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Style Guide

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

I. LANGUAGE SPECIFIC TO MIDWIFERY

A. American College of Nurse-Midwives

1. ACNM is an initialism, not an acronym. An initialism is an abbreviation formed by using the initials or first letters of a series of words, and is pronounced by enunciating each letter. Acronyms are pronounced as words, formed from the initial letters of words. ACNM should not be preceded by “the.”
2. ACNM has an Annual Meeting & Exposition, not a convention.
3. A.C.N.M. Foundation, Inc. should include the periods between each letter, and must be followed by Inc.
4. ACNM has a national office, not a headquarters (note: lowercase for national office).
5. An ACNM state affiliate should only be capitalized when referring to a specific affiliate and using its complete name (eg, the ACNM Florida State Affiliate). All other mentions of state affiliates should be lowercase. For example, “The state affiliates participated in a conference call,” “States wishing to form an affiliate should visit www.midwife.org/aff_devsup.cfm,” and “The midwives in Delaware are discussing how to organize an ACNM state affiliate.”
6. The initialism for the American Midwifery Certification Board, Inc. is AMCB (formerly known as the ACNM Certification Council [ACC]). AMCB certifies CNMs and CMs.
7. The acronym for the Accreditation Commission for Midwifery Education is ACME (formerly known as the Division of Accreditation [DOA] of ACNM). ACME is the accrediting agency for CNM/CM midwifery education institutions and programs.
8. Listen to Women® and With women, for a lifetime® are registered trademarks of ACNM; therefore, the federal registration symbol (®) should always follow these phrases. These are the only uses of the ® symbol in *JMWH*.
9. ACNM's official journal is the *Journal of Midwifery & Women's Health (JMWH)*, which has an ampersand in its title rather than the word “and.” *JMWH* was formerly known as the *Journal of Nurse-Midwifery (JNM)*.

B. Certified Nurse-Midwives and Certified Midwives (CNMs/CMs)

1. Nurse-midwife is hyphenated (as are variations, such as nurse-midwifery).
2. CNM is the acceptable abbreviation for certified nurse-midwife, and CM is the acceptable abbreviation for certified midwife. NMW is not an acceptable abbreviation for nurse-midwife.
3. The plural form of certified nurse-midwives is CNMs, not CNM's. Likewise, the plural of CM is CMs. When using abbreviations referring to both CNMs and CMs in plural form, the correct format is CNMs/CMs.
4. Unless certified nurse-midwives and certified midwives are being referred to in a specific context that does not include both CNMs and CMs (eg, in literature reviews or studies that are specific to nurse-midwifery), the use of CNM should always be accompanied by CM (CNM/CM) and midwifery (rather than nurse-midwifery) should be used.

5. Certified nurse-midwife (CNM) or certified midwife (CM) need only be spelled out once. The first time sets a precedent, and CNM/CM is understood to mean certified nurse-midwife/certified midwife thereafter.

C. Credentials

1. List CNM or CM first, if applicable. If an author chooses to list more than 1 academic degree, the highest should be listed first. Other than listing CNM or CM first and academic degrees highest to lowest, the order of academic, licensure, and certification credentials is according to author preference.
2. Only earned academic degrees are listed. Doctoral candidacy credentials, such as PhD(c) or DNP(c), are not included.
3. Degrees below the master's level are not listed in bylines unless a bachelor's degree is the highest degree held.
4. Academic degrees, credentials, and the suffixes Jr or Sr are followed by commas. For example, Susan Smith, CNM, MSN, and John Smith Jr, CNM, PhD.
5. *JMWH* publishes fellowship or honorific designations of authors (eg, FAAN, FACNM) in the biographic sketch but not in the byline.

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

There are always at least 1 or 2 words to convey a meaning. Words may reflect a bias or illuminate a philosophy.³ The following are some of the common choices suggested for articles published in *JMWH*.³⁻⁵

1. Midwife, clinician, or health care provider?
There are multiple terms one can use when referring to health care providers: clinicians, midwives, CNMs/CMs, health care providers, health care professionals, practitioners, etc. Choose the term that most specifically describes the target population and is inclusive of all the health care disciplines that may be proper subjects for the sentence or thesis. Additionally, be consistent with the chosen term.
2. Woman, female, client, consumer, or patient?
Women who are cared for by midwives may be referred to as clients, consumers, or patients. NOTE: This is a deviation from the *AMA Manual of Style*, which states patients should not be referred to as clients or consumers.¹ The use of client, consumer, or patient is the author's choice, so long as usage is consistent. However, the words woman and women are preferred wherever possible and should be used instead of female(s).
3. Physician or doctor?
Physician is preferred when referring to a doctor of medicine or osteopathy (MD or DO).
4. Collaborating, consulting, backup, or supervising physician?
Use collaborating or consulting physician rather than backup or supervising physician.
5. Obstetrician-gynecologist or obstetrician/gynecologist or ob/gyn?
Use a hyphen, not a virgule (ie, obstetrician-gynecologist not obstetrician/gynecologist). Use of the abbreviations ob/gyn or ob-gyn is not acceptable. Use obstetrics and gynecology to modify nouns (eg, obstetrics and gynecology residents).
6. Protocols or clinical practice guidelines?
The term protocols should be used only to refer to research protocols. The preferred term for documents that guide clinical practice is clinical practice guidelines.

E. Dehumanizing Words and Phrases

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

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

II. PREFERRED USAGE

A. Race and Ethnicity

Designations should be consistent throughout the manuscript. In general, editors will follow author usage. The following recommendations are from the *AMA Manual of Style*.¹

1. Caucasian is occasionally used to indicate white, but should be avoided as it refers to persons from the Caucasus region. White is not capitalized.
2. African American may be preferred over black when referring to US citizens of African descent. African American is capitalized but not hyphenated. Black is not capitalized
3. American Indian is preferred to Native American.
4. Hispanic and Latino/Latina are broad terms that may be used to designate Spanish-speaking persons as well as those descended from the Spanish-speaking people of Mexico, South and Central America, and the Caribbean. These terms should not be used in noun form, and when possible, a more specific term (eg, Mexican, Latin American, Cuban, Puerto Rican) should be used. Both Hispanic and Latino/Latina are capitalized.
5. Asian persons may wish to be described according to their country or area of origin (eg, Chinese, Indian). Asian and Asian American are not equivalent or interchangeable. Asian American is capitalized but not hyphenated. Do not use Oriental or Orientals.

B. Age Referents

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

newborns or neonates (do not use babies)	persons from birth to 1 month of age
infants	children aged 1 month to 1 year (12 months)

children, boys, girls	persons aged 1 to 12 years
adolescents	persons aged 13 to 17 years
adults	persons aged 18 years and older

C. Bacteria and Other Microorganisms

The first reference should have genus and species spelled out in italics, with genus capitalized. The second reference is abbreviated to the first initial of the genus, capitalized, with no period, followed by the species in italics. However, the genus name should not be abbreviated if the genus referred to is unclear; for example, if there is more than 1 organism with the same genus initial, or the same species name is used with many different genera (eg, *tuberculosis*, *faecalis*, *coli*). Taxonomy names above genus are not italicized. For example, “The bacterium *Chlamydia trachomatis* was studied. The life cycle of *C trachomatis* occurs in 2 stages.”

D. Web URLs

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

E. Hyphenation and Compound Words

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

F. Items in a Series and Lists

1. Use a comma before the conjunction that precedes the last term in a series to prevent ambiguity (eg, “Midwives provide maternity, gynecologic, and primary care.”). Use a semicolon when items within a series contain commas.¹
2. Bulleted lists may be used in tables but are not used in text, with the exception of *Share with Women* patient handouts and ACNM Clinical Bulletins.
3. No punctuation is needed in a vertical list unless items are complete sentences, in which case place a period at the end of each item.
4. In text, format numbered lists with Arabic numbers. For example, “The 3 neurotransmitters that will be discussed are 1) serotonin, 2) dopamine, and 3) norepinephrine.”

G. Commonly Confused and Misused Terms

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

1. Abnormal, normal, negative, or positive
These words are adjectives that apply to observations, results, or findings and not to the examination or laboratory test itself.¹
Correct: Findings from the physical examination were normal.
Incorrect: The physical examination was normal.¹
2. Affect versus effect

Affect, as a verb, means to have an influence on. Effect, as a verb, means to bring about or to cause. The 2 words cannot be used interchangeably. Affect, as a noun, refers to immediate expressions of emotion and is often used as part of psychiatric diagnostic terminology.

Effect, as a noun, means result.¹ Most of the time, affect is used as a verb and effect is used as a noun. For example, “When you affect a situation, you have an effect on it.”

3. Assure, ensure, or insure

Assure means to reassure someone or remove doubt or anxiety. Assure is only used with people or animals that are alive because only living things can have doubt or anxiety (helpful hint: assure and alive both start with a).⁶ Ensure is something you do to guarantee an event or condition (helpful hint: guarantee ends with 2 e’s, and e is the first letter of ensure). Insure can be done to a person, place, or thing, but it is reserved for limiting financial liability, most commonly by obtaining an insurance policy.⁶ For example, “I assure you I will ensure that the practice is insured.”

4. Can versus may

Can is used to ask if something is possible, and may is used to ask if something is permissible. Can means is able to, may means permitted.⁶

5. Continual versus continuous

Continual means to recur at regular and frequent intervals. Continuous means to go on without pause or interruption.¹

6. Doctoral versus doctorate

Doctoral is an adjective (eg, “Mary holds a doctoral degree in sociology from...”). Doctorate is a noun (eg, “If the author has a doctorate ...”).

7. Dose versus dosage

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

8. Fewer versus less

Use fewer for number (individual persons or things that can be counted), and less for volume or mass (indicating degree or value).¹ For example, “Fewer interventions may not always mean less care.”¹

9. Historic versus historical

Although their meanings overlap and they are often used interchangeably, historic and historical have different usages. Historic means important or influential in history (a historic discovery). Historical is concerned with the events in history (a historical novel).¹

10. In versus to versus among

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

11. Incidence versus prevalence

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

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

12. Indexes versus indices

Indexes are printed matter at back of text. Indices are indicators.

13. Irregardless versus regardless

Irregardless, a mistaken hybrid of regardless and irrespective, is incorrect, regardless of usage.

14. Management versus treatment

Cases are managed, and patients are cared for or treated. However, constructions, such as “the clinical management of the seriously ill woman” or “the management of women with diabetes” referring to a general treatment protocol are acceptable.¹

15. May versus might

The difference between may and might is subtle. They both indicate that something is possible, but something that may happen is more likely than something that might happen.⁶

16. Mucus versus mucous

Mucus is a noun. Mucous is as an adjective.

17. That versus which

That is used with restrictive (essential) clauses and does not necessitate a comma, whereas which is used with nonrestrictive (nonessential) clauses and does require a comma. If leaving off the clause changes the meaning of the sentence, use that.⁶ For example, “ACNM is the professional association that represents CNMs and CMs in the United States.” If you can leave the clause off without changing the meaning of the sentence, use which.⁶ For example, “Laura is a member of ACNM, which is a professional association.”

III. NUMBERS AND UNITS OF MEASURE

The International System of Units (Le Système International d’Unités or SI) is the measurement system in most of the world.⁷ In 1977, the World Health Organization recommended the international scientific community adopt the SI, and many biomedical publications have done so.¹ However, most US clinicians continue to use conventional units for many clinical measurements. Therefore, *JMWH* uses an approach that combines SI and conventional units, which is described further in the *AMA Manual of Style*¹

A. Numbers

1. Use Arabic numerals for all numbers, including those less than 10, with the following exceptions:
 - a. Numbers that begin a sentence, title, subtitle or heading should be spelled out (consider rewording to avoid beginning with a number)
 - b. Common fractions (eg, one-half, one-fourth)
 - c. Accepted usage such as idiomatic expressions and numbers used as pronouns
 - d. Other uses of “one” in running text
 - e. Ordinals first through ninth
 - f. Numbers spelled out in quotes or published titles
2. Whole numbers with 4 digits or less do not include commas (eg, 2400). Include commas for whole numbers with 5 or more digits (eg, 73,000). NOTE: This is a deviation from the *AMA Manual of Style*.¹
3. Indicate a range using a hyphen in parentheses or tables (eg, 15-20 minutes) and the word “to” in text. (eg, 15 to 20 minutes).
4. When listing the range of units of measure, add the unit of measure after second number (eg, 2–4 mL), unless it obscures the meaning (eg, 10 million to 20 million is preferred over 10–20 million).
5. Decimals should be rounded to reflect the precision of the measurement (eg, the weight for a scale accurate to 0.1kg should be 75.2 kg, not 75.23 kg). The decimal form should be presented with only as much precision as has scientific value. Two decimal places are generally sufficient.

6. Place a zero before the decimal point in numbers less than 1, except when expressing 3 values related to probability: P , α , and β .
7. Use Arabic numbers and the symbol % for percentages unless a percentage is at the beginning of a sentence in which case the number and word “percent” should be spelled out (eg, “Twenty percent to 25% of women reported dysmenorrhea.”).
8. Repeat the percentage symbol with each number in a series or range of percentages (eg, 50%-60%).
9. Proportions should be reported as numerator of denominator rather than with a virgule in text (eg, 16 of 50 not 16/50). The virgule may be used in parentheses and tables.
10. Use a colon for ratios (eg, 2:1).
11. Use the terms “less than,” “less than or equal to,” “greater than,” or “greater than or equal to” in text, and the corresponding symbols $<$, \leq , $>$, and \geq in parentheses and tables.

B. Length, Area, Volume, and Mass

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

2. The abbreviations for length are:

Abbreviation	Meaning
cm	centimeters
km	kilometers
m	meters
mm	millimeters

3. The abbreviations for area are:

Abbreviation	Meaning
cm ²	square centimeters
km ²	square kilometers
m ²	square meters

4. The abbreviations for mass are:

Abbreviation	Meaning
g	grams
kg	kilograms
mcg	micrograms
mg	milligrams

5. The abbreviations for volume are:

Abbreviation	Meaning
mL	milliliters
L	liters

C. Time and Temperature

1. The abbreviations for units of time are:

Abbreviation	Meaning
h	hour
min	minute
mo	month
wk	week
y	year

Use these abbreviations in tables, figures, virgule constructions (eg, min/mL), and within parentheses. Spell out units of time in text.

2. For a specific time, use Arabic numerals and AM or PM in small capitals with no periods between the letters.
3. Use Celsius measures of temperature. Include the degree symbol with no spaces around it (eg, 39°C). Fahrenheit (F) conversions may be added in parentheses at the author's discretion.

IV. STATISTICS

A. *P* Values and Confidence Intervals

1. *P* is capitalized and italicized.
2. If $P \geq .01$, express the value to 2 digits. If $P < .01$, it should be expressed to 3 digits. The actual *P* value should be expressed (eg, $P = .04$ rather than $P < .05$) unless $P < .001$. Do not put a zero before the decimal point.
3. Do not list *P* values simply as not significant or NS. Provide exact *P* values.
4. *P* values reflect the results of a statistical test and cannot estimate the strength of an association or the clinical value of the result. Thus, use of phrases such as “highly significant,” “approached significance,” or “trended toward significance” to describe *P* values is inappropriate. *P* values should only be referred to as statistically significant or not significant.
5. *P* values cannot equal 0 or 1 because it is not statistically possible to prove or disprove the null hypothesis with that degree of certainty when only a sample is tested. Statistical programs may return a value of $P = 0000000$ if the calculated probability is very low. These should be reported as $P < .001$, not as $P = 0$.
6. *P* values themselves only provide information about whether the null hypothesis can be accepted or rejected. Confidence intervals contain more information because they reflect the possible range of values for a parameter as well as an estimate of the power of the study. Confidence intervals are preferred when possible.
7. Confidence intervals (CI) are expressed with a hyphen separating the 2 values. For example, “The odds ratio was 3.1 (95% CI, 2.2-4.8).” To avoid confusion, replace the hyphen with the word “to” if one of the values is a negative number.

B. Approved Abbreviations in Reporting Statistics

Abbreviation	Meaning
ANCOVA ^a	analysis of covariance
ANOVA ^a	analysis of variance
CI ^a	confidence interval
<i>df</i> ^a	degrees of freedom
<i>F</i>	<i>F</i> test
<i>n</i>	size of a subsample
<i>N</i>	total sample size
OR ^a	odds ratio
<i>P</i>	statistical probability
<i>r</i>	bivariate correlation coefficient
<i>R</i>	multivariate correlation coefficient

RR ^a	relative risk; caps
r^2	bivariate coefficient of determination
R^2	multivariate coefficient of determination
SD ^b	standard deviation of a sample
SE	standard error
SEM ^a	standard error of the mean
t	Student t , specify α level, df , 1-tailed vs 2-tailed
χ^2	chi-square test

^a Spell out term at first use followed by abbreviation in parentheses, then use abbreviation thereafter. Other terms on this list do not need to be spelled out at first use.

^b Use the format mean (SD) rather than mean \pm SD or mean (SD=x)

V. PHARMACOLOGY

A. Names of Drugs

Generic names should be used and are not capitalized. Provide the brand name, which is capitalized, in parentheses immediately after the first use of the generic name. For example, “An effective treatment for dysmenorrhea is ibuprofen (Advil).” Do not use the symbol ® or ™.

B. Dose and Dosage

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

C. Pharmacology Abbreviations

Due to the potential for medication errors, many pharmacology abbreviations are no longer used in scientific publications. The following lists are based on recommendations from the Joint Commission,⁸ the Institute for Safe Medication Practices,⁹ and the *AMA Manual of Style*.¹ See Appendix D for a comprehensive list of unacceptable abbreviations.

1. Acceptable abbreviations

Abbreviation	Meaning
IM	intramuscular, intramuscularly
IV	intravenous, intravenously

2. Unacceptable abbreviations and acceptable alternatives

Abbreviation	Alternative
bid	twice a day
hs	half-strength or at bedtime
npo	nothing by mouth
PO or per os	orally
prn	as needed
qd or QD or q1d	daily or every day
qhs	nightly
qid	4 times a day
qod	every other day
SC or SQ or sub q	subcutaneous

VI. TABLES

A. Essential Elements in a Table

1. Data tables have 5 essential elements: 1) title, 2) first row of column headings, 3) first column of row headings, 4) body with individual data in separate cells, and 5) footnotes and legends that are outside of the table at the bottom of it.
2. Title: The title of a table should completely explain the contents and should be placed on a line outside of the table, distinguishable from other data displays in the manuscript. No punctuation (eg, a period) is used at the end of the title.
3. Column headings: Include a heading for all columns in bold. The units (eg, n, %, mean, years) should be placed in the row or column headings; not repeated in each cell of the column. The column headings are typically the dependent variables or study interventions
4. Row headings: Rows may have major headings and subheadings. If rows contain subheadings, the major headings should be in bold font. The row headings are typically the independent variable or comparisons of interest that are read from left to right. When constructing a table of demographic data, each row heading should include the unit of measure if it is not in the column heading.
5. Body: The data in each cell of the body of the table lists the results or descriptive data. Each item should be in a separate cell.
6. Footnotes and legends are listed in the following order:
 - a. Abbreviations: Each abbreviation in the table must be defined. Abbreviations are listed in alphabetical order with the abbreviation followed by a comma followed by the term spelled out. Semi-colons are placed between abbreviations, and a period is placed at the end of the abbreviations.
 - b. Footnotes: Use superscript lowercase letters in alphabetical order for any item in the table that requires additional explanation. The superscript letters should be placed in alphabetical order as you read the table from left to right and then down each row from top to bottom. List footnotes at the bottom of the table, each on its own line. Footnotes may be phrases or complete sentences and should end with a period.
 - c. Legend: The legend for the table gives appropriate credit to the originator of the table. The legend should appear below the footnotes.
 - i. Table constructed from the author's data does not need a legend.
 - ii. Table constructed from text found in another article or articles that the author has assembled into a table needs the source cited:
Source: Smith et al.¹²
 - iii. Table constructed from tables in other publications needs permission from original publications and a legend noting permission and the source:
Adapted with permission from Smith et al¹²; Jones.¹⁵
 - iv. Table reprinted from another publication needs permission from original publication and a legend noting permission and the source:
Reprinted with permission from Smith et al.¹²

B. Table Example

Note the use of capital N for the total sample size and lowercase n for the size of a subsample.

Table 1. Demographic Characteristics of Women Treated in the Pessary Clinic (N =120)

Demographic characteristics	Values
Age, mean (SD), y	61 (14)
Weight, mean (SD), kg	71 (14)
Parity, mean (SD)	3 (2.2)
Ethnicity, n (%)	
Caucasian	48 (40)
Hispanic	38 (32)
Native American	6 (5)
Other	28 (23)
Hormonal Status, n (%)^a	
Premenopausal	19 (17)
Postmenopausal, no HT	60 (55)
Postmenopausal, HT	30 (28)
Prior Surgical History, n (%)	
Urinary incontinence procedure	12 (10)
Anal incontinence procedure	2 (2)
Prolapse procedure	18 (15)
Hysterectomy	47 (39)
Type of Pelvic Floor Disorder, n (%)^b	
Urinary incontinence	85 (71)
Fecal incontinence	29 (24)
POP	112 (93)

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

^a Data available for 109 participants.

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

Adapted from Maito et al.¹⁰

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APPENDIX A: GLOSSARY OF PREFERRED USE

A

abortion	Induced abortion is preferred. Elective abortion, therapeutic abortion, and termination of pregnancy should not be used.
adherence vs compliance	Adherence is preferred.
administer vs give	Administer is preferred over give as they relate to medications.
advanced practice vs advance practice	CNMs may be referred to as advanced practice registered nurses (APRNs) or advanced practice nurses (APNs). Advance practice is incorrect.
and/or	And/or is acceptable.
antepartum vs antenatal vs prenatal	Antepartum, antenatal, and prenatal are acceptable. Do not use prepartum or antepartal.
Apgar score	Apgar is always spelled with the A capitalized. Scores can be presented as “Apgar score of 8/9 at 1 and 5 minutes,” or “Apgar score of 8 at 1 minute and 9 at 5 minutes.”
article vs manuscript vs paper	An article is a published manuscript or paper.

B

biologic vs biological	Use biologic.
birth vs delivery	Birth is preferred and should always be used for vaginal birth.

C

©	This symbol informs the public that the work is protected by copyright. To guarantee copyright protection, the notice must consist of the copyright symbol, the year of first publication, and the name of the copyright owner (eg, © 1999 Pat Doe).
cesarean birth vs cesarean delivery vs cesarean section	Cesarean birth is preferred over cesarean delivery. Do not abbreviate cesarean birth. Use of cesarean as a noun is also acceptable (eg, “Elective cesarean should be delayed until

contraception vs birth control

at least 39 weeks' gestation.”). Cesarean section and the abbreviations C-section and C/S should not be used. Use contraception.

**D
Dalkon Shield**

This is a brand name of an IUD and should be capitalized.

data

Use as plural (eg, “data are missing”).

decline vs refuse

Decline is preferred when referring to individuals declining to participate in a study or receive health care interventions.

diabetes

The preferred terms are type 1 diabetes mellitus, type 2 diabetes mellitus, impaired glucose tolerance, and gestational diabetes mellitus. The words type and diabetes are not capitalized unless they start a sentence. The older terms insulin-dependent diabetes mellitus, juvenile diabetes, juvenile-onset diabetes, non-insulin dependent diabetes mellitus, and adult-onset diabetes are no longer used

direct entry vs lay midwife

Direct entry is preferred over lay. There are several terms used for midwives who are not CNMs/CMs, depending on their certification and licensure, including certified professional midwives (CPMs), licensed midwives (LMs), and direct entry midwives (DEMs). Use the term that most accurately and expansively describes the category of practitioner.

Doppler

Doppler is capitalized.

Down syndrome

Down syndrome is capitalized and should not be written in the possessive form (ie, Down's syndrome is incorrect).

**E
education programs vs educational programs**

Use education program to refer to formal schooling (eg, “Nurse-midwifery education programs are accredited by ACME.”).

eg

Eg has no periods between the letters, is used only in parentheses, must be followed by a comma, and is not italicized. It is from the Latin *exempli gratia*, which means “for example.” Since eg implies a list that is not inclusive, the use of etc is unnecessary. Use eg (“for example”) and ie (“that is”) carefully as they are not interchangeable. NOTE: The required use of parentheses is a deviation from the *AMA Manual of*

Style.

embryo

Product of conception to 8 weeks' gestation.

et al

No period is used after et al, an abbreviation for the Latin phrase *et alii*, which means "and others."

etc

No period is used after etc, an abbreviation of the Latin phrase *et cetera*, which means "and so forth" or "and other things."

**evidence-based vs
evidenced-based**

Evidence-based is correct.

examination vs exam

Use examination.

F

fetus

Product of conception from 8 weeks until birth.

**following vs after vs
next**

Use after or next unless referring to a series that follows (eg, the following guidelines).

G

**gynecologic vs
gynecological**

Use gynecologic.

H

**hormone therapy vs
hormone replacement
therapy**

Use hormone therapy.

I

ie

Ie has no periods between the letters, is used only in parentheses, must be followed by a comma, and is not italicized. It is an abbreviation of the Latin phrase, *id est*, meaning "that is." The use of ie implies that the items that follow are specific and inclusive; therefore, etc is not used with ie. Use ie ("that is") and eg ("for example") carefully as they are not interchangeable. NOTE: The required use of parentheses is a deviation from the *AMA Manual of Style*.

Internet

Capitalize the first letter in Internet.

**intimate partner
violence vs domestic
violence**

Intimate partner violence is preferred.

in utero

Do not hyphenate or italicize.

in vitro, in vivo

Do not hyphenate or italicize.

K

karyotype

Expressed as the number of chromosomes, followed by the sex chromosomes, which are capitalized and separated from the number of chromosomes by a comma with no spaces (eg, 46,XY).

L

laboratory vs lab

Use laboratory.

LISTSERV

This word is trademarked; do not use. Options include e-mail discussion list or electronic mailing list.

M

Medicaid and Medicare

Always capitalize the letter M in both.

MEDLINE

All the letters in MEDLINE are capitalized.

midtrimester

Use second trimester instead of midtrimester.

must vs have to

Must is preferred.

N

N/n

Capitalize when referring to entire population, use small n if referring to subsample.

O

online

Online, as it refers to the Internet, is 1 word and does not need to be capitalized or hyphenated.

P

**Papanicolaou test vs
Papanicolaou smear**

Use Papanicolaou test.

**pathologic vs
pathological**

Both are acceptable. Say the sentence out loud to hear what sounds best.

payer vs payor

Payer is preferred.

per vs virgule (/)

Use per in text (eg, use 3 times per week instead of 3 times/week).

**physiologic vs
physiological**

Physiologic is preferred.

phone numbers

Use hyphens between the area code, first 3 numbers, and the last 4 numbers: 240-485-1815.

**polycystic ovary
syndrome vs polycystic
ovarian syndrome**

Polycystic ovary syndrome is preferred.

**postpartum vs
postpartum period**

Use postpartum as an adjective. When used as a noun, postpartum period and postpartum (alone) are acceptable. Do not use postpartal.

**preconception vs
preconceptionally vs
preconceptual**

Preconception is prior to conception. Do not use preconceptionally or preconceptual.

PubMed

PubMed is 1 word with the P and M capitalized.

R

radiograph vs x-ray

Use radiograph.

ratios

Use a colon to express ratios involving numbers (eg, 2:1) and the word “to” for ratios involving words (eg, the male to female ratio).

S

sex vs gender

Sex is the classification of living things as male or female according to their reproductive organs and functions assigned

by chromosomal complement. Gender refers to a person's self-representation as man or woman, or how that person is responded to by social institutions on the basis of the person's gender presentation.

sexually transmitted infection vs sexually transmitted disease

Use sexually transmitted infection.

side effect vs adverse effect

A side effect can be beneficial or harmful. The term adverse effect is preferred for the latter.

stillborn fetus

Stillborn as opposed to stillbirth when used with fetus.

**T
time period**

Do not use. The 2 words together are redundant.

™

Symbol for trademarked. Use capital, superscript letters. This symbol is not used for drug names in text.

to vs in order to

Use to.

toward vs towards

Use toward.

**U
United States vs US**

Spell out United States unless it is a modifier (eg, women in the United States but US women). There are no periods between U and S.

use vs utilize vs employ

Use is preferred over utilize or employ.

**V
versus**

Spell out in text. May use vs (with no period) in tables, figures, and within parentheses.

**W
Web site or Web page**

Web is capitalized, and Web site and Web page are each 2 words.

weeks' vs weeks

Use the apostrophe for gestational age but not postpartum (eg, 22 weeks' gestation but 6 weeks postpartum).

where

Do not use where to mean in which, in whom, or when.

work-up

This term is somewhat informal. Suggested alternatives are examination findings or follow-up care.

World Wide Web

Capitalize the first letter of each word.

APPENDIX B: HYPHENATION AND COMPOUND WORDS

JMWH generally follows the *AMA Manual of Style*¹ recommendations for hyphen use; however, these examples should be used if there are any discrepancies.

1. A temporary compound serving as an adjective that modifies a noun usually requires a hyphen when it precedes the noun but not when it follows the noun (eg, the evidence-based treatment plan vs the treatment plan was evidence based).

Examples:

child-care facility	evidence-based practice	low-birth-weight infant
decision-making methods	false-positive result	low-quality suture material
double-blind trial	high-density lipoprotein	on-call midwife
end-point outcome	high-risk behavior	treatment-related event

2. These compounds are always hyphenated:

beat-to-beat variability	follow-up	meta-analysis
bottle-feed	full-time	nurse-midwife
clear-cut	gram-negative	obstetrician-gynecologist
close-up	gram-positive	part-time
cost-effective	half-life	semi-Fowler's
cross-reaction	half-time	state-of-the-art
cross-section	live-born	up-to-date
e-mail	long-term	well-being

3. These compounds are 2 words and do not include a hyphen:

African American	Gram stain	low forceps
bed rest	health care	nurse practitioner
birth center	heart rate	policy maker
birth rate	home birth	side effect
birth weight	house staff	Web site
breast milk	life cycle	work site
direct entry	live birth	

4. These compounds are 1 word and do not include a hyphen:

antimicrobial	freestanding	posttraumatic
bedrest	inpatient	preexisting
breastfeed	interrater	prochoice
childbearing	lifestyle	prolife
childbirth	multicenter	reevaluation
coauthor	nonnegotiable	socioeconomic
crossmatch	ongoing	stillbirth
crossover	outpatient	underrepresented
database	perimenopause	underserved
deidentify	postmenopausal	workplace

APPENDIX C: GLOSSARY OF APPROVED ABBREVIATIONS

The following initialisms and acronyms are those approved for use in *JMWH*. Unless otherwise indicated, all terms must be spelled out the first time they are used in an abstract and then again the first time they are used in text followed by the abbreviation in parentheses. Subsequent uses should include the abbreviation only unless the abbreviation is at the beginning of a sentence or within a heading, in which case it should be spelled out. The editors may allow use of abbreviations that are not listed here. Copyeditors will not introduce abbreviations without querying the author.

Abbreviations are a double-edged sword. Judicious use of commonly recognized abbreviations can make a manuscript easier to read. Inventive use tends to confuse the reader. Use common sense when deciding whether to abbreviate terms. If a term appears only once or twice in a manuscript, spell it out. Avoid using abbreviations at beginning of sentence.

Abbreviations That Do Not Require Expansion

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

AIDS	acquired immunodeficiency virus
D&C	dilation and curettage
DNA	deoxyribonucleic acid
HELLP	hemolysis, elevated liver, low platelets
HIV	human immunodeficiency virus
PaCO ₂	partial pressure of carbon dioxide, arterial
PaO ₂	partial pressure of oxygen, arterial
PCO ₂	partial pressure of carbon dioxide
RNA	ribonucleic acid
VDRL	venereal disease research laboratory
US	United States (Note: no periods and only used as a modifier)

Agency Abbreviations

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

AABC	American Association of Birth Centers (formerly NACC)
AAP	American Academy of Pediatrics
ACCME	Accreditation Council for Continuing Medical Education
ACNM	American College of Nurse-Midwives
ACOG	American Congress of Obstetricians and Gynecologists
AHRQ	Agency for Healthcare Research and Quality
AMA	American Medical Association
ANA	American Nurses Association
APHA	American Public Health Association
ASAE	American Society of Association Executives
AWHONN	Association of Women's Health, Obstetric & Neonatal Nurses

CDC	Centers for Disease Control and Prevention
CHIP	Children’s Health Insurance Program
CIMS	Coalition for Improving Maternity Services
CMM	Certification Maintenance Modules (published by AMCB)
CMP	Certification Maintenance Program (sponsored by AMCB)
FIGO	International Federation of Gynecology and Obstetrics
FIMR	Fetal and Infant Mortality Review Program
FTC	Federal Trade Commission
HCFA	Health Care Financing Administration
HHS	US Department of Health and Human Services
ICM	International Confederation of Midwives
MANA	Midwives Alliance of North America
MEAC	Midwifery Education Accreditation Council
NARM	North American Registry of Midwives
NCHS	National Center for Health Statistics
NCQA	National Commission on Quality Assurance
NCSBN	National Council of State Boards of Nursing
NIH	National Institutes of Health
NPA	National Perinatal Association
NPWH	National Association of Nurse Practitioners in Women’s Health
SMI	USA- Safe Motherhood Initiatives
UNICEF	United Nations International Emergency Children’s Fund
US DOE	United States Department of Education
USAID	United States Agency for International Development
WHO	World Health Organization

General Abbreviations

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

AC	abdominal circumference
ACTH	adrenocorticotrophic hormone
AF	amniotic fluid
AFI	amniotic fluid index
AFP	alpha-fetoprotein
AGA	appropriate for gestational age
AM and PM	ante meridiem and post meridiem, respectively, small capitals, no periods between letters
ART	artificial reproductive technology
ASC-H	atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion
ASC-US	atypical squamous cells of undetermined significance
BBT	basal body temperature
BMI	body mass index
BOD	board of directors

BP	blood pressure (do not use B/P)
BPD	biparietal diameter
BPP	biophysical profile
CAM	complementary and alternative medicine
CE	continuing education
CEU(s)	continuing education unit(s)
CIN	cervical intraepithelial neoplasia
CNS	central nervous system
CSF	cerebrospinal fluid
CST	contraction stress test
CV	curriculum vitae
CVS	chorionic villi sampling
D&E	dilation and evacuation
DES	diethylstilbestrol
DHEA	dehydroepiandrosterone
DIC	disseminated intravascular coagulation
E1	estrone
E2	estradiol
E3	estriol
EBL	estimated blood loss
EBP	evidence-based practice
ECG	electrocardiogram (do not use EKG)
EFM	electronic fetal monitoring
EFW	estimated fetal weight
ELISA	enzyme-linked immunosorbent assay
ET	estrogen therapy (do not use ERT)
FGR	fetal growth restriction
FHR	fetal heart rate
FL	femur length
FSH	follicle-stimulating hormone
GDM	gestational diabetes mellitus
GIFT	gamete intrafallopian transfer
GnRH	gonadotropin-releasing hormone
GTT	glucose tolerance test
HC	head circumference
hCG	human chorionic gonadotropin
HDL	high-density lipoprotein
HEDIS	Health Employer Data Information Set
HLA	human leukocyte antigen
HMD	hyaline membrane disease
hMG	human menopausal gonadotropin
HMO	health maintenance organization
HPV	human papillomavirus
HSIL	high-grade squamous intraepithelial lesion
HSV	herpes simplex virus

HT	hormone therapy (do not use HRT)
ICU	intensive care unit
Ig	Immunoglobulin, abbreviate only with specification of class (eg, IgA, IgG, IgM)
IM	intramuscular
IPV	intimate partner violence
ITP	idiopathic thrombocytopenic purpura
IUD	intrauterine device
IV	intravenous, intravenously
IVF	in vitro fertilization
IVP	intravenous pyelogram
LBW	low birth weight
LDL	low-density lipoprotein
LEEP	loop electrosurgical excision procedure
LGA	large for gestational age
LH	luteinizing hormone
LLETZ	large loop excision of the transformation zone
LMP	last menstrual period
L/S	lecithin-sphingomyelin ratio
LSIL	low-grade squamous intraepithelial lesion
MAP	mean arterial pressure
MCH	maternal child health
MIC	minimum inhibitory concentration
mm Hg	millimeters of mercury (blood pressure)
MRI	magnetic resonance imaging
MSAFP	maternal serum alpha-fetoprotein
NICU	neonatal intensive care unit
NST	nonstress test
OTC	over the counter
PCOS	polycystic ovary syndrome
PCR	polymerase chain reaction
PG	prostaglandin
PID	pelvic inflammatory disease
PMS	premenstrual syndrome
PPH	postpartum hemorrhage
PPO	preferred provider organization
PRL	prolactin
PROM	premature rupture of membranes
PT	prothrombin time
PTSD	posttraumatic stress disorder
PTT	partial thromboplastin time
QI	quality improvement
RBC	red blood cell
RCT	randomized controlled trial
RDS	respiratory distress syndrome

SGA	small for gestational age
SIL	squamous intraepithelial lesion
SROP	standing rules of procedure
SSNI	selective norepinephrine reuptake inhibitor
SSRI	selective serotonin reuptake inhibitor
STI	sexually transmitted infection
T ₃	triiodothyronine
T ₄	thyroxine
TAH	total abdominal hysterectomy
TRH	thyrotropin releasing hormone
TSH	thyroid-stimulating hormone
UA	umbilical artery
UV	umbilical vein
VBAC	vaginal birth after cesarean
VIN	vulvar intraepithelial neoplasia
VLBW	very low birth weight
WBC	white blood cell

ACNM-Specific Abbreviations

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

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

Common Midwifery Credentials

APRN	advanced practice registered nurse
BSN	bachelor of science in nursing
CNM/CM	certified nurse-midwife/certified midwife
CPM	certified professional midwife
DNP	doctor of nursing practice

DNS/DNSc	doctor of nursing science
DrPH	doctor of public health
EdD	doctor of education
FAAN	fellowship in the American Academy of Nursing
FACNM	fellowship in the American College of Nurse-Midwives
FNP-BC	family nurse practitioner-board certified
IBCLC	international board certified lactation consultant
MN	master of nursing
MPH	master of public health
MS	master of science
MSN	master of science in nursing
PhD	doctor of philosophy
RN	registered nurse
SNM/SM	student nurse-midwife/student midwife
WHNP-BC	women's health nurse practitioner-board certified

APPENDIX D: GLOSSARY OF UNACCEPTABLE ABBREVIATIONS

These abbreviations may not be used in *JMWH*.¹⁻³

Abbreviation(s)	Intended Meaning	Correction
µg	microgram	mcg
AD, AS, AU	right ear, left ear, each ear	right ear, left ear, each ear
bid	twice a day	twice a day
cc	cubic centimeters	mL
C/S, C-section	cesarean section	cesarean birth
D/C	discharge or discontinue	discharge or discontinue
HS	half-strength or at bedtime	half-strength or at bedtime
IU	international unit	units
MS or MSO ₄	morphine sulfate	morphine sulfate
MgSO ₄	magnesium sulfate	magnesium sulfate
npo	nothing by mouth	nothing by mouth
OB/GYN, Ob-Gyn	obstetrics and gynecology or obstetrician-gynecologist	obstetrics and gynecology or obstetrician-gynecologist
OD	once daily	daily
OD, OS, OU	right eye, left eye, each eye	right eye, left eye, each eye
PO, per os	orally	orally
prn	as needed	as needed
q1d	daily	daily
qd or QD	every day	daily or every day
qhs	nightly at bedtime	nightly
qid	4 times a day	4 times a day
qod or QOD	every other day	every other day
SC, SQ, sub q	subcutaneous	subcutaneous
tid	3 times a day	3 times a day
U or u	unit	unit

References

1. The Joint Commission. The official “do not use” list of abbreviations. The Joint Commission Web site. <http://www.jointcommission.org/patientsafety/donotuselist/>. Updated June 17, 2010. Accessed July 25, 2010.
2. Institute for Safe Medication Practices. List of error-prone abbreviations, symbols, and dose designations. The Institute for Safe Medication Practices Web site. <http://www.ismp.org/Tools/errorproneabbreviations.pdf>. Updated 2010. Accessed July 25, 2010.
3. Iverson C, Christiansen S, Flanagan A, et al. *AMA Manual of Style: A Guide for Authors and Editors*. 10th ed. New York, NY: Oxford University Press; 2007.