

NEONATAL NETWORK®

Author Guidelines

Neonatal Network®, established in 1981, is dedicated to assisting neonatal nurses and related health care professionals in providing excellent care to neonates and their families through high quality peer-reviewed articles and columns in the areas of neonatal clinical practice, research, education, and leadership.

Neonatal Network is a member of the [Committee on Publication Ethics \(COPE\)](#) and adheres to the policies and guidelines published by COPE.

We encourage neonatal health care providers to share their knowledge and expertise with our readers. We welcome a variety of articles, not only of a technical or research nature, but also those dealing with firsthand experiences relating to the common and not so common experiences we face (psychological, ethical, and emotional). We welcome both experienced and first-time authors and are committed to assisting new authors in their journey from manuscript development to publication.

Potential contributors are welcome to contact our Executive Editor, Debbie Fraser, MN, NNP, CNeon(C), with questions (dfraser@academyofneonatalnursing.org or 866-752-3889) prior to beginning or submitting a manuscript to *Neonatal Network*®. Because manuscripts often require six to eight months of prepublication work, this will also help prevent duplication of effort.

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GENERAL GUIDELINES

1. *Neonatal Network*[®] accepts unsolicited manuscripts for publication. Manuscripts must be original and intended for the exclusive use of *Neonatal Network*[®]. No manuscript will be considered that has been previously published or is under consideration by another journal. Authors should state this in their cover letter. *Neonatal Network* uses iThenticate plagiarism detection software on all submissions in the system. Both plagiarism and self-plagiarism are considered serious offenses and significant ethical breaches will be addressed according to COPE's guidelines.
2. You must electronically sign a copyright agreement and conflict of interest form during the submission process.
3. Manuscripts should be submitted electronically at <https://mc.manuscriptcentral.com/nn>. If you have any questions regarding the system, please contact the site administrator at our editorial office for assistance.
4. It is the responsibility of the author(s) to read Springer Publishing Company's journal policies and statements at <https://connect.springerpub.com/journals-policies-and-statements>. Conflicts of Interest, Statements of Informed Consent, and Statements of Human and Animal Rights (where applicable) must be electronically signed when you submit your manuscript. Failure to do so will result in your manuscript being returned to you.
5. Manuscripts must be prepared in accord with the AMA Manual of Style, 11th Edition guidelines.
6. Files should be double-spaced with 1-inch margins both left and right sides, and top and bottom. Pages should be numbered consecutively. The name(s) and credentials of the author(s) should appear on the title page only (which must be uploaded as a separate file from the manuscript). Manuscripts must not be submitted with any identifying information in the body of the manuscript.
7. Article length will vary depending on the type of article. A typical manuscript is 15–25 double-spaced pages, including references. Manuscripts of greater length may be published in multiple parts.
8. Authors should submit a cover letter as well as a current curriculum vitae, including work and home addresses, telephone numbers (including cell number), and an e-mail address. Should your email address change during the review process please contact the site administrator at our editorial office as soon as possible. We reserve the right to edit all material submitted to *Neonatal Network*[®]. In all instances, the intent and meaning of the original manuscript will be maintained as closely as possible.
9. *Neonatal Network*[®] is a peer-reviewed journal. All manuscripts are reviewed by a panel of three or more experienced neonatal care providers with expertise in the field under consideration. This process takes approximately three to four months. Authors are notified of the acceptance or rejection of their manuscript when this process is completed. Accepted manuscripts may be subsequently rejected if faults are found during the editing process.
10. Research-based manuscripts should state the source of funding for the research.
11. Institutional Review Board (IRB) response/approval must be noted for all research-based manuscripts. *Neonatal Network*[®] only publishes research that has IRB approval or exemption.

12. **Abstracts.** An abstract is published at the beginning of each article. You must submit an abstract of *no more than* 150 words and place it at the beginning of the manuscript. If your manuscript is research-based, please include in outline form the following sections in the abstract: **purpose, design, sample, main outcome variable, and results.**
13. **Drug Dosage Format.** All drug dosages should be stated as amount/kg/dose.
14. **Units of Measure:** All units of measure should be stated in imperial units followed by the SI equivalent in brackets. For example, hemoglobin would be 15 g/100 mL (150 g/L). SI units and conversion factors can be found at the following website: <https://www.amamanualofstyle.com/page/91>
When reporting means, correlations, or regression slopes, specify the confidence interval and report the confidence intervals after the p value.

SPECIFIC STYLE GUIDELINES

Neonatal Network[®] publishes a variety of peer-reviewed articles including original research, meta-analyses, systematic reviews, evidence-based practice and quality improvement projects, clinical articles, and case studies. The journal also publishes a variety of columns that are reviewed by relevant editors. Authors interested in submitting a column should contact the [Executive Editor, Debbie Fraser](#).

Neonatal Network has adopted the recommendations of the [EQUATOR Network](#) guidelines for developing specific types of articles. We encourage you to complete the checklists for the relevant guidelines. Your article should report the content addressed by each item of the identified checklist or state that the item was not considered in the study or article.

1. Research articles should follow the [Standards for Reporting Qualitative Research \(SRQR\)](#).
2. Randomized controlled trials should be reported according to the [CONSORT checklist \(Consolidated Standards of Reporting Trials\)](#).
3. Evidence-based Practice Projects or Guidelines and Quality Improvement projects should follow the [SQUIRE Guidelines](#) (Standards for QQuality Improvement Reporting Excellence).
4. Case Studies should be written according to the [Case Report Guidelines \(CARE\)](#).

REFERENCE GUIDELINES

1. Use references judiciously. In general, references should be no more than five years old unless they are considered classic. Primary sources should be used. Review articles and secondary sources may not accurately represent the original material and readers should be given access to the original sources whenever possible.
2. Check references carefully for completeness and accuracy. *If you use a reference-managing program such as End Note, remove all “field codes” (which turn the references gray) before you submit the manuscript.*

3. **References in text.** Reference citations in text should be Arabic numbers, superscript, no parentheses, and should follow punctuation.
4. **Reference List Formatting.** Reference format should follow American Medical Association (AMA) 11th edition format. Refer to *AMA Manual of Style*, 11th ed. for punctuation, grammar, and style (www.amamanualofstyle.com).
5. **Internet References.** Internet material from a peer-reviewed source (i.e., *Pediatrics* Electronic Pages, *The Lancet* Interactive), or from a government publication (i.e., National Institutes of Health) should be cited in AMA format. Non-peer-reviewed encyclopedias, such as Wikipedia, should not be used. Other Internet references should be limited in number.

TABLE AND FIGURE GUIDELINES

1. Each table and figure should include a caption and must be called out in the text. Tables and figures should be numbered sequentially as they appear in text. If you are including a bar, pie, or line graph, please provide the data used to construct the graph.
2. Authors are encouraged to view tables from published research articles in *Neonatal Network*[®] for examples of how to format a table. The types of tables in research articles are generally about sample characteristics and results. See the following page for two examples.
3. Each table or figure that is not the original work of the author must be accompanied by a complete citation to the work from which it came and a signed permission to reprint from the copyright holder of the original work. Unless such a form is forthcoming, we will not be able to reproduce the material. Tables that have been adapted from original material should be submitted with a copy of the original material.
4. Digital images should be supplied as high-resolution files in .tif, .eps, .psd, .jpeg, or .pdf format. The minimum requirements for resolution are 600 ppi (pixels per inch) for images containing a photograph with text labeling or thin lines, and 300 ppi for color or black and white photographs and x-rays. Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet will not reproduce. Unacceptable art may be redrawn or removed from the article.
5. We request the use of 5x7 inch glossy black and white or color photographs. If color is essential, please send color photos and indicate color is necessary for proper understanding of the photograph. Photographs require the permission of the subject (or of a guardian) and, if not the original work of the author, the permission of the original photographer. Photographs from other sources (books and journals) may be used if permission is obtained from the copyright holder.

PERMISSIONS

1. Authors are responsible for requesting permission to reprint material as noted above. Most permissions can be handled through the Copyright Clearance Center (www.copyright.com).

2. Manuscripts may be submitted with permissions pending, but please be advised that we may have to remove any tables or figures if we are unable to obtain reprint permission at the time of acceptance.

JOURNAL CONTACTS

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kthomas@springerpub.com or 212-804-6316 (9am – 6pm EST)

REFERENCE EXAMPLES (AMA)

Journal Articles

Journal article references should include Author Last Name First Initial Middle Initial. Title of article. Accepted Abbreviation of Journal Title Year; Volume: Inclusive Page Numbers. doi.

In listed references, the names of all authors should be given unless there are more than 6, in which case the names of the first 3 authors are used, followed by “et al.”

Roumie CL, Zillich AJ, Bravata DM, et al. Hypertension treatment intensification among stroke survivors with uncontrolled blood pressure. *Stroke* 2015; 46:465-470. doi:10.1161/STROKEAHA.114.007566.

Books

Book references should include Editor’s Last Name First Initial Middle Initial followed by “eds”. Title of Book. Edition number. City of publication, State Abbreviation: Name of Publisher; Year.

Example

1. Tisdale JE, Miller DA, eds. *Drug-Induced Diseases: Prevention, Detection and Management*. 1st ed. Bethesda, MD: American Society of Health-System Pharmacists; 2005.

TABLE EXAMPLES

Characteristics Example

TABLE 2. Neonatal Categorical Characteristics by Group

Characteristics	C (n = 19)		SSC (n = 17)		Total	χ^2
	n	%	n	%		
Gender ^a						.11
Male	9	47.4	9	52.9	18	
Female	10	52.6	8	47.1	18	
Race ^a						.00
White	9	47.4	8	47.1	17	
African American	10	52.6	9	52.9	19	
Five-minute Apgar score						.01
8	2	10.5	2	11.8	4	
9	17	89.5	15	88.2	32	
Type of feeding ^a						.91
Breast	13	68.4	9	52.9	22	
Bottle	6	31.6	8	47.1	14	
PPE (injection) ^a						
Yes	19	100.0	17	100.0	36	
No	0	0.0	0	0.0	0	
PPE (heelstick) ^a						.00
Yes	8	42.1	7	41.2	15	
No	11	57.9	10	58.8	21	
PPE (circumcision) ^a						.00
Yes	4	21.1	4	23.5	8	
No	15	78.9	13	76.5	28	

Abbreviations: C = control; PPE = previous pain experience; SSC = skin-to-skin contact.

^aMinimization factors.

Results Example

TABLE 3. Total Neonatal Cry Time by Group

Variable	C (n = 19)		SSC (n = 17)		df	t	p
	M	SD	M	SD			
Baseline I	37.0	65.5	25.7	49.2	34	0.58	.570
Baseline II	12.1	39.5	12.9	31.0	34	0.07	.940
Injection	31.6	10.4	23.4	11.3	34	2.29	.030
Recovery	71.8	78.3	15.8	19.0	34	3.02	.007*

Abbreviations: C = control; SSC = skin-to-skin care.

* $p < .012$.