

Aims and Scope

Obstetrics & Gynecology Science (NLM title: Obstet Gynecol Sci) is an international peer-review journal that published basic, translational, clinical research, and clinical practice guideline to promote women's health and prevent obstetric and gynecologic disorders. The journal has an international editorial board and is published in English on the 15th day of every other month. Submitted manuscripts should not contain previously published material and should not be under consideration for publication elsewhere.

The journal has been publishing articles since 1958. The aim of the journal is to publish original articles, reviews, short communications, letters to the editor, and video articles that have the potential to change the practices in women's health care.

The journal's main focus is the diagnosis, treatment, prediction, and prevention of obstetric and gynecologic disorders. Because the life expectancy of Korean and Asian women is increasing, the journal's editors are particularly interested in the health of elderly women in these population groups. The journal also publishes articles about reproductive biology, stem cell research, and artificial intelligence research for women; additionally, it provides insights into the physiology and mechanisms of obstetric and gynecologic diseases.

Obstetrics & Gynecology Science is the official journal of the following academic societies in Korea:

- Korean Society of Obstetrics and Gynecology
- Korean Society of Maternal Fetal Medicine
- Korean Society of Gynecologic Endocrinology
- Korean Society of Gynecologic Endoscopy and Minimally Invasive Surgery
- Korean Society of Ultrasound in Obstetrics and Gynecology
- Korean Society of Contraception and Reproductive Health
- Korean Urogynecologic Society
- Korean Society of Endometriosis

Abstracted/Indexed in

Scopus, PubMed, PubMed Central, KoreaMed, KoreaMed Synapse, Korea Citation Index, DOI/Crossref, DOAJ

Background

Obstetrics & Gynecology Science continues in 2013 Korean Journal of Obstetrics & Gynecology (pISSN:2233-5188, eISSN: 2233-5196), which was first published in 1958.

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Practice Guideline

- 105** Informed consent forms for gynecologic cancer surgery: recommendations from the Korean Society of Gynecologic Oncology
Ha Kyun Chang, Seung-Hyuk Shim, Maria Lee, Won Moo Lee, Kyung Jin Eoh, Heon Jong Yoo, Mi Kyung Kim, Min Kyu Kim, Kwang-Beom Lee, Kyeong A So, Young Tae Kim, Dae Woo Lee, Doo-Yoon Hyun, Jong-Min Lee

Review Articles

Maternal-Fetal Medicine

- 113** Artificial intelligence in obstetrics
Ki Hoon Ahn, Kwang-Sig Lee

Reproductive Endocrinology

- 125** Contraception in the COVID-19 pandemic: recommendations from the Korean society of contraception and reproductive health
Jae Hoon Lee, Jae Yen Song, Kyong Wook Yi, Jin Ju Kim, Kyu Ri Hwang, Jung-Ho Shin, Ji Young Lee, Hee Dong Chae

General Gynecology

- 133** Preemptive pregabalin for postoperative analgesia during minimally invasive hysterectomy: a systematic review and meta-analysis of randomized controlled trials
Ahmed Abu-Zaid, Osama Alomar, Nora F AlNaim, Fatimah Shakir Abualsaud, Mohammed Ziad Jamjoom, Latifa F AlNaim, Abdullah AMA Alzubairi, Saeed Baradwan, Saud Abdullah Saud Aboudi, Faisal Khalid Idris, Meshael Fodaneel, Ismail A Al-Badawi, Hany Salem

Original Articles

Maternal-Fetal Medicine

- 145** Clinical significance of soft markers in second trimester ultrasonography for pregnant Korean women: a multicenter study and literature review
Hyun Sun Ko, Dong Wook Kwak, Soo-young Oh, Sae Kyung Choi, Joon Seok Hong, Han Sung Hwang, Hyun Soo Park, Hyun-Joo Seol, Moon Young Kim, Sa Jin Kim, Joong Shin Park
- 156** A model for predicting gestational diabetes mellitus in early pregnancy: a prospective study in Thailand
Sattamat Lappharat, Penkae Rothmanee, Kasemsak Jandee, Manaphat Suksai, Tippawan Liabsuetrakul

- 166** Pregnancy and neonatal outcomes after periconceptional exposure to isotretinoin in Koreans
Eun-Hwan Cha, NaeRy Kim, Ho-Seok Kwak, Hae Ji Han, Sung Hong Joo, June-Seek Choi, Kyoung-Chul Chun, Young-Ah Kim, Jae-Whoan Koh, Jung Yeol Han

Gynecologic Oncology

- 176** Impact of hematologic toxicities during concurrent chemoradiation for cervical cancer
Feiya Shi, Alison K. Yoder, Claire Mach, Shraddha Dalwadi, Matthew L Anderson, Tracilyn R Hall, Michelle S Ludwig
- 188** Incidence and predictive factors for recurrent clear cell ovarian carcinoma: results from a single center in Thailand
Wikanda Hemman, Athithan Rattanaburi

Reproductive Endocrinology

- 197** Psychological impact of suspension/postponement of fertility treatments on infertile women waiting during COVID pandemic
Parul Jaiswal, Reeta Mahey, Shalini Singh, Perumal Vanamail, Monica Gupta, Rohitha Cheluvvaraju, J B Sharma, Neerja Bhatla
- 207** Dual trigger with gonadotropin-releasing hormone agonist and recombinant human chorionic gonadotropin improves the outcome of intrauterine insemination
Binarwan Halim, Hilma Putri Lubis
- 215** Association between different dual trigger dosages and *in vitro* fertilization results in patients with patient-oriented strategies encompassing individualized oocyte number group IV
Min Kyu Kang, Min Kyoung Kim, Tae Hyung Kim, Ji Won Kim, Eun Mi Chang, Sang Woo Lyu, Jin Young Kim, Woo Sik Lee

Video Article

Gynecologic Oncology

- 223** Indocyanine green fluorescent image-guided inguinal sentinel lymph node biopsy in vulvar cancer
Young Hwa Kwak, Yong Jae Lee, Jung-Yun Lee, Eun Ji Nam, Sunghoon Kim, Young Tae Kim, Sang Wun Kim

Obstetrics & Gynecology Science

Instructions for Authors

Enacted in January 1958

Revised in March 2022

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The journal also follows the open access policy of PubMed Central at United States National Library of Medicine (<http://www.ncbi.nlm.nih.gov/pmc/>).

All contents of the journal are available immediately upon publication without embargo period.

Archiving Policy

The full text of OGS has been archived in PubMed Central (<https://www.ncbi.nlm.nih.gov/pmc/journals/2215/>) from the volume 56, 2013. According to the deposit policy (self-archiving policy) of Sherpa/Romeo (<http://www.sherpa.ac.uk/>), authors cannot archive pre-print (i.e., pre-refereed) versions, but they can archive post-print (i.e., final draft, post-refereed) versions. Authors can archive the publisher's version/PDF. OGS provides the electronic backup and preservation of access to the journal content in the event the journal is no longer published by archiving in PubMed Central.

Readership

It is primarily for obstetricians & gynecologists. They will be able to obtain tailored information to adopt the information for their patients care. Its readership can be expanded to other positions:

- Researchers can get the cases for research projects and rationale of their researches;
- Clinicians in the other fields can get the recent progress of obstetrics and gynecology so that they can refer their patients for more specific consultation to obstetricians & gynecologists.
- Administrators of the hospital or health center can access recent info and adopt a variety of data in the management of the institutes.
- Medical health students can understand the recent innovation and trends of obstetrics and gynecology so that they are able to learn those information during their study.
- Policy makers may be able to reflect the results of the articles to

the health policies especially for maternal health.

- The public will be able to read the advancement in the obstetrics and gynecology fields that they have a confidence in visiting obstetricians & gynecologists to consult their health problem.

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1. Research Ethics

All of the manuscripts should be prepared based on strict observation of research and publication ethics guidelines recommended by the Council of Science Editors (<http://www.councilscienceeditors.org/>), International Committee of Medical Journal Editors (ICMJE, <http://www.icmje.org/>), World Association of Medical Editors (WAME, <http://www.wame.org/>), and the Korean Association of Medical Journal Editors (KAMJE, http://www.kamje.or.kr/intro.php?body=eng_index). All studies involving human subjects or human data must be reviewed and approved by a responsible Institutional Review Board (IRB). Please refer to the principles embodied in the Declaration of Helsinki (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>) for all investigations involving human materials. Animal experiments also should be reviewed by an appropriate committee (IACUC) for the care and use of animals. Also studies with pathogens requiring a high degree of biosafety should pass review of a relevant committee (IBC). The approval should be described in the Methods section. The editor of OGS may request submission of copies of informed consents from human subjects in clinical studies or IRB approval documents. The OGS will follow the guidelines by the Committee on Publication Ethics (COPE, <http://publicationethics.org/>) for settlement of any misconduct.

2. Conflict of Interest

The corresponding author of an article is asked to inform the Editor of the authors' potential conflicts of interest possibly influencing the research or interpretation of data. A potential conflict of interest should be disclosed in the cover letter even

when the authors are confident that their judgments have not been influenced in preparing the manuscript. Such conflicts may include financial support or private connections to pharmaceutical companies, political pressure from interest groups, or academic problems. Disclosure form shall be same with ICMJE Uniform Disclosure Form for Potential Conflicts of Interest (http://www.icmje.org/coi_disclosure.pdf). The Editor will decide whether the information on the conflict should be included in the published paper. In particular, all sources of funding for a study should be explicitly stated. The OGS asks referees to let its Editor know of any conflict of interest before reviewing a particular manuscript.

Statement of Informed Consent

Copies of written informed consent and institutional review board (IRB) approval for clinical research should be retained for reference as necessary. Please insert a sentence in the Materials and Methods section stating that the study was approved or exempt from approval and include the name of the IRB.

Statement of Human and Animal Rights

All human investigations must be conducted according to the principles expressed in the Declaration of Helsinki. All studies involving animals must state that guidelines of the authors' institution, or any applicable national law, regarding the use and care of laboratory animals were followed.

Selection and Description of Participants

Clearly describe the selection of observational or experimental participants (healthy individuals or patients, including controls), including eligibility and exclusion criteria and a description of the source population. Because the relevance of such variables as age, sex, or ethnicity is not always known at the time of study design, researchers should aim for inclusion of representative populations into all study types and at a minimum provide descriptive data for these and other relevant demographic variables. Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases, (e.g., prostate cancer).” Authors should define how they determined race or ethnicity and justify their relevance.

Originality and Duplicate Publication

All submitted manuscripts should be original; further, they should not be under consideration for publication by other scientific journals. Any part of the accepted manuscript may not be duplicated in any other scientific journal without the permission of the editorial board. If duplicate publication related to a paper in this journal is detected, the author(s) will be named in the journal, and the respective institute(s) of affiliation will be informed; additionally, there will be penalties for the author(s).

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Initiative	Type of study	Source
CONSORT	Randomized controlled trials	http://www.consort-statement.org
STARD	Studies of diagnostic accuracy	http://www.stard-statement.org
PRISMA	Preferred reporting items of systematic reviews and meta-analyses	http://www.prisma-statement.org
STROBE	Observational studies in epidemiology	http://www.strobe-statement.org
MOOSE	Meta-analyses of observational studies in epidemiology	http://www.consort-statement.org/resources/downloads/otherinstruments/moose-statement-2000pdf

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If the manuscript does not fit the aims and scope of the journal or does not adhere to the Instructions to Authors, it may be returned to the author immediately after receipt and without a review. Before reviewing, all submitted manuscripts are inspected by Similarity Check powered by iThenticate (<https://www.crossref>

org/services/similarity-check/), a plagiarism-screening tool. If the similarity score is too high, the editorial board will conduct a more profound content screening. If the similarity rate is 15% or more, further screening is usually performed; furthermore, every manuscript may be checked for excessive similarity in specific sentences. The settings for Similarity Check screening are such that the following are excluded: quotes, bibliography, small matches (e.g., six words), small sources (1%), and the Methods section.

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Obstetrics & Gynecology Science(OGS) allows authors to submit the preprint to the journal. It is not treated as duplicate submission or duplicate publication. OGS recommend authors to disclose it with DOI in the letter to the editor during the submission process. Otherwise, it may be screened from the plagiarism check program - Similarity Check (Crosscheck) or Copy Killer. Preprint submission will be processed through the same peer-review process with a usual submission. If the preprint is accepted for publication, authors are recommended to update the info at the preprint with a link to the published article in OGS, including DOI at OGS. It is strongly recommended that authors cite the article in OGS instead of the preprint at their next submission to journals.

Peer Review Process

The editor selects peer referees by recommendation of the editorial board members or from the specialist database owned by the editorial board. Acceptance of the manuscript is decided based on the quality and originality of research and its clinical and scientific significance by the referees. This journal uses a double-blind review, which means that identities of both the reviewer and author are concealed from the reviewers, and vice versa, throughout the review process. A referee's decision is given as "accept," "minor revision," "major revision," and "reject." If there is a marked discrepancy in the decisions between two referees or in opinions between the author and referee(s), the editor may send the manuscript to another referee for additional comments and a recommended decision. An initial decision will normally be made within four weeks of receipt of a manuscript, and the reviewers' comments will be sent to the corresponding authors by e-mail. Revised manuscripts must be submitted online by the corresponding author, who must indicate the alterations that have been made in response to the referees' comments item by item.

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Original articles are reports of basic or clinical investigations. The maximum length of a manuscript is 3,500 words of body text, excluding the abstract, references, figures, and tables. These articles are limited to 40 references. The manuscript should be organized in the following sequence: title page, the abstract and keywords, introduction, materials and methods, results, discussion, acknowledgments, references, tables, and figures with their legends.

[2] Reviews

Reviews are invited by the editor and should be comprehensive analyses of specific topics. Authors who wish to submit unsolicited reviews should contact the editor-in-chief to determine appropriateness of reviews for publication in OGS. These articles are organized as follows: title page, the abstract and keywords, introduction, body text, conclusion, acknowledgments, references, tables, and figures with their legends. The maximum word count is 4,500 words of body text, excluding the abstract, references, tables, and figures. The editors also suggest a limit of 150 references.

[3] Short Communications

A short communication is a definitive report of highly significant findings in the field; it receives a very rapid review and, if accepted, is published within an average of 12 weeks from receipt. A manuscript should not exceed 1,500 words and must contain

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[4] Letter to the Editor

A letter to the editor provides brief comments in response to a specific published article in OGS. A letter addressing an article published in one of the three previous issues will be considered. The editor-in chief may invite the author(s) of the published article to reply in writing. A published letter is accompanied by either a reply from the original author(s) or the statement, "Reply declined." A letter must include a title page (including your affiliation, full address, and e-mail address), conflict of interest disclosure, and a Statement of Authorship signed by all authors. A letter can be signed by no more than four authors and must not exceed 1,000 words (excluding references); only one table or figure may be included (if essential). Additionally, no more than five references are allowed. Letters to the editor should deal with short clinical cases of medical interest or innovation. All letters should be recommended by the journal's editors. Please do not upload your case report as a letter on the submission website. No abstract or keywords are required, and text should be formatted in one continuous section.

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General Guidelines

After entering information about the authors, the manuscript title, abstract, keywords, and other details, you will be prompted to upload your files. The main document with manuscript text and tables should be prepared with in Microsoft Word.

- The main document should be organized in the following order: title page, the abstract and keywords, introduction, materials and methods, results, discussion, acknowledgments, references, tables, and figures with their legends.
- The manuscript should be written in 10-point font with double spacing on A4-sized paper (21.0×29.7 cm) with 2.5 cm margins (top, bottom, right, and left).
- Manuscript pages are to be numbered consecutively, centered at the bottom of each page and beginning without the title page as page 1.
- The use of acronyms and abbreviations is discouraged and should be kept to a minimum. Acronyms and abbreviations cannot be used in the title. When used, they are to be defined where first used, followed by the acronym or abbreviation in parentheses.
- Drug and chemical names should be stated in standard chemical or generic nomenclature. Units of measure should be presented according to the International System (SI) of units.

1) Title Page

Include the following items on the title page: title of the article, full names of authors, academic degrees, and institutional affiliations of all authors. A short running head must also be provided, consisting of fewer than 40 characters including spaces. When addresses of authors differ, begin with the name of the organization where the primary research was conducted and follow with the names of the other organizations along with the authors' names, listed in numerical order. At the bottom of the title page, identify the corresponding author and include his/her postal address and e-mail address.

2) Abstract and Keywords

The abstract should not exceed 250 words and describe concisely, in a paragraph, the following: Objective, Methods, Results, and Conclusion. Up to five keywords should be listed below the abstract as index terms. For the selection of keywords, refer to Medical Subject Headings (MeSH, <http://www.ncbi.nlm.nih.gov/mesh>) in Medline.

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4) Materials and Methods

Describe the research plan, materials (or subjects), and methods used, in that order. Explain in detail how the disease was confirmed and how subjectivity in observations was controlled. When experimental methodology is the main issue of the paper, describe the process in detail so as to recreate the experiment as closely as possible. The sources of the apparatus or reagents used should be given along with the source location (name of company, city, state, and country). Information regarding institutional review board/ethics committee approval or waiver and informed consent should be stated. Methodology for statistical analyses and criteria for statistical significance should be described.

5) Results

Results should be presented in a logical sequence in the text, tables/figures, and illustrations. Do not repeat in the text all data that appear in the tables or figures; you may, however, describe important points and trends.

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7) Acknowledgments

If necessary, persons who have made substantial contributions but who have not met the criteria for authorship are acknowledged here.

8) Ethical Approval

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• *Journal articles:*

1. Park JH, Chung D, Cho HY, Kim YH, Son GH, Park YW, et al. Random urine protein/creatinine ratio readily predicts

proteinuria in preeclampsia. *Obstet Gynecol Sci* 2013;56:8-14.

2. Reed SD, Newton KM, Garcia RL, Allison KH, Voigt LF, Jordan CD, et al. Complex hyperplasia with and without atypia: clinical outcomes and implications of progestin therapy. *Obstet Gynecol* 2010;116:365-73.

• **Entire book:**

3. Korean Society of Obstetrics and Gynecology. *Gynecology*. 4th ed. Seoul: Korean Medical Book Publisher; 2007.

• **Part of a book:**

4. Holschneider CH, Berek JS. Valvar cancer. In: Berek JS, Novak E, editors. *Berek & Novak's gynecology*. 14th ed. Philadelphia (PA): Lippincott Williams & Wilkins; 2007. p.1549-80.

• **Conference paper:**

5. Rice AS, Brooks JW. Cannabinoids and pain. In: Dostorovsky JO, Carr DB, editors. *Proceedings of the 10th World Congress on Pain*; 2002 Aug 17-22; San Diego, CA. Seattle (WA): IASP Press; 2003. p.437-68.

• **Online publication:**

6. Dieci MV, Barbieri E, Piacentini F, Ficarra G, Bettelli S, Dominici M, et al. Discordance in receptor status between primary and recurrent breast cancer has a prognostic impact: a single-Institution analysis. *Ann Oncol* 2012 Sep 20 [Epub]. <https://doi.org/10.1093/annonc/mds248>.

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7. American Cancer Society. *Cancer reference information* [Internet]. Atlanta (GA): American Cancer Society; c2012 [cited 2012 Oct 20]. Available from: http://www.cancer.org/docroot/CRI/CRI_0.asp.
8. National Cancer Information Center. *Cancer incidence* [Internet]. Goyang (KR): National Cancer Information Center; c2012 [cited 2012 Oct 20]. Available from: <https://www.cancer.go.kr/lay1/>

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