



Case Reports in Perinatal Medicine **Information for Authors**

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1. Scope and general policies of the Journal

Case Reports in Perinatal Medicine (CRPM) is published online only and appears in a continuous issue publishing 40 articles per year. The journal provides rapid online publication for all items of articles. CRPM publishes only English-language articles in the following formats:

- Case Report
- Case Series
- Case Report and Review of the Literature

In addition to evidence-based studies, practitioners in clinical practice esteem especially exemplary reports of cases that reveal specific manifestations of diseases, its progress or its treatment. *CRPM* considers case reports and series to be brief reports describing an isolated clinical case or a small number of cases. They may describe new or uncommon diagnoses, unusual outcomes or prognosis, new or infrequently used therapies and side effects of therapy not usually discovered in clinical trials. The potential roles of case reports and case series are:

1. Recognition and description of new diseases
2. Detection of drug side effects (adverse or beneficial)
3. Study of mechanisms of disease
4. Medical education and audit
5. Recognition of rare manifestations of disease

Manuscripts must meet one of the following criteria:

1. Unexpected or unusual presentations or processes of a disease
2. Presentations, diagnoses and/or management of new and emerging diseases
3. An unexpected association between diseases or symptoms
4. An unexpected event in the course of observing or treating a patient
5. Findings that shed new light on the possible pathogenesis of a disease or an adverse effect
6. Unique therapeutic approaches
7. Unreported or unusual side effects or adverse interactions involving medications or treatments

Peer review *CRPM* is a double-blind journal. Reviewer names are blinded for authors, and author names are blinded for reviewers. Manuscripts are reviewed anonymously by at least two independent reviewers selected by the Editors.

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Rejection of manuscripts Manuscripts dealing with subjects that have been well studied in the literature, and that do not resolve questions raised by previous studies, or manuscripts that are statistically underpowered, are likely to be rejected without peer re-view. This applies in particular to studies of genetic associations, which will

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Author contributions: All authors have accepted responsibility for the entire content of this manuscript and approved its submission.

Competing interests: Authors state no conflict of interest.

Informed consent: Informed consent was obtained from all individuals included in this study.

Ethical approval: Research involving human subjects complied with all relevant national regulations, institutional policies and is in accordance with the tenets of the Helsinki Declaration (as revised in 2013), and has been approved by the authors' Institutional Review Board (xxxx) or equivalent committee. (xxx-Nr.: xx/x).

OR Research involving animals complied with all relevant national regulations and institutional policies (xxxx) for the care and use of animals. (xxx-Nr.: xx/x).

OR The local Institutional Review Board deemed the study exempt from review.

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4. Preparation of manuscripts

Language Manuscripts should be written in clear and concise English. Please have your text proofread by a native speaker or professional language service before you submit it for consideration. At proof stage, only minor changes other than corrections of printers' errors are allowed.

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General format and length.

Word count: title page, abstract, tables, figures, references and supplemental material are excluded.

Title: Should facilitate retrieval with electronic searching.

Structured abstract (Objectives, Case presentation, Conclusions): Includes background of the problem; describes the present report and its conclusions (what is the educational message?).

Introduction: Describes whether the case is unique. If not, does the case have an unusual diagnosis, prognosis, therapy or course? Describes how the case contributes to scientific knowledge. Describes the instructive or teaching points that add value to this case.

Case presentation: Describes the history, examination and pertinent investigations adequately. Is the cause of the patient's illness clear-cut? What are other plausible explanations? Describes the treatments adequately. Have all available therapeutic options been considered? Are outcomes related to treatments?

Discussion: Provides a literature review of other similar cases (if available; if not mention as much). Explains the rationale for reporting the case. What is unusual about the case? Describes how the case in question is different to the previously reported ones. Does it challenge prevailing wisdom or existing knowledge? In the future, could things be done differently in a similar case?

Take-home message of the lessons learnt including (if applicable): recommendations for patient management, interesting lines of research that could be addressed.

Extension guidelines:

- Limit on authors: The maximum numbers of authors allowed is 6.
- Limit on words: 4000 for Case Report and 6000 words for Case Series.
- Limit of figures: 4 figures maximum.
- Limit of tables: 2 tables maximum.
- Limit on references: 10 for Case Reports; 20 for Case Series.

Studies dealing with diagnostic accuracy: Please refer to the 2015 Standards for Reporting of Diagnostic Accuracy checklist ([STARD](#)).

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References Adhere strictly to the reference style of the Journal (Vancouver; recommendations of the "International Committee of Medical Journals Editors"; see [Reference Style](#)). All references mentioned in the Reference list must be mentioned in the text, and vice versa. List and number the references consecutively in the

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| 2. Journal with supplement | 2. Sallis JF, Saelens BE. Assessment of physical activity by self-report: status, limitations, and future directions. Res Q Exerc Sport 2000;71(2 Suppl):S1–14. |
| 3. Collaboration | 3. WHO. The diagnosis and management of non-alcoholic fatty liver disease: practice guideline by the American Association for the Study of Liver Diseases, American College of Gastroenterology, and the American Gastroenterological Association. Hepatology 2012;55:2005–23. |
| 4. et al. usage (more than 6) | 4. Kaye K, Day RD, Hair EC, Moore KA, Hadley AM, Teixeira PJ, et al. Parent marital quality and the parent-adolescent relationship: effects |

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| 5. Epub ahead of print | 5. Mason EB, Burkhart K, Lazebnik R. Adolescent stress management in a primary care clinic. J Pediatr Health Care 2018 Sep 3. DOI: 10.1016/j.pedhc.2018.08.001 [Epub ahead of print]. |
| 6. Journal – in press | 6. Tappy L, Lara KA. Metabolic effects of fructose and the worldwide increase in obesity. Physiol Rev, in press. |
| 7. Book/monograph | 7. Shek DTL, Sun RCF, Merrick J. University and college students. Health and development issues for the leaders of tomorrow. New York: Nova Science; 2013. |
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| 9. Edited book | 9. Shek DTL, Ma C, Yu L, Merrick J, editors. Human developmental research. Experience from research in Hong Kong. New York: Nova Science; 2014. |
| 10. Edited book with chapter title and editors | 10. Halpen-Felsher BL, Morrell HE. Preventing and reducing tobacco use. In: Berlan ED, Bravender T, editors. Adolescent medicine today: a guide to caring for the adolescent patient [Internet]. Singapore: World Scientific Publishing Co.; 2012. |
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| 12. Proceedings/Conferences | 12. Musaka K, Akasaka Y, Suzuki Y, Kamiya T. Novel network fiber to manage dispersion at 1.55 μm with combination of 1.3 μm zero dispersion single mode fiber. In: Proceedings of the symposium on robotics, mechatronics and animatronics in the creative and entertainment industries and arts. SSAISB 2005. University of Hertfordshire, Hatfield, UK; 2005. |

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| 13. Electronic publications (Available from) | 13. IASO. Epidemiology of childhood overweight & obesity in India: a systematic review. International Association for the Study of Obesity; 2012. Available from: http://www.iaso.org/iotf/obesity/obesitytheglobalepidemic |
| 14. Electronic publications (Accessed) | 14. IPAQ Group. Guidelines for data processing and analysis of the international physical activity questionnaire (IPAQ) – short and long forms [Online]. Available from: https://sites.google.com/site/theipaq/scoring-protocol [Accessed 4 Apr 2013]. |
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| 18. Standards | 18. Frequency response and bias, NERC Reliability Standard BAL-003-0.1b, May 2009 [Online]. Available from: http://www.nerc.com/files/BAL-003-0_1b.pdf |