

Revised May 2015

I. About the Journal

1. Aims and Scope

Neonatal Medicine, the official journal of The Korean Society of Neonatology, publishes articles on all aspects of neonatology. These papers encompass both basic science and clinical research, including randomized trials, observational studies, and epidemiology. The journal is published quarterly in February, May, August, and November. Supplements may be published as needed.

Manuscripts submitted to *Neonatal Medicine* (*Neonatal Med*) should be prepared according to the following instructions. If not described otherwise below, *Neonatal Medicine* follows ICMJE's Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication (<http://www.icmje.org>).

2. Editorial Policy

<STATEMENT REGARDING RESEARCH AND PUBLICATION ETHICS>

For policies on research and publication ethics not stated in these instructions, please refer to the following: "Good Publication Practice Guidelines for Medical Journals" (Korean Association of Medical Journal Editors, 2013, http://kamje.or.kr/publishing_ethics.html), "Guidelines on Good Publication" (Committee on Publication Ethics, <http://www.publicationethics.org/resources/guidelines>), and "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" (International Committee of Medical Journal Editors [ICMJE], 2013, <http://www.icmje.org>). When faced with cases of suspected misconduct, act will be done according to the COPE guidelines and flowcharts.

A. Protection of human and animal rights

When reporting experiments that involved human subjects, it should be stated that the study was performed according to the Helsinki Declaration (adopted in 1964, amended in 2008) and approved by the Research Ethics Committee (REC) or the Institutional Review Board (IRB) of the institution where the experiment was performed. Written informed consent should be obtained from all subjects. The editor of *Neonatal Medicine* may request copies of informed consent forms or IRB approval documents for clinical studies involving human subjects. For animal studies, a statement should be provided indicating that all experimental

processes, such as the breeding and use of laboratory animals, were either (1) approved by the REC of the institution where the experiment was performed, (2) not in violation of the rules of the REC of the institution, or (3) compliant with the NIH's Guide for the Care and Use of Laboratory Animals (Institute of Laboratory Animal Resources [ILAR], Commission on Life Sciences, National Research Council [NRC], National Academic Press, 1996, 125 pp., <http://www.nap.edu/readingroom/books/labrats/index.html>). Moreover, studies involving pathogens that require a high degree of biosafety should pass a review by the relevant Institutional Biosafety Committee (IBC). Authors should preserve raw experimental study data for at least one year after the publication of the paper and should submit this data if required by the editorial board.

B. Authors and authorship

An author is considered an individual who has made substantial intellectual contributions to a published study and whose authorship continues to have important academic, social, and financial implications. The International Committee of Medical Journal Editors (ICMJE, 2013) recommends the following criteria for authorship: (1) making substantial contributions to the conception, design, acquisition, analysis, and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) giving final approval to the version to be published; and (4) being accountable for all aspects of the work, ensuring that any questions about its accuracy or integrity are appropriately investigated and resolved. Authors should meet all four criteria. These criteria are applicable to those journals that distinguish authors from other contributors.

When the work is conducted by a large, multicenter group, the group should identify the individuals who accept direct responsibility for the manuscript. When submitting a manuscript authored by a group, the corresponding author should clearly indicate the preferred citation and identify all individual authors as well as the group name. Journals usually list other members of the group in the acknowledgments. Acquiring funding, collecting data, or generally supervising the research group does not alone constitute authorship.

C. Prevention of duplicate submissions, duplicate publication, and copyright transfer agreement

Authors should not simultaneously submit the same manuscript, in the same or a different language, to more than one journal. Duplicate publication refers to the publication of a paper that overlaps

substantially with one already published, without clear, visible reference to the previous publication. Manuscripts are only accepted for journal publication if they have not been published elsewhere. If an author(s) seeks duplicate or secondary publication for any reason (e.g., for readers of a different language), he or she should obtain approval from the editors in chief of both the first and second journals. In such a case, the author(s) must meet the conditions specified in *Ann Intern Med* 1997; 12:36-7 (e.g., the author(s) should comment on the duplicate or secondary publication in a footnote on the title page of the secondary version). Each author should sign the authorship responsibility and copyright transfer agreement form, attesting that he or she meets the authorship criteria. Authors are required to specify their contributions to the work described in the manuscript.

D. Protection of privacy, confidentiality, and written informed consent

The ICMJE (2013) recommends the following guidelines for the protection of privacy, confidentiality, and written informed consent: The rights of patients should not be infringed without written informed consent. Identifying details should not be published in written descriptions, photographs, or pedigrees unless they are essential for scientific purposes and the patient (or his or her parent or guardian) has provided written informed consent for publication. However, total anonymity can be difficult to achieve; therefore, informed consent should be obtained in the event that patient anonymity is compromised. For example, masking the eyes of patients in photographs does not adequately ensure anonymity. If identifying characteristics are altered to protect anonymity, the author(s) should provide assurance that such changes do not distort scientific meaning, and the editors should take note of this. When informed consent has been obtained, it should be indicated in the published article.

E. Conflicts of interest

Conflicts of interest exist when an author (or the author's institution), reviewer, or editor has financial or personal relationships that inappropriately influence his or her actions (such relationships are also known as dual commitments, competing interests, or competing loyalties). All authors should disclose any conflicts of interest: (1) financial relationships (e.g., employment, consultancies, stock ownership or options, honoraria, patents, paid expert testimony, etc.), (2) personal relationships and (3) academic competition. Conflicts of interest must be declared in a footnote on the title page or in the acknowledgments. In particular, all sources of funding for a study should be explicitly stated. Each author should certify the disclosure of any conflict of interest with his or her signature.

F. Registration of clinical research

Any research involving clinical trials should be registered with an appropriate national clinical trial registration site, such as <http://cris.nih.go.kr/cris/index.jsp> or other sites accredited by the World Health Organization or ICMJE.

<PRIOR TO SUBMISSION>

- If a manuscript does not present a new result or conclusion, then it should not have the same title as a previously published review article.
- Once a case has been published in an original paper, it may not be reproduced as a case report. However, only when a novel diagnostic method, novel therapeutic trial, or previously unknown accompanying condition is found, will the editorial board consider the possibility of its acceptance.
- Clinical trials for drugs with commercial implications will be reviewed by the appropriate subcommittee or subspecialty before being reviewed for publication.
- Case reports of previously published cases will not be accepted. The editorial board will only make an exception if the case is very rare. The index of the Neonatal Medicine should be reviewed before submitting case reports.
- Rejected manuscripts may not be resubmitted.
- If an author does not address the reviewers' comments, or if the manuscript does not follow the journal's guidelines, it will be rejected.

II. FOR AUTHORS

1. Information for Authors

Detailed Korean version is also available in website: <http://submit.neo-med.org>.

<TYPES OF MANUSCRIPTS>

Neonatal Medicine publishes invited review articles, original articles, case reports, and news. Invited review articles offer concise reviews of important subjects in neonatology and are written by invitation only. The invited review articles are accepted after editorial evaluation. Original articles are papers that present the results of clinical or laboratory investigations and are sufficiently well documented to be acceptable to critical readers. Case reports deal with interesting cases in neonatology with a relevant review of the current literature.

- Types of publication

Review article. The journal accepts both invited and submitted

review articles. A mini-review is a short review on a specific topic that is included in a regular issue of the journal.

Original article. Such an article presents original research on neonatology, neonatal diseases, and related basic or clinical research.

Case report. Descriptions of clinical cases (an individual case or a series of cases) should be unique and should preferably be first-time reports.

Erratum/revision/addendum/retraction. The journal may publish such editorial notices as well.

<MANUSCRIPT PREPARATION>

Manuscripts must be written in English or Korean. Manuscripts submitted with incorrect formatting will be returned to the corresponding author. The manuscript should be prepared using Microsoft Word and saved as a document file (.doc). The text—including tables, table footnotes, and figure legends—must be double spaced in a standard 12-point font on A4-sized paper. It must have left and right margins of at least 2 cm and top and bottom margins of 3 cm. Minor changes to formatting or phrases will be made according to the publication policy of the editorial board and by the English editor.

The manuscript should be arranged in the following sequence: title page, abstract and keywords, introduction, materials and methods, results, discussion, acknowledgments, references, tables, and figure legends. In a case report, the materials and methods and results sections are replaced by the case section. All pages should be consecutively numbered, starting with the title page, centered at the bottom of the page. Each section should begin on a new page. Neonatal Medicine recommends a total of 10 printed pages for reviews and original articles and 5 pages for case reports.

A. Title page

authors and institutions are listed, each author's departmental and institutional affiliations should be made clear.

A separate paragraph should provide the name of the corresponding author and his or her degree, address (institution, city, zip code, and country), telephone number, fax number, and e-mail address. Information about sources of financial support should be given in a footnote. The running title should be 10 words or less, and it should not be a declarative or interrogative sentence. The title should not use ampersands (&).

B. Abstract and Keywords

The abstract should be concise (less than 250 words) and briefly describe the purpose, methods, important results, and conclusions of the study in a structured format. Abbreviations, if needed, should be kept to a minimum and properly identified. Abstracts for case

reports may deviate from this format and use an unstructured format. The abstract should not include footnotes, tables, or references. Up to 10 keywords should be provided below the abstract for indexing purposes. Use terms from the list of medical subject headings (MeSH) provided by Index Medicus. If suitable MeSH terms are not yet available for recently introduced terms, current terms may be used.

C. Introduction

The introduction describes the most pertinent papers and other relevant findings. It also includes the specific question driving the investigation.

D. Materials and Methods

We endorse the Helsinki Declaration and expect that all investigations involving human subjects are performed in accordance with its principles. For animal experimentation, the Guiding Principles for the Care and Use of Animals, approved by the American Physiological Society, must be observed. The experimental methods should be explained concisely but with enough detail that they can be repeated by other investigators. Previously published procedures should not be described in detail; however, new or significant modifications require full descriptions.

The sources of special chemicals or preparations should be given (i.e., company name, city, state, and country). All statistical methods and the criteria for significance levels should be described. In case reports, the materials and methods and results sections are replaced by case histories or case descriptions. All units should be expressed metrically according to the international system of units (SI).

E. Results

This section should be logically presented using text, tables, and illustrations. Avoid excessive textual repetition of the contents of tables or figures.

F. Discussion

The data should be interpreted concisely without repeating material already presented in the results section. Speculation is permitted, but it must be supported by the data and well founded.

G. Acknowledgment

All people who made substantial contributions but are not eligible as authors are named here.

H. References

In-text reference citations should be consecutive numbers placed in parentheses (Vancouver style). The references section should

list the works in the order they were cited in the text along with the corresponding number. The style for articles in periodicals is as follows: the name and initials of the authors (use et al. for six or more authors), full title of article, journal name abbreviated according to Index Medicus, year, volume, and first and last page numbers. The style for a chapter in a book is as follows: the author, title of the chapter, editor of the book, title of the book, edition, volume, place, publisher, year, and first and last page numbers.

Authors are responsible for the accuracy and completeness of their references and citations. In-press papers may be listed in the references with the journal name and tentative year of publication. Unpublished data or personal communications can be listed only with the author's written permission.

Other types of references not described below should follow The NLM Style Guide for Authors, Editors, and Publishers (Patrias K. Citing medicine: the NLM style guide for authors, editors, and publishers [Internet]. 2nd ed. Wendling DL, technical editor. Bethesda [MD]: National Library of Medicine [US]; 2007 [updated 2009 Jan 14; cited 2009 Aug 1]).

Available from <http://www.nlm.nih.gov/citingmedicine>.

Examples of reference style:

1. Journal articles

a) Standard journal article

Bae CW, Takahashi A, Chida S, Sasaki M. Morphology and function of pulmonary surfactant inhibited by meconium. *Pediatr Res* 1998;44:187-91.

b) Journal article with organization as author

American Academy of Pediatrics. Work Group on Breastfeeding. Breastfeeding and the use of human milk. *Pediatrics* 1997;100: 1035-9.

c) Supplement/part/special number to a volume for journal articles

Orzalesi M. Vitamins and the premature. *Biol Neonate* 1979;52 Suppl 1:97-112.

d) Article type for journal articles

Spargo PM, Manners JM. DDAVP and open heart surgery [letter]. *Anaesthesia* 1989;44:363-4.

2. Books

a) Individual volume

Volpe JJ. Neurology of the newborn. 3rd ed. Philadelphia: WB Saunders Co, 1995:35-9.

b) Part (chapter) of a book

Menendez AA, Alea OA, Beckerman RC. Control of ventilation and apnea. In: Goldsmith JP, Karotkin EH, editors. Assisted ventilation of the neonate. 3rd ed. Philadelphia: WB Saunders

Co, 1996:69-81.

c) Conference publications

Vivian VL, editor. Child abuse and neglect: a medical community response. Proceedings of the First AMA National Conference on Child Abuse and Neglect; 1984 Mar 30-31 (date); Chicago (location). Chicago (city): American Medical Association (name of meeting), 1985 (year).

d) Theses and dissertations

Kaplan SJ. Post-hospital home health care: the elderly's access and utilization (dissertation). St. Louis (MO): Washington Univ, 1995.

3. Forthcoming ("in press")

Leshner AI. Molecular mechanisms of cocaine addiction. *N Engl J Med*. In press 1996.

4. Material on the Internet (online)

a) Electronic article—with DOI

Fletcher D, Wagstaff CRD. Organisational psychology in elite sport: its emergence, application and future. *Psychol Sport Exerc* 2009;10(4):427-34. doi:10.1016/j.psychsport.2009.03.009.

b) Electronic article—without DOI

Lemanek K. Adherence issues in the medical management of asthma. *J Pediatr Psychol* [Internet] 1990 [cited 2010 Apr 22];15(4):437-58. Available from: <http://jpepsy.oxfordjournals.org/cgi/reprint/15/4/437>.

c) Electronic book—entire book

Bartlett A. Breastwork: rethinking breastfeeding [monograph online]. Sydney, NSW: University of New South Wales Press; 2005 [cited 2009 Nov 10]. Available from: NetLibrary.

d) Chapter from an electronic book

Darwin C. On the origin of species by means of natural selection or the preservation of favoured races in the struggle for life [Internet]. London: John Murray; 1859. Chapter 5, Laws of variation [cited 2010 Apr 22]. Available from: <http://www.talkorigins.org/faqs/origin/chapter5.html>.

5. Reports and other government publications

Page E, Harney JM. Health hazard evaluation report. Cincinnati (OH): National Institute for Occupational Safety and Health (US); 2001 Feb. 24 p. Report No.:HETA2000- 0139-2824.

6. Website

International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals: writing and editing for biomedical publication [Internet]. International Committee of Medical Journal Editors; 1979 [cited 2009 Nov 1]. Available from: http://www.icmje.org/urm_main.html.

I. Tables and figures

Tables and figures should be submitted separately from the text of the paper, and figure legends should be embedded in the manuscript file as a separate sheet at the end of manuscript. Both JPEG and TIFF formats are acceptable for figures. Tables should be simple and not duplicate information found in the figures. Title all tables and number them with Arabic numerals in the order they are cited in the text. Type each table on a separate sheet. Describe all abbreviations under the table. The tables should not use diagonal or horizontal lines. Only numbers and English text should be used in the tables and figures. References should be made in the following order: *, †, ‡, §, ||, ¶, **.

Clear, glossy prints are acceptable in place of original drawings, provided all parts of the figures are in focus. X-ray films and Polaroid photographs are not acceptable. Except for complicated illustrations that present large amounts of data, all figures are published on one page or one column width; when the figures are reduced to the size of a single column or single page width, the smallest parts of the figure must be legible.

All photographs should be of high quality; the preferred scan resolution for photographs is 300 dpi. Color photographs will only be published if the editor agrees they are absolutely necessary. Expenses for reproducing color photographs will be charged to the author; current estimates for color reproduction can be obtained from the Editorial Office. The author is responsible for submitting prints that are of sufficient quality to permit accurate reproduction and for approving the final color galley proofs. All photographs should be correctly exposed and sharply focused. Neonatal Medicine assumes no responsibility for the quality of photographs as they appear in the journal. Symbols, arrows, or letters used in photographs should contrast with the background. Each light microscopic photograph should have a legend that includes the name of the stain and the magnification; electron microscopic photographs should have an internal scale marker. All types of figures may be reduced, enlarged, or trimmed for publication by the editor.

All figure legends should be double spaced. Do not use a separate sheet for each legend. Figure legends should briefly describe the data and explain any abbreviations or reference points in the photograph. If there are more than two figures under the same title, they should be labeled Figure 1A, Figure 1B, etc. When referencing a table or figure in the manuscript, write (Table 1), (Figure 1), etc.

J. General guidelines

1. All numbers should be Arabic numerals, and all measurements are expressed using the metric system. Laboratory values are expressed using conventional units of measure, with the relevant international system of units (SI). Leave a space between the

number and the unit (except for % and °C). There should be a space between English text and parentheses.

2. Generic names should be used. When proprietary brands are used for devices, drugs, or reagents, include the name of the manufacturer, city, and country of origin.
3. Lowercase letters are used throughout the manuscript, except for locations, names, proper nouns, abbreviations, etc., where capital letters are needed.
4. The species names of microorganisms are italicized. The whole name should be given first (e.g., *Echerichia coli*), followed by an abbreviation (*E. coli*). All Latin expressions (e.g., *in vitro*, *in vivo*, *versus*) are italicized. However, when using vs. as an abbreviation for versus, it does not need to be italicized.
5. When citing a reference in the manuscript, only the last name of the author is given. If there is one author, use "Smith¹⁾"; for two authors, "Lee and Park²⁾"; more than three, "Edward et al.³⁾".
6. For abbreviations, provide the full term the first time it appears, then use only the abbreviation.
7. If there are multiple contents, use subtitles for the materials/methods and results sections.
8. For statistical analyses, please describe the statistical test used and the value of P considered to be significant. (e.g., $P < 0.05$). However, the current trend is to state the exact P values (e.g., $P = 0.004$), which is also desirable. P should be capitalized and italicized with a hyphen between P and "value" (i.e., *P-value*).
9. The conclusion of the manuscript should be situated at the end of the discussion section, not as a standalone section.
10. Manuscripts written in English by nonnative speakers should be checked prior to submission by a professional editing service or someone with comparable English-language skills. The English editing checklist should be submitted along with the proofreader's name, credentials, and comments on the manuscript.

<PEER REVIEW PROCESS>

Neonatal Medicine reviews all received materials.

Manuscripts are sent to three relevant referees to review the content. The editor selects the referees. The results of the reviews will be classified as follows:

Accepted: the manuscript will be forwarded to the publisher without further corrections.

Minor revisions: the author should address the reviewers' comments, which will be checked by the reviewers before being sent to the publisher.

Major revisions: the author should address the comments from the reviewers and make the appropriate corrections, which will then be

checked by the three reviewers.

Rejection: if one of the three reviewers rejects the manuscript, the final decision will be made by the editorial committee.

Consultation: review of the manuscript will be done through consultation with subcommittees and subspecialties.

<REVISION OF PROOFS AND PUBLICATION>

In the revision process, the author should submit three documents: the revised manuscript, a manuscript with the revised parts highlighted, and the author's responses to the reviewers' comments. After the corrections are made, the accepted manuscript will be sent to the publisher for printing. The proofs may be revised more than once by the corresponding author, if needed. The author should double check for corrections in the content, title, affiliation, capitalization, locations of figures, and references. The corresponding author is responsible for further corrections made after printing. If a revised draft is not returned within six months, it is considered withdrawn.

<PAGE CHARGE>

A minimum of 100 offprints will be delivered after payment. Reprints are available any time after publication; however, reprints ordered after publication may be subject to increased prices. A page charge will be billed to the corresponding author, and color photographs will require an additional fee.

<CONFIRMATION OF ACCEPTANCE>

Once the manuscript is sent to the publisher, confirmation of acceptance by *Neonatal Medicine* (www.neo-med.org) may be issued. Registering for the board exams, a receipt of confirmation with two reprints may be ordered for the accepted manuscript. An additional fee is required for these reprints.

2. Electronic manuscript submission

Authors should submit manuscripts via the electronic manuscript management system of The Korean Society of Neonatology (www.neo-med.org). Manuscripts should be submitted by the corresponding author, who should provide his or her address and phone number on the title page of the manuscript. If available, a fax number and e-mail address should be provided as well. Revised manuscripts should be submitted through the same web system under the same identification numbers.

1) To submit your manuscript, go to www.neo-med.org.

Instructions for online submission are given on this website. The website also links to the home page of The Korean Society of Neonatology (www.neonatology.or.kr) from the left-hand menu or the menu bar at the top.

2) Upon submission, an editorial fee of 100,000 Korean won must be wired to Shin Han Bank (100-025-746436) in the name of the corresponding author or first author.

3) Confirmation of receipt will be issued when the submission process is complete. The receipt can be downloaded from the website.

4) Online submission process:

- Choose "e-Submission" at www.neo-med.org.
- Log in (or click "create account" if you are a first-time user).
- Click on the manuscript submission button on the left or on the top menu bar.
- Choose the appropriate format of your manuscript.
- Complete the checklist for your manuscript type.
- Complete the copyright form.
- Fill in the information for all authors, along with the relevant contact information.
- Fill in the title, affiliations, authors, and abstract and upload the manuscript (the manuscript will automatically convert to a PDF file; this will take some time).
- The status of the manuscript can be viewed on the homepage.
- Click the submission button to complete the submission process.

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