

PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Author Guidelines

Author Guidelines

When preparing the manuscript for *Pediatrics*, authors must first determine the manuscript type, and then select the appropriate manuscript preparation instructions from the types listed below. Also, become familiar with journal style and correct preparation of figures, tables, and multimedia.

Journal Style

All aspects of the manuscript (tables, illustrations, and references) should be prepared according to the International Committee of Medical Journal Editors ([ICMJE](#)) requirements.

Grammar, Punctuation, and Usage. Grammar, punctuation, and scientific writing style should follow the *AMA Manual of Style*, 10th edition.¹

Author Listing. All authors' names should be listed in their entirety. All authors must clearly present institutional/professional affiliations and degrees held.

Abbreviations. Authors should provide a list of abbreviations on the title page. All acronyms in the text should be expanded at first mention, followed by the abbreviation in parentheses. The acronym may appear in the text thereafter. Do not use abbreviations in the title. Acronyms may be used in the abstract if they occur 3 or more times therein. Generally, abbreviations should be limited to those defined in the *AMA Manual of Style*, 10th edition.¹ Uncommon abbreviations should be listed at the beginning of the article.

Keywords. Authors should provide keywords on the title page and use Medical Subject Headings ([MeSH](#)) terms as a guide. Visit: <http://www.nlm.nih.gov/mesh/meshhome.html>

Units of Measure. Authors should use Système International (SI)^{2,3} values

Proprietary Products. Authors should use nonproprietary names of drugs or devices unless mention of a manufacturer is pertinent to the discussion. If a proprietary product is cited, the name and location of the manufacturer must also be included.

References. Authors are responsible for the accuracy of references. Citations should be numbered in the order in which they appear in the text. Review articles should be appropriately cited. Secondary sources should not be cited. Reference style should follow that of the *AMA Manual of Style*, 10th edition. Abbreviated journal names should reflect the style of Index Medicus. Visit: <http://www.nlm.nih.gov/tsd/serials/lji.html>

Manuscript Preparation

Manuscripts—including tables, illustrations, and references—should be prepared according to ICMJE guidelines.⁴

Regular articles require a structured abstract. Refer to the “article types” on page 3 for specific guidelines on preparing a manuscript.

Label each section with the appropriate subheading. Experience and Reason, Review, and Special Articles require short, unstructured abstracts. Commentaries do not require abstracts.

Research or project support should be acknowledged as a footnote on the title page. Technical and other assistance should be identified on the title page.

Authors submitting manuscripts or letters to the editor involving adverse drug or medical device events or product problems should also report these to the appropriate governmental agency.

Pediatrics requires authors to disclose whether or not an article reports the results of a clinical trial. If authors report the results of a clinical trial, they must affirm that the study has been registered at www.clinicaltrials.gov or another qualified national or international registry. Current information on requirements and appropriate registries is available at www.icmje.org/faq.pdf. The trial registration number must be listed on the title page of the manuscript. Authors are also required to complete the Consort Form (<http://mc.manuscriptcentral.com/pediatrics>) and submit it along with the initial submission of their manuscript. This form is found under “Instructions and Forms.”

Title Page

The title page must include author names, degrees, and institutional/professional affiliations, short title, abbreviations, keywords, financial disclosure and conflict of interest. Please include the contact information for the corresponding author (eg, address, telephone, fax, and e-mail address).

Regular Articles

Abstract length: 300 words or fewer

Article length: 3,000 words or fewer

NOTE: References and Abstracts are not included in the 3,000 word count.

Regular articles are original research contributions that aim to change clinical practice or the understanding of a disease process. Regular articles include but are not limited to clinical trials, interventional studies, cohort studies, case-control studies, epidemiologic assessments, and surveys. Components of a Regular Article include:

- **Structured Abstract**

A structured abstract must include headings, such as Objective, Patients and Methods, Results, and Conclusions. The objective should clearly state the hypothesis; patients and methods, inclusion criteria and study design; results, the outcome of the study; and conclusions, the outcome in relation to the hypothesis and possible directions of future study.

- **Introduction**

A 1- to 2-paragraph introduction outlining the wider context that generated the study and the hypothesis.

- **Patients and Methods**

A "Patients and Methods" section detailing inclusion criteria and study design to ensure reproducibility of the research.

- **Discussion**

An expanded discussion highlighting antecedent literature on the topic and how the current study changes the perception of a disease process.

- **Conclusion**

A concluding paragraph presenting the impact of the study and possible new research on the subject.

Review Articles

Abstract length: 300 words or fewer

Review Articles combine and/or summarize data from the knowledge base of a topic. These articles can include systematic reviews and metaanalyses. Structured abstracts for systematic reviews are recommended and headings should include: Context, Objective, Data Sources, Study Selection, Data Extraction, Results, and Conclusions (see Iverson et al¹[pp22-23]).

Special Articles

Abstract length: 300 words or fewer

Article length: 4,000 words or fewer

Special Articles include but are not limited to guidelines, consensus statements, and other scholarly work.

Commentaries

Article length: 400 to 800 words

Commentaries are opinion pieces consisting of a main point and supporting discussion. These contributions usually pertain to and are published concurrently with a specific article; the commentary serves to launch a broader discussion of a topic. Commentaries may address general issues or controversies in the field of pediatrics.

Experience & Reason (Including Case Reports)

Abstract length: 250 words or fewer

Article length: 1,600 words or fewer

Experience & Reason articles consist of case reports and other shorter articles of original research. They should include an unstructured abstract of 250 words or fewer.

Case Report articles highlight unique presentations of disease processes to expand the differential diagnosis and improve patient care. Case Report articles should be structured as follows:

- **Abstract**
An unstructured abstract that summarizes the case(s).
- **Introduction**
A brief introduction (recommended length, 1-2 paragraphs).
- **Patient Presentation**
A case report section that details patient presentation, initial diagnosis, and outcome.
- **Discussion**
A discussion section including a brief review of the relevant literature and how this case brings new understanding to the disease process.

State-of-the-Art Review Articles

Abstract length: 200 words or fewer
Article length: 3,000 words or fewer

State-of-the-Art Review Articles should be structured as follows:

- **Overview**
To provide a comprehensive and scholarly overview of an important clinical subject with a principal focus on developments in the past 5 years. The data sources should be as current as possible.
- **Advances in Science and Technology**
To explain recent advances in science and technology that may have resulted in changes in clinical diagnosis and/or therapy in terms that teach relevant science to those who devote most of their time and effort to clinical endeavors.
- **Critical Assessments**
To include critical assessments of clinical topics, emphasizing factors such as cause, prognosis, diagnosis, and prevention.
- **Perception**
To describe how the perception of the disease, disease category, diagnostic approach, or therapeutic intervention has evolved in recent years.

Letters to the Editor/eLetters

Article length: 400 words or fewer

Letters to the Editor continue to be a vital part of the journal's interaction with its readers. As an increasing number of our subscribers now view the Web site on a regular basis (18 million hits each year) and in order to accelerate the publication of Letters, we are implementing a new policy regarding Letters to the Editor effective January 2009.

All Letters to the Editor must be submitted online as eLetters using PEDIATRICS Web site. This new policy will make eLetters (Letters to the Editor) more relevant and timely, and are reviewed by the editors for online publication.

How to Submit eLetters (Letters to the Editor)

1. Locate the article online using the "Current Issue" or "eArchives" links.
2. To respond to an article, click the "Submit a Response" link located in the content box to the right of the article.

How to View eLetters (Letters to the Editor) to Articles

1. To read responses to an article, click on the "View Responses" link in the content box located to the right of the article.

Note:

eLetters (Letters to the Editor) are considered for publication (subject to editing and abridgment) provided they do not contain material that has been submitted or published elsewhere. Articles are posted on the online journal (Journal of Record) after editor review. Submission of eLetters is open to all health care professionals and experts in related fields.

Letters to the Editor will no longer appear in the print version of *Pediatrics* effective January 2009. eLetters was formerly named Post Publication Review (P3Rs).

Errata

E-mail the editor Dr. Lewis R. First [lewis.first@uvm.edu] of *Pediatrics* if a correction to a published manuscript should be made.

Figures, Tables, and Multimedia

Figures

Authors should number figures in the order in which they appear in the text. Figures include graphs, charts, photographs, and illustrations. Each figure should be accompanied by a legend that does not exceed 50 words. Use abbreviations unless these have not been expanded in the text. If a figure is reproduced from another source, authors are required to obtain permission from the copyright holder, and proof of permission must be sent to the editorial office in Burlington, VT, at initial submission. Authors are also required to provide level of magnification for histology slides.

Figure arrays should be clearly labeled, preassembled, and submitted to scale according to the width and depth of a journal page (40 picas wide by 56 picas deep). Figure parts of an array should be clearly marked in capital letters in 10-point Helvetica font in the upper left-hand corner of each figure part. **Figures should be submitted separately from the text file.**

Technical Requirements. For an original submission, authors may submit JPEG or PDF files. However, at revision, authors will need to submit higher resolution files (150-300 dpi). The following file types are acceptable: TIFF, GIF, EPS, and PDF. *Pediatrics* cannot accept Excel or Powerpoint files. Color files must be in CMYK (cyan, magenta, yellow, black) mode.

For more information regarding digital art submission, visit Cadmus Communications
<http://cjs.cadmus.com/da/index.jsp>

Tables

Tables should be numbered in the order in which they are cited in the text and include appropriate headers. Tables should not reiterate information presented in the Results section, but rather should provide clear and concise data that further illustrate the main point. Tabular data should directly relate to the hypothesis. Table formatting should follow the the *AMA Manual of Style*, 10th edition.

Multimedia

Pediatrics publishes supplemental content in the online article. References to online supplemental content appear in the print journal. Such data include but are not limited to tables, videos, audio files, slide shows, data sets, and Web sites. Authors are responsible for clearly labeling such supporting information and are accountable for its accuracy. *Supplemental data will not be professionally copyedited.*

Videos

Pediatrics encourages the submission of videos to accompany the electronic editions of articles. Videos should be submitted in QuickTime 4.0 or higher format, and may be prepared on either a personal computer or Macintosh computer.

All videos should be submitted at the desired reproduction size and length. To avoid excessive delays in downloading the files, videos should be no more than 6MB in size, and run between 30 and 60 seconds in length. Authors are encouraged to use QuickTime's "compress" option when preparing files to help control file size. In addition, cropping frames and image sizes can significantly reduce file sizes. Files submitted can be looped to play more than once, provided file size does not become excessive.

Authors will be notified if problems exist with videos as submitted, and will be asked to modify them. No editing will be done to the videos at the editorial office—all changes are the responsibility of the author.

Video files should be named clearly to correspond with the figure they represent (ie, figure1.mov, etc). Be sure all video files have filenames that are no more than 8 characters long, and include the suffix ".mov." A caption for each video should be provided (preferably in a similarly named Word file submitted with the videos), stating clearly the content of the video presentation and its relevance to the materials submitted.

IMPORTANT: One to four traditional still images from the video **must** be provided, along with mm:ss time indexes for each. These still images will be published in the print edition of the article and will act as thumbnail images in the electronic edition that will link to the full video file. Please indicate clearly in your text whether a figure has a video associated with it, and be sure to indicate the name of the corresponding video file. A brief figure legend should also be provided.

Technical Requirements. For text, use PDF, RTF, or Word files; for figures, JPEG or PDF files; for figure legends, Word or RTF files; for tables, Word, Excel, HTML, or PDF files (one table per file); for videos, use QuickTime (version 4.0 or higher) or MPEG files; for video legends, use Word or RTF files; for audio files, use MP3 or WAV files; for slide shows, use Powerpoint; and for Web sites, provide a complete list of files and the name of the main page in HTML, PDF, JPEG, GIF, plain text, or Excel.

Supplements to *Pediatrics*

- z The proceedings of sponsored meetings can be accepted as supplements to *Pediatrics*.
- z Supplements to *Pediatrics* must contain material pertinent to a pediatric audience.

Supplement Costs

- z The cost to sponsor a **printed supplement** to *Pediatrics* is \$975 per page. This estimate includes all costs for production, copyediting, press, distribution and postage, and online production of the supplement. A budget contract estimate will be issued for your approval prior to scheduling. Also included are 500 complimentary copies of the supplement. Additional printed copies can be purchased by contacting Joe Puskarz, Senior Managing Editor, at jpuskarz@aap.org.
- z We offer the option of publishing **online-only supplements** to *Pediatrics*. The submission and production processes are exactly the same as those supplements that are published both in print and online. The difference is that no copies of the supplement are printed—thereby eliminating costs associated with printing and postage. The cost to sponsor an online-only supplement is \$485 per page.

Conceptual Approval

- z Approval of the topic of a supplement must be obtained from Virginia A. Moyer, MD, deputy editor, prior to submission. To facilitate this process, we ask for a brief letter outlining the

supplement, a proposed table of contents listing titles and authors of prospective papers, and a statement describing who will underwrite the cost of the supplement. This material should be sent to the deputy editor [peditrics-editorial@bcm.edu] during the planning stages of the supplement, ideally several months prior to submission (Please note: *Pediatrics* does not accept supplements financed by for-profit corporations if the topics in the supplement bear close relation to the products sold by the corporation).

Submission Requirements

- z To submit the supplement after conceptual approval, please send 4 hard copies, plus a CD-ROM, of the entire supplement to the associate editor at our Houston editorial office. Our production team can accept material prepared using Microsoft Word or any of the commonly used word processing programs. Material appearing in *Pediatrics* is subject to editorial standards specified by the *AMA Manual of Style*, 10th edition.
- z Once the supplement is received by our deputy editor, it is sent out in its entirety to reviewers. If the supplement is provisionally accepted, revisions may be required.
- z We estimate 120 days from final acceptance to publication. This time can vary depending on the number of other supplements in production and the length of your supplement.

Manuscript Submission

Pediatrics requires that all manuscripts be submitted electronically.⁶ To submit a manuscript, please follow the instructions below:

Getting Started

1. Launch your Web browser (Internet Explorer 5 or higher or Netscape 6 or higher) and go to the *Pediatrics* homepage (<http://www.pediatrics.org>).
2. Click on “Submit/Track My Manuscript.”
3. Log-in or click the “Create Account” option if you are a first-time user of ScholarOne.
4. **If you are creating a new account:**
 - After clicking on “Create Account” enter your name and e-mail information and click “Next.”
Your e-mail information is very important.
 - Enter your institution and address information as prompted and then click “Next.”
 - Enter a user ID and password of your choice (we recommend using your e-mail address as your user ID) and then select your area of expertise. Click “Finish” when done.
5. Log-in and select “Author Center.”

Submitting Your Manuscript

6. After you have logged in, click the blue star reading “Click here to submit a new manuscript.”
7. Enter data and answer questions as prompted
8. Click on the “Next” button on each screen to save your work and advance to the screen.
9. You will be prompted to upload your files:
 - Click on the “Browse” button and locate the file on your computer.
 - Select the description of the file in the drop-down menu next to the Browse button.
 - When you have selected all files you wish to upload, click the “Upload” button.
10. Review your submission (in both PDF and HTML formats) before sending it to the editors. Click the “Submit” button when you are done reviewing.

You may stop a submission at any phase and save it to submit later. After submission, you will receive a confirmation via e-mail. You can also log-on to ScholarOne any time to check the status of your manuscript. The editors will inform you via e-mail once a decision has been made.

Conditions of Publication

All authors are required to affirm the following statements before their manuscript is considered:

- That the manuscript is being submitted only to *Pediatrics*, that it will not be submitted elsewhere while under consideration, that it has not been published elsewhere, and, should it be published in *Pediatrics*, that it will not be published elsewhere—either in similar form or verbatim—without permission of the editors. These restrictions do not apply to abstracts or to press reports of presentations at scientific meetings.
- That all authors are responsible for reported research.
- That all authors have participated in the concept and design; analysis and interpretation of data; drafting or revising of the manuscript, and that they have approved the manuscript as submitted.

All authors are also required to disclose any professional affiliation, financial agreement, or other involvement with any company whose product figures prominently in the submitted manuscript.

Artwork

Black-and-white illustrations will be printed without charge. Authors will be charged for all color illustrations and other special processing. It is the responsibility of the authors to make arrangements before manuscripts are processed.

Low-resolution files may be adequate for review; however, in all cases we will require high-resolution files before publication. Please see the instructions for preparing electronic art at:

<http://cjs.cadmus.com/da>

Acceptance Criteria

Relevance to readers is of major importance in manuscript selection. *Pediatrics* will consider manuscripts in the following categories: reports of original research, particularly clinical research; review articles; special articles; and experience and reason (eg, case reports).

Generally, all papers will be reviewed by at least two outside consultants who are selected by the editors based on their expertise in the topic of the manuscript.

A report of original research will be judged on the importance and originality of the research, its scientific strength, its clinical relevance, the clarity with which it is presented, and the number of submissions on the same topic. The decision to publish is not based on the direction of results.

Unsolicited commentaries will be considered; however, most are solicited by the editors. Case reports are of interest only when they present a new entity or illustrate a major new aspect of a previously reported entity.

If your manuscript is accepted, the editors reserve the right to determine whether it will be published in the print edition (which includes electronic publication) or only in the electronic edition of *Pediatrics*.

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