



CLINICAL ROUNDS: CASE REPORTS IN THE *JOURNAL OF MIDWIFERY & WOMEN'S HEALTH*

Case reports convey information via storytelling and patient perspectives. As such, they are an excellent vehicle for sharing the science and art of health care. Case reports are also a forum for linking clinical scenarios to evidence-based management. This format is a well-recognized teaching tool. The Clinical Rounds column in the *Journal of Midwifery & Women's Health (JMWH)* is designed to offer our readers these insights.

Clinical Rounds articles begin with a description of a case that is unusual, educational, or highlights an area in which the management is controversial. The description of the clinical scenario is followed by a brief review of the evidence for management or discussion of the controversy. Case reports are considered for publication on the basis of their educational value and interest to readers. Clinical Rounds manuscripts should have a maximum of 2000 words and 20 references. This word limit requires topics to have a tight focus, which should be considered when selecting a topic. Examples of good topics for case reports, as well as some recent examples, are listed in the following table:

Topic Ideas	Recent <i>JMWH</i> Examples
An unexpected or uncommon event during the course of care of a patient	Martin JG. Breast abscess in lactation. <i>J Midwifery Womens Health</i> . 2009;54(2):150-151. Delgado AR. Listeriosis in pregnancy. <i>J Midwifery Womens Health</i> . 2008;53(3):255-259.
Unique or rare features of a clinical entity	Hensley JG, Coughlin KP, Klein LL. A curious case of Anti-D antibody titer. <i>J Midwifery Womens Health</i> . 2009;54(6):497-502.
Unique therapeutic approaches	Lewis S, Collins M. Induction of vaginal birth after cesarean using intracervical Foley bulb. <i>J Midwifery Womens Health</i> . 2008;53(6):563-566.
Clinical scenarios that have a range of possible outcomes	Eichenbaum-Pikser G, Zasloff JS. Delayed clamping of the umbilical cord: a review with implications for practice. <i>J Midwifery Womens Health</i> . 2009;54(4):321-326.
Clinical scenarios with wide diversity in management, or controversial aspects of management	Razgaitis EJ, Lyvers AN. Management of protracted active labor with nipple stimulation: a viable tool for midwives? <i>J Midwifery Womens Health</i> . 2010;55(1):65-69. Church S, Van Meter A, Whitfield R. Dinoprostol compared with misoprostol for cervical ripening for induction of labor at term. <i>J Midwifery Womens Health</i> . 2009;54(5):405-411. Knoche A, Selzer C, Smolley K. Methods of stimulating the onset of labor: an exploration of maternal satisfaction. <i>J Midwifery Womens Health</i> . 2008;53(4):381-387.

A unique, contemporary, or enhanced perspective about a common clinical issue	<p>Donaldson H, Kratzer J, Okutoro-Ketter, Tung P. Breastfeeding among Chinese immigrants in the United States. <i>J Midwifery Womens Health</i>. 2010;55(3):277-281.</p> <p>Cantrell C, Kelley T, McDermott T. Midwifery management of the woman with an eating disorder in the antepartum period. <i>J Midwifery Womens Health</i>. 2009;54(6):503-508.</p> <p>McKenna KM, Shankar RT. The practice of prelacteal feeding to newborns among Hindu and Muslim families. <i>J Midwifery Womens Health</i>. 2009;54(1):78-81.</p>
Clinical scenarios with unique features that offer an opportunity to enhance knowledge in midwifery practice	<p>Quinn GP, Vadaparampil ST, Jacobsen PB, et al. Frozen hope: fertility preservation for women with cancer. <i>J Midwifery Womens Health</i>. 2010; 55(2):175-180.</p> <p>Rowland A, Goodnight WH. Fetal loss: addressing the evaluation and supporting the emotional needs of parents. <i>J Midwifery Womens Health</i>. 2009;54(3):241-248.</p>

Guidelines for Clinical Rounds Manuscripts

A Clinical Rounds manuscript begins with a brief presentation of the case. The case description is presented in chronological order and includes:

- an overview of the woman’s clinical condition;
- any *relevant* medical history, family history, or social history;
- results of *relevant* physical examination and laboratory tests, including the laboratory's ranges of normal values for any unusual tests performed;
- any *relevant* differential diagnoses considered;
- course of care; and
- final diagnosis(es) or condition.

A case description that is a composite of several patient presentations may be constructed as a typical example of a controversial or clinical management issue. When a composite case is used, a footnote stating that the scenario presented contains elements from different patients should be added at the end of the case description.

The introduction is 1 or 2 paragraphs that provide some background for the scenario or topic that is the primary focus of the manuscript. In some manuscripts, this will include the prevalence or incidence of the condition being reported; in others it may include a brief overview of the sociocultural or behavioral issues underlying the case scenario. Limited citation of review articles or other secondary sources is acceptable for references in this section.

The content of the body of the manuscript is usually 10-15 paragraphs and will vary according to the topic. For example, a manuscript addressing an uncommon clinical entity should include pathophysiology, typical clinical presentation, diagnostic approaches, and treatment. A manuscript that discusses management approaches for a clinical condition should present management options and the evidence for or against their use in the given case. Discussion should be drawn from current literature that defines the condition, supports or refutes the care offered, and/or illuminates the controversial or other aspects of the scenario. References should consist of contemporary (within the last 5 years), primary, scholarly sources.

The manuscript should conclude with 1 or 2 paragraphs that offer an interpretation of findings and/or an evaluation of the care given in the clinical scenario. The important take-home message should be highlighted. Where relevant, implications for practice, and recommendations for future care or research with regard to this condition should be discussed. The relevance to midwifery and women's health should be clear.

Privacy and Confidentiality

Publication of case reports requires protection of patients' privacy and confidentiality. Do not include a patient's identifying information (eg, name, address, medical record number) in manuscripts submitted to *JMWH*. Sociodemographic details (eg, age, race/ethnicity) should be reported only if their inclusion is clinically or scientifically relevant and important.¹ Manuscripts should not include the initials of patients. Use a pseudonym or some other designator that does not hint at the person's identity. If a manuscript includes detailed case descriptions or photographs that might permit a patient to be identified, the author must obtain written permission from the patient to publish the information and provide *JMWH* with a copy of the permission. Additional information about patient privacy and confidentiality can be found in the *JMWH* Policy on Protection of Research Participants and Patients in the *JMWH* Editorial Policies, which are available at www.jmwh.org.

Manuscript Preparation and Submission

The Journal editors strongly recommend that authors review recently published Clinical Rounds to become familiar with typical presentations for various types of scenarios. Authors should review the *JMWH* Instructions for Authors and Style Guide, which can be found at www.jmwh.org, before preparing and submitting a manuscript. Manuscripts should be submitted electronically at <http://mc.manuscriptcentral.com/jmwh>. The editors of *JMWH* are available for assistance and mentoring, and will respond to queries about suitable topics. Authors are encouraged to send ideas or outlines to jmwh@acnm.org.

Reference

1. Iverson C, Christiansen S, Flanagin A, Fontanarosa PB, Glass RM, Gregoline B, Lurie SJ, Meyer HS, Winker MA, Young RK. *AMA Manual of Style: A Guide for Authors and Editors*. 10th ed. New York, NY: Oxford University Press; 2007.