventions.

depression symptoms or symptoms of depression (never “depressive symptoms”; symptoms are not depressive; rainy days are)

die of (not die from)

dilatation: the condition, as of an orifice or tubular structure, of being dilated or stretched beyond normal dimensions; the condition of being stretched beyond normal dimensions especially as a result of overwork, disease, or abnormal relaxation. Active process; occurs by external clinical or surgical influences; pathologic; balloon catheter or dilatation and curettage

dilate: to cause a physiological increase in the diameter of a body opening, blood vessel, or tube, such as the widening of the pupil of the eye in response to decreased light or the widening of the uterine cervix during labor

dilation: the act of dilating or stretching; the act or action of dilating : the state of being dilated; the action of stretching or enlarging an organ or part of the body; passive process; regulated by the autonomic nervous system; physiologic; dilation of the cervix

E

ecological

e.g., (Roman, for example)

et al., (Roman)

electrical (not electric)

electronic health record

empirical (not empiric)

e-mail (not email)

either and both: do not use to precede two items

F

F test

feel (use “believe”)
fetus or fetuses, not unborn baby
fold words: fivefold, 40-fold
front line(s) (n); frontline (adj.)

G

GED: Do not use if GED is mentioned in the text as a degree (e.g., “I got my GED”); change to “high school equivalency”
gynecologic not gynecological

H

health care (n, adj; two words) unless used in a proper name, title, or quote as single word
hierarchical (not hierarchic)
high school equivalency: use instead of “GED” if mentioned as a degree in the text

I

icv, im, ip, iv: In dosages, in a number-and-unit combination, spell out on first use and abbreviate thereafter
i.e., (Roman, that is)
impact/impacted: not used; change to effect (n) or affect (v)
infant
in site (Roman)
in utero (Roman)
in vitro (Roman)
in vivo (Roman)
interconception should be formatted as “the interconception period,” e.g., not “Interconception is a vitally important time...” but instead “The interconception period is a vitally important time...”

J

K

L

labor and delivery unit—okay to retain in most instances because of hospital naming conventions

M

meta-analysis
MeSH; abbreviation okay, does not need to be expanded
maternity care instead of obstetric care

N

N, *n* number in total, partial sample, respectively; always italicize
newborn, neonate
NICU (no need to spell out at first mention)
normal (used in the context of pregnancy, labor, and birth)
nurse-midwife: hyphenated (rather than with a space or an en dash)

O

obese/overweight: okay to use as adjectives when altering the wording would create an awkward phrase instead
obstetric (not obstetrical)
obstetrician-gynecologist not “obstetrician/gynecologist” (with a hyphen, not a virgule); abbreviations
OB/GYN and OB-GYN are not acceptable (use “obstetrics and gynecology” to modify nouns, e.g.,
“obstetrics and gynecology residents”)
for care in general, use maternity care instead of obstetric care

P

participants used in authors’ own studies (as opposed to “women,” “mothers,” “nurses,” etc.); once the
participants in a study have been defined, the term should be used throughout
per se (Roman)
physiological (not physiologic)
postpartum should be used as an adjective only, not a noun “in the postpartum”; instead use “in the
postpartum period. Should not be used as an adjective to describe a person: “a postpartum
woman” incorrect; use “woman in the postpartum period.” The same rules apply for perinatal.
preeclampsia (not “pre-eclampsia; no hyphen)
preterm infant and very preterm infant okay to use; do not change to “preterm newborn” or “very
preterm newborn”; do not use “infant born preterm”
prior use as adjective only, not as preposition to indicate time
psychological (not psychologic)
photo elicitation: no hyphen when used as a noun, hyphenated when used as an adjective (photo-
elicitation)
PMAD is NOT allowed; must always be written out (“perinatal mood and anxiety disorders”)
PRISMA abbreviation can be used, even if for one use of the term.
polycystic ovary syndrome (NOT “ovarian”)
posttest (one word)

Q

R

S

self: hyphenate all “self” words except self psychology
sc: in dosages, in a number-and-unit combination, spell out on first use and abbreviate thereafter
small-for-gestational-age (adj.): hyphenated
Social Ecological Model (no hyphen, do not change to “ecologic”)
statistical (not statistic)

T

t test
TeamSTEPPS (abbreviation okay, does not need to be defined)
theoretical (not theoretic)
there is/there are: avoid use at the beginnings of sentences
toward (not towards)

U

United States (n); U.S. (adj)

use (not “utilize” or “utilization”; these words do not mean the same thing)

V

vis-à-vis (Roman)

vitamin B12, not vitamin B₁₂ (no subscripts for vitamins)

viz.

vs.

W

web (not World Wide Web)

website

weeks gestation (not weeks of gestation or weeks’ gestation): do not set ages as fractions (e.g., 22 0/7 to 22 6/7)

Western (<cap> when referring to culture)

whereas (not while)

women instead of “patients”; however, see section above on gender neutral language

X

χ^2 test

Y

Z

APA STYLE HIGHLIGHTS

PUNCTUATION

Period

- Use periods in these instances: initials of names (J. R. Smith); abbreviation for United States, as adjective (U.S. Navy); study participants (F.I.M.); Latin abbreviations (i.e., e.g., vs.).
- Do not use periods in these instances: capital letter abbreviations/acronyms (APA, NIH, HIV); state abbreviations (NY, OH, WI); abbreviations for routes of administration (iv, sc); most measurement abbreviations (cm, ft, kg, min, ml, s).

Comma

- Use commas as follows: serial comma, setting off nonrestrictive clauses, separating two independent clauses when the second is preceded by a coordinating conjunction, setting off the year in exact dates (e.g., March 10, 2013, ...), with numbers of four or more digits (e.g., 1,050).

Colon

- Use colon format for proportions: (1:8).
- A colon is used after an independent clause or a sentence that stands alone as a complete thought. The colon is often used for listing things or before quotations that are three or more lines.

Correct: You may need the following items to go camping: a sleeping bag, a tent, a blanket, clean undies, and marshmallows.

Incorrect: The grocery list included: apples, grapes, milk, bread, and eggs.

- Do not use a colon between a verb and its object or complement, between a preposition and its object, and after such as, including, or for example.

Incorrect: Some of the colors used in the flags are: red, orange, blue, and black.

Incorrect: The homework consisted of: four pages of dictionary definitions.

Incorrect: He loves spring flowers such as: the daffodil, daisy, and sunflower.

En Dash

- Use an en dash between words of equal weight in a compound adjective (e.g., Chicago–London flight) or when one part of the adjective is an open compound (e.g., post–Civil War period). See also Hyphenation.

Em Dash

- Use em dashes sparingly; use commas unless the extra commas would make the sentence difficult to read.

Quotation Marks

- The primary function of quotation marks is to set off and represent exact language (spoken or written) that has come from somebody else. The quotation mark is also used to designate speech acts in fiction and sometimes poetry.
- For quoted material in *JOGNN*, run quotes of fewer than 40 words in text set off with quotation marks. For quotes that are 40 words or more, use block format: indent entire quote by one tab and maintain double spacing.
- Use double quotation marks to introduce quoted text.
- Use single quotations within double quotations when quoting within quotes.
- Do not use quotation marks around lengthy (block) quotations of 40 or more words, see above.
- Use quotation marks to introduce a word or phrase as an ironic comment, as slang, as an invented or coined expression, and to introduce a new, technical, or key term or label. This is an update from APA 6th, formerly italics.

Parentheses

- Introduce abbreviations/acronyms in parentheses.
- Set off letters that identify items in a series. Example: The topics were (a) this, (b) that, and (c) the other.
- Enclose statistical values within sentences inside parentheses. Example: ...was statistically significant ($p = .031$).
- Do not use parentheses back-to-back or stacked:
 Incorrect: (e.g., defensive pessimism) (Norem & Cantor, 2016)
 Correct: (e.g., defensive pessimism; Norem & Cantor, 2016)

Brackets

- Use brackets within parentheses: ([/]).
- Enclose confidence limits within brackets. Example: ...95% CIs [−7.2, 4.3]

- Use to enclose material inserted in a quotation by someone other than the original writer:
“when Taylor [and his laboratory partners] documented their methods . . .”

Virgule or Slash

- Use to indicate *per* to separate units of measurement accompanied by a numerical value.
Example: 0.5 deg/s.
- Do not use more than once for compound units. Use centered dots and parentheses, as needed, to prevent ambiguity. Example: nmol · hr⁻¹ · mg⁻¹ (not nmol/hr/mg)
- The virgule represents and/or
Incorrect: obstetrics/gynecology, obstetrician/gynecologist, or maternal/fetal
Correct: obstetrics and gynecology, obstetrician-gynecologist, and maternal-fetal

SPELLING

- Consult *Merriam-Webster’s Dictionary Revised Edition* for spelling. Use first spelling listed when a choice is given. Refer to *Dorland’s*, as needed, for medical terms.
- Use “ic” rather than “ical” except in the following:

biological	neurological
clinical	pharmaceutical
critical	phenomenological
electrical	psychological
empirical	social ecological model (do not
ethical	change to “ecologic”)
hierarchical	statistical
hypothetical	theoretical
medical	

HYPHENATION

Consult the dictionary for permanent compounds and the Preferred Terms in this guide for any journal preferences. Otherwise, the following hyphenation rules apply.

General Rules

- If a compound adjective can be misread, use a hyphen.
- In a temporary compound used as an adjective before a noun, use a hyphen if the term can be misread or if the term expresses a single thought.
- Most compound adjective rules are applicable only when the compound adjective precedes the term it modifies. The hyphen is not used if the compound adjective follows the term (e.g., client-centered counseling vs. the counseling was client centered).
- Most words formed with prefixes are written as one word (e.g., extracurricular, wavelike, megawatt, midterm, nonsignificant, posttest, multiphase).

The following prefixes DO NOT require hyphenation: anti, bi, counter, equi, extra, infra, inter, intra, macro, mega, meta (but meta-analysis), micro, mid, mini, multi, non, over, post, pre, pro, pseudo, re, semi, socio, sub, super, supra, ultra, un, under. See Preferred Terms for any exceptions.

The following prefixes DO require hyphenation: co-, well-. See Preferred Terms for any exceptions.

- When two or more compound modifiers have a common base, the base is sometimes omitted in all but the last modifier, but the hyphens are retained (e.g., long- and short-term memory; 2-, 3-, and 10-min trials).
- **Hyphenated examples:** low-frequency words, water-deprived animals, middle-class families, two-way ANOVA, two-thirds majority, pro-Freudian, pre-UCS trial, non-achievement-oriented students, self-report technique (all self- forms), re-form (meaning form again), meta-analysis (prefix ends with same vowel that begins the base word; see also en dash).
- **Not hyphenated examples:** compound includes an adverb that ends in ly (e.g., widely used text); compound includes a superlative (e.g., better written paper); chemical terms (e.g., sodium chloride solution); foreign adjectival phrases (e.g., post hoc comparison); modifier with numeral or letter as the second element (e.g., Type II error); common fractions used as nouns (e.g., one third of the participants).

CAPITALIZATION

- **Capitalization in titles and headings:** capitalize major words and proper nouns, prepositions of four letters or more (with, among, from), and all verbs, nouns, adjectives, adverbs, and pronouns. When a capitalized word is a hyphenated compound, capitalize both words. Capitalize the first word following a colon or dash (first word of subtitle).
- **Capitalization in the text:** Proper nouns and trade names: Freudian slip (but eustachian tube); Department of Sociology, University of Washington (but a sociology department); Psychology 101; Elavil (drug brand name), amitriptyline hydrochloride (generic name); Day 2; Trial 5; MMPI Depression Scale; Stroop Color-Word Interference Test (but Stroop color test).

ITALICS

- In general, use italics infrequently.
- Do not use italics for foreign phrases, chemical terms, nonstatistical subscripts to statistical symbols, Greek letters, emphasis, or acronyms.
- When to use italics in the text:
 - Titles of books, periodicals, etc.
 - Genera, species, and varieties (*Macaca mulatta*)
 - A letter, word, or phrase cited as a linguistic example (“the letter *s*”)
 - Letters used as statistical symbols (Cohen’s *d* = 0.084)
 - **Theme titles.** In qualitative manuscripts with themes, use italics and title case (each word capitalized) for names of themes and sub-themes.
Example: “In this study, the authors identified the following themes related to the participants’ experiences of pregnancy loss: *Disbelief, Grief, Questioning the Reason, and Recovery From Shock.*”
 - Items in a scale.
Example: This scale consists of 15 items on a 5-point Likert scale that range from 1 (*strongly disagree*) to 5 (*strongly agree*).

ABBREVIATIONS AND ACRONYMS

- Use abbreviations/acronyms sparingly. Abbreviations used should be conventional and familiar to the reader (or necessary space savers to avoid repetition of long, cumbersome terms).
- Abbreviations must be spelled out at first mention; use only the abbreviation/acronym thereafter. Do not introduce an abbreviation/acronym unless it appears three or more times after introduction (treat the abstract and text as separate units).
- Do not add “i.e.,” before abbreviations and acronyms.
- Do not use abbreviations or acronyms in titles.
- Abbreviations/acronyms can be used in headings, but don’t begin the heading with one. Also, an abbreviation alone can’t constitute a heading.
- Do not use abbreviations/acronyms in callouts.
- Do not start a sentence with an abbreviation/acronym. Okay to begin a sentence with “U.S.” if it’s being used as an adjective, e.g., U.S. counties . . .
- Do not begin a sentence with a lowercase abbreviation or a symbol that stands alone.
- Spell out abbreviations that are used in a figure in the legend text. Spell out abbreviations used in a table in the table title or the table footnotes. Do so for each figure or table if used more than once.
- These Latin abbreviations are acceptable in parenthetical material (spell out in English form in running text):

cf. compare
e.g., for example,
et al. and others
i.e., that is,
viz., namely,
, etc. , and so forth
vs. versus, against

- Use abbreviations and symbols for metric and nonmetric units of measurement that are accompanied by numeric values (e.g., 4 cm, 30 s, 12 min).
- Do not repeat abbreviated units of measure when expressing multiple amounts (e.g., 16 to 30 Hz; 0.3, 1.5, and 3.0 mg/dl).
- Spell out when not accompanied by numeric values (e.g., measured in centimeters, several kilograms).
- **Abbreviate these units of time:** min (minute), ms (millisecond), ns (nanosecond), s (second); hr (hour) can be used in tables.
- **Do not abbreviate these units of time,** even when used with numbers: hour, day, week, month, year.
- Plurals of abbreviations/acronyms are formed with “s” at the end only: CPUs, (not CPU’s).
- Okay to begin a sentence with a symbol connected to a word (β -Endorphins...).

- It is permissible to abbreviate a route of administration (e.g., im = intramuscular, ip = intraperitoneal, iv = intravenous, sc = subcutaneous) when it is paired with a number and unit combination (e.g., 90 mg/kg ip), but write out when not (e.g., ...subcutaneous injections).
- ANOVA, ANCOVA; spell out in text at first use.
- Spell out statistical terms in text upon first use.
- The following abbreviations/acronyms do NOT have to be spelled out on first use: AIDS, HIV, NICU.
- Common abbreviations for units of measurement:

A	ampere	L	liter
Å	angstrom	m	meter
AC	alternating current	µm	micrometer
a.m.	ante meridiem	mA	milliampere
°C	degree Celsius	mEq	milliequivalent
Ci	curie	meV	million electron volts
cm	centimeter	mg	milligram
cps	cycles per second	ml	milliliter
dB	decibel [specify scale]	mm	millimeter
DC	direct current	mM	millimolar
deg/s	degrees per second	mmHg	millimeters of mercury
dl	deciliter	mmol	millimole
°F	degree Fahrenheit	mol wt	molecular weight
g	gram	mph	miles per hour [include metric equivalent in parentheses]
<i>g</i>	gravity	MΩ	megohm
Hz	hertz	N	newton
in.	inch [include metric equivalent in parentheses]	p.m.	post meridiem
IQ	intelligence quotient	ppm	parts per million
IU	international unit	psi	parts per square inch [include metric equivalent in parentheses]
kg	kilogram	rpm	revolutions per minute
km	kilometer	S	Siemens
km/h	kilometers per hour	V	volt
kW	kilowatt	W	watt
µg	microgram		

SYMBOLS

- Use < > symbols within parenthesis. Write words in full in running text.

NUMBERS

- In general, use numerals to express numbers 10 and above and use words to express numbers below 10.
- When a number 10 or greater and a number less than 10 are both used, both numbers should be expressed as numerals when they refer to the same thing, such as “In that study, 5 of 11 patients underwent treatment . . .”
- Numerals are also used with a unit of measurement; for numbers that represent math functions, decimal quantities, percentages, ratios; for numbers that represent time, dates, ages, scores, points on a scale, exact sums of money; and numbers that denote a specific place in a numbered series.
- Use the symbol for “percent” in the text and in tables (33%) when a number is included.
- Use “to” in ranges: 4 to 10 patients; 5% to 20%.
- Examples

25 years old	scored a 4 on a 7-point scale
2-year-olds	multiplied by 5
13 lists	August 14, 2006 to August 26, 2006
6%	1 hr 34 min
5-mg dose	7:20 and 7:30 a.m.
2 mg or 5 mcg	at 12:30 a.m.
twofold, but 10-fold	Table 3
more than 5% of the sample	row 5
Between 34% and 40% of those...	1,000; 10,000; 100,000; 1 million

- Words are used in these situations: start of sentence, title, or text heading; common fractions, universally accepted usage.

Examples

Forty-eight percent showed...; only 2% showed....

one-fifth of the class

two-thirds majority

the Twelve Apostles

- Ordinals follow the rules established for cardinal numbers:

second-order factor	two orders
the fourth graders	four grades
the first item of the 75th trial	one item, 75 trials
the 2nd and 11th rows	2 rows, 11 rows
- To express plurals of numbers, add *s* or *es* alone (e.g., fours and sixes, 1950s, 10s and 20s). All references to physical measurements, where feasible, should be expressed in metric units. Use a space between a symbol and the number to which it refers, except for measures of angles (e.g., 4.5 m, 12 °C, 45° angle).

REFERENCES

General

- Alphabetical by surname of first author; Peters comes before Peterson.
- Alphabetize the prefixes M', Me, and Mac literally, not as if they were all spelled *Mac*. Disregard the apostrophe: MacArthur precedes McAllister, and MacNeil precedes M'Carthy.
- Alphabetize surnames that contain articles and prepositions (de, la, du, von, etc.) following the representation given by the author.
- Several works of the same first author:
 - Single author: Arrange chronologically.
 - Single author, same year: Arrange alphabetically by title of the work (excluding A, An, The); *exception*: For works part of series, then arrange in series order (Part 1 and Part 2), not alphabetically by title.
 - Indicate by placing lowercase letters—*a*, *b*, and *c*, and so on—immediately after the year, within the parentheses, to help differentiate in-text citations: Baheti (2001a) found... Control... (Baheti, 2001b).
- Multiple author works: Single author first, followed by multiple author works.
- Only multiple author works: Follow alphabetical order for second author and then the third author and so on.
- Several works of two or more authors in the same order: arrange chronologically.
- Several works of two or more authors in the same order, same year: See Single Author, Same Year, above.
- Several works by authors with the same surname: arrange alphabetically by first initial.
- Group authors (agency, association): Alphabetize using first significant word of the name. A parent body precedes a subdivision (University of Michigan, Department of Psychology).
- Author designated as Anonymous: Alphabetize as if Anonymous were a real name.
- No author: Title moves to author position; alphabetize by first significant word of title.
- Legal references: Style as no author.
- Number of authors to list: List all authors up to six. For more than seven authors, list the first six authors, then ellipsis, then the name of the final author, no ampersand is used. APA 7th changed this so that all authors are listed, but JGNN continues to follow per APA 6th.
- Publisher location is no longer used per APA 7th.
- If the publisher is the author, do not repeat the name but use Author.
- Publisher's name should be as brief as possible (e.g., F. A. Davis, *not* F. A. Davis Company)
- Use en dashes for page ranges, not hyphens.

Reference Citations in Text

- Always include page number in parenthetical citations for direct quotes.
- All in-text references should identically match the references list and vice versa.
- Author–year format, alphabetical, then chronological, by author.
- Use an ampersand in parentheses always; spell out "and" in text.

- List one author in text and parenthetically always: “Geiger (1990) reported that...” and (Geiger, 1990).
- List two authors in text and parenthetically always: Symington and Mackay (1996) argued that... and (Symington & Mackay, 1996).
- More than two authors: list first author, then et al.: “Pfister et al. (2020) reported that...”; (Pfister et al., 2020). **This is an update for APA 7th.**
- Same author (s) more than one citation: (Geiger, 2018, 2020)
- If a reference list includes publications by two or more primary authors with the same surname, include the first author's initials in all text citations, even if the year of publication differs.
- Page number given with citation: (Maitland & Parker, 1988, p. 311)
- Citation with extra text (see Amdur et al., 1997, for complete data).

Journal Title Abbreviations in Reference List

- Do not abbreviate journal titles in reference list.
- Always include the issue number if possible.
- **Always include the doi in URL format (APA 7th).** For example, <https://doi.org/10.1542/peds.2013-1985>

Examples of References

References throughout the guide are for illustrative purposes only; they are not accurate references.

Journal Article

Warner, J. E., & Hansen, D. J. (2022). The identification and reporting of physical abuse by physicians: A review and implications for research. *Child Abuse and Neglect*, 18(1), 11–25.
<https://doi.org/10.1016/j.jogn.2019.05.002>

Sachs, C. H., & Committee on Drugs. (2015). The transfer of drugs and therapeutics into human breast milk: An update on selected topics. *Pediatrics*, 132(3), e796–e809.
<https://doi.org/10.1542/peds.2013-1985>

Repokari, L., Punamaki, R., Poikkeus, P., Vilska, S., Unkila-Kallio, L., Sinkkonen, J.,...Tulpalla, M. (2015). The impact of successful assisted reproduction treatment on female and male mental health during transition to parenthood: A prospective controlled study. *Human Reproduction*, 20, 3238–3247. <https://doi.org/10.1542/peds.2013-1985>

Book

Olds, S. Jr., London, M., Ladewig, P., & Davidson, M. (2014). *Maternal-newborn nursing & women’s health care* (7th ed.). Pearson Education.

Roach, S., & Nieto, B. (2022). Understanding grief. In L. Keegan (Ed.), *Healing and the grief process* (pp. 1–24). Delmar.

Paper Presented

Patterson, B. J., Morin, K. H., & Colby, N. (2023, July). *The experience of being cared for by students after birth*. Paper presented at NLN Education Summit, San Antonio, TX.

Website

For reference entries in which the publisher is the author, do not use publisher name and location, but go straight to URL. As per APA 7th, “retrieved from” is no longer used.

Always use the URL for the specific document cited, not a general home page. Titles are italicized.

Agency for Healthcare Research and Quality. (n.d). *About TeamSTEPPS*.

<https://www.ahrq.gov/teamstepps-program/index.html>

Centers for Disease Control and Prevention. (2014). *Smoking & tobacco use: Secondhand smoke*.

www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/

Henry Ford Health System, & The Joint Commission. (2011). *Keeping your hospital property smoke-free: Successful strategies for effective policy enforcement and maintenance*.

[www.jointcommission.org/assets/1/18/Smoke Free Brochure2.pdf](http://www.jointcommission.org/assets/1/18/Smoke_Free_Brochure2.pdf)

LANGUAGE STYLE

Voice and Tense

- Use active, first-person voice not passive voice to describe your study. Use “we studied relationships,” not “relationships were studied.”
- Reports of previous studies (in the literature review or discussion, for example) should be described using the past tense. When describing previously published studies, use “researchers” (e.g., “The researchers reported a change...”) or use the actual names of the authors (e.g., “Smith et al. (2022) reported findings related to ...”). This helps to prevent anthropomorphism.
- Report your own study findings in past tense, “Our participants described...”

Anthropomorphism

- Avoid anthropomorphism or personification of inanimate objects. Although anthropomorphism has become ubiquitous in spoken language, it is grammatically incorrect. Inanimate objects, concepts, or theories cannot perform actions; people perform actions.

Incorrect: This article reviews...

Correct: The purpose of this article is to review...

Correct: In this article, we review...

Incorrect: Several studies found...

Correct: In several studies, researchers found...

Incorrect: The constructivist approach recognizes multiple views of reality.

Correct: In the constructivist approach, multiple views of reality are recognized.

Subject-Complement Agreement

- A subject is the part of the sentence that is being or doing something, and the complement is the noun that completes the meaning. A plural subject must be accompanied by a plural complement and a singular subject must be accompanied by a singular complement.

Incorrect: Our study included women with a history of intimate partner violence.

Correct: Our study included women with histories of intimate partner violence.

Incorrect: Participants and their infant attended a 6-week follow up appointment.

Correct: Participants and their infants attended 6-week follow up appointments.

Participants

- Once participants are identified use “participants” only thereafter to describe your study. Don’t refer to women, nurses, etc. when describing your study results.

General Style Issues

- Avoid beginning sentences with “There is.../There are...” when possible. This sentence construction is harder for the reader to understand and retain.
- Avoid “-ing” constructions, which generally represent tense shifts:

Incorrect: The researchers found higher rates of heart disease, indicating...

Correct: The researchers found higher rates of heart disease, which indicated...

Foreign Terms

- Use italics for uncommon foreign words but roman for foreign words that are included in *Webster’s* (e.g., in situ, in vivo, per se, esprit de corps).

Manufacturer Details

- APA style no longer requires manufacturer details for equipment, drugs, or products.
- Provide the version of a software program per APA. Commonly used software includes the following:

Adobe

Atlas.ti

Excel

Java

Microsoft Word

SAS

SPSS

SurveyMonkey

G*Power

- Use generic drugs names or generic device descriptions rather than brand names.
- Copyright and trademark marks are not used per APA.

Prior

- Prior is an adjective and should not be used as a preposition to indicate time. If prior is accompanied by “to,” it is being used incorrectly in the sentence.

Incorrect: I have an appointment prior to my class.

Correct: I have an appointment before my class.

Correct: He had a prior relationship with the defendant.

Postpartum

- This word is an adjective that refer to a specific period of time. It should not be used as a noun, preposition, or to describe people.

Incorrect (as noun): Many women describe being overwhelmed in *the postpartum*.

Correct: Many women describe being overwhelmed in the postpartum period.

Incorrect (preposition): Participants attended follow up visits *postpartum*.

Correct: Participants attended follow up visits in the postpartum period (or after birth).

Incorrect (to describe people): The participants included 14 *postpartum women*.

Correct: The participants included 14 women in the postpartum period.

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