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ANNALS OF CHILD HEALTH

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INSTRUCTIONS FOR AUTHORS

Annals of Child Health is the official peer-reviewed journal of the Indian Academy of Pediatrics - Tamilnadu State Chapter. It is being published to showcase the latest research in child health and problems related to neonates, children and adolescents, especially those relevant to developing countries. The Journal follows International Committee of Medical Journal Editors (ICMJE) recommendations for the conduct, reporting, editing and publication of scholarly work in medical journals.

The journal shall be available at no cost to all readers.

MANUSCRIPT SUBMISSION

When writing a manuscript, authors must first determine the manuscript type and prepare the manuscript according to the specific instructions below. Annals of Child Health utilizes the online manuscript management and processing system for online submission of manuscripts. You will need to register (first visit only) and upload your manuscript following the instructions given on the screen. Please ensure that you provide all relevant editable source files at every submission and revision. For your manuscript text, please always submit in common word processing formats such as .docx. All manuscripts must be accompanied by a signed Copyright Transfer Form.

CRITERIA FOR ACCEPTANCE

Manuscripts submitted are judged on the basis of originality, clinical relevance, robust methodology, scientific merit, ethical standards and sound conclusions. The articles should be submitted as per the instructions for authors (vide infra). All submitted articles conforming to ICMJE guidelines undergo a double blinded peer review process. Manuscripts that do not adhere to journal guidelines or ICMJE guidelines are sent back to the authors without initiating the peer-review process. After completion of the review process and on acceptance of the manuscript, the final version of the article undergoes modifications as per the journal's style to suit the language and style of Annals of Child Health, following which, it will be sent to the corresponding author for approval.

Review process

All manuscripts undergo an initial review by the Editorial Board. Some manuscripts may be rejected at this stage. The usual reasons for rejection at this stage are lack of originality, serious scientific or presentation flaws, major ethical issues, absence of a message, article not

related to children or adolescents, not submitted in desired format, not of interest to majority of readers, or not in accordance with the current priorities of the journal. Decision on such papers is communicated to authors usually within two weeks. Rest of the manuscripts undergo a very stringent double blinded peer review process. The submitted articles are sent to reviewers with sufficient experience on the subject for peer review in a 'masked fashion'. Manuscripts are reviewed while maintaining the authors' confidentiality. Authors should take care not to disclose their own and their institution's identity in the text of the 'blinded manuscript.' The peer reviewer identity is also kept confidential.

CATEGORIES OF ARTICLES

Unsolicited manuscripts are published in the following categories: original research (research papers, research briefs, research letter), clinical material (clinical case series), meta-analysis, and correspondence. The journal also solicits articles under the headings of editorial commentaries to provide the readers insights on various issues related to child health from reputed experts.

Original Research

Manuscripts reporting original research may be submitted as Research Paper, Research Brief and Research Letter.

Research Paper

The submission should report research relevant to clinical pediatrics including randomized clinical trials, other intervention studies, studies of screening and diagnostic tests, analytical cohort and case-control studies, systematic reviews and cost-effectiveness analyses. Descriptive studies, surveys, case records/series, pilot interventional studies, and secondary analyses of data are usually not preferred for this section. Each manuscript should be accompanied by a 4-point abstract (Objective, Methods, Results, and Conclusions) in not more than 250 words. The methods should try to include the study design, participants, intervention and outcome variables of the study. The main text of the manuscript should be arranged in sections on Introduction, Methods, Results and Discussion. The authors should take care to avoid use of sub-headings in the Results or Discussion section. However, Methods section should always include a sub-heading of 'Statistical Analysis'. The key messages from the study should be provided as one or two bullet points at the end of the manuscript in a box under the heading: 'What this Study Adds?' The number of tables and figures should be limited to a maximum of four and two, respectively. Additional tables and figures, subject to clearance by

editorial review process, may be made available only at the journal website, as web table or web figure. The text should contain no more than 2500 words (excluding title page, abstract, tables, figures, acknowledgments, key messages and references) and up to 25 recent references.

Research Brief

Descriptive observational studies, and epidemiological assessments are published as Research Briefs. Knowledge, attitude, practice (KAP) studies and surveys are generally not preferred. Some of the manuscripts submitted as 'Research Papers' may also be considered for publication under this section at the discretion of editors. A structured abstract using the following sub-headings - Objective, Methods, Results, and Conclusions, should be provided with a word count not exceeding 150 words. The text should contain no more than 1800 words, up to 2 tables, 1 figure and up to 15 recent references. The text should be arranged in order of Introduction, Methods, Results and Discussion. Also include a box entitled 'What this Study Adds?' highlighting the main result of the study.

Research Letter

Research Letters reporting original research should not exceed 1000 words of text and up to 10 references. They may have no more than five authors. An unstructured abstract of up to 50 words reporting the key findings should also be included. Letters must not duplicate other material published, submitted or planned to be submitted for publication. Although unstructured, the text should follow the general sequence of introduction, methods, results and discussion.

Clinical Case Series

Multiple Clinical cases highlighting some unusual or new but 'clinically relevant' aspects of a condition are published as Clinical Case Letters. Such reports should highlight some novel aspect regarding etiopathogenesis, diagnosis or management of a condition that adds to the existing body of knowledge. Rarity of the reported condition alone will not be a criterion for acceptance. Solitary cases are generally not accepted. Genetic syndromes not reporting novel mutations explaining pathophysiology and/or genotype-phenotype correlation will not be considered for publication. Minor or clinically insignificant variations of rare but well-known disorders are also not preferred. The text should not exceed 800 words and should be in running text with unlabelled paragraphs sequentially containing introduction, clinical description, and discussion. Include a maximum of 6 references. Only one very relevant figure (image) is allowed. Only color photographs should be submitted; black-and-white images will not be entertained.

Color images will be published only in the web-version of the journal; for print version, these will be converted to black and white (For details, see below under Figures and Illustrations). Authors primarily reporting some visual clinical observation may consider submitting to the Images section instead of this section. A maximum of four authors are permitted. Whenever there is a clinical image, patient's written consent (or that of the next of kin) to publication must be obtained, and the same must be affirmed/stated on the Title page of the manuscript. The editorial board may ask for such a consent form at any time during the manuscript review process.

Meta-Analysis

The methods section for these manuscripts should be divided in to the following sub-headings:

Search eligibility: Mention the inclusion criteria (in the PICOT format; patient, intervention, comparison, outcome, time) and exclusion criteria.

Search strategy: This should mention the time frame of the literature search, the names of the databases, and the search strategy. The names of the databases are to be mentioned, giving full details of search terms and strategy may be additionally provided as a web table. It should show the syntaxes used in database searches in a tabulated manner with column headings: Name of Database; Search strategy; Results (no. of articles obtained).

Data extraction: Here authors should mention where the data obtained in the databases was exported and thereafter, what kind of data extraction form was used to extract data of the eligible articles (after removing duplicates), giving the few relevant headings of the form e.g. i) study information, including geographic location, survey years, research design, sample size, percentage of respondents among eligible participants, and number of institutions included; ii) characteristics of participants, including mean age, gender, specialties; and iii) outcomes.

Quality assessment: The methodology for quality assessment is to be mentioned here, clearly describing the scoring criteria.

Statistical analysis: The statistical analyses carried out should be mentioned, including heterogeneity, estimate of effect, sensitivity and subgroup analysis.

The results section should describe the included studies giving the PRISMA flow diagram showing the number of studies excluded and the reasons. A table is to be given showing the characteristics of the included studies, mentioning the author with the citation,

country, year, number of participants in the study, and other important parameters as per the purpose of the review.

The quality assessment of each included study needs to be elaborately depicted in a tabulated manner or in the form of a figure, mentioning the scores against each criterion. This quality assessment table/figure is to be provided by authors as a web fig. or web table.

It is desirable that meta-analyses is depicted as 1-2 Forest plot figures. The Forest plot is to be labelled completely and it should show the name of the author, with citation, year, and either RR or OR or MD or HR (with 95% CI) against each weighted horizontal bar, with the weights being mentioned for each bar. The heterogeneity with P value also needs to be shown in the figure.

Additional sensitivity analysis, sub-group analysis, or publication bias Funnel plot, if done by authors, may be provided as a web figure or web table.

Correspondence

Letters commenting upon recent articles in Annals of Child Health are welcome. Such letters should be received within three months of the article's publication. At the Editorial Board's discretion, the letter may be sent to the authors for reply and the letter alone or letter and reply together may be published after appropriate review. Letters may also relate to other topics of interest to pediatricians, or useful clinical observations. The manuscript must have a title that should be different from the title of the paper it intends to comment upon. Letters should not have more than 500 words, and 5 most recent references. The text need not be divided into sections. The number of authors should not exceed two, including the authors' reply in response to a letter commenting upon an article published in Annals of Child Health. In the latter case, inclusion of only one of the authors (of the article in question) is permissible along with the corresponding author. Names of additional persons who have helped in drafting the letter can be mentioned in the acknowledgment section.

Table 1 provides a snapshot of format and requirements for manuscripts submitted to Annals of Child Health in various categories.

PREPARING THE MANUSCRIPT

For reporting research, the authors are expected to comply with the "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations) prepared by the International Committee of Medical Journal Editors" (ICMJE) (www.icmje.org). Additionally, authors need to adhere to the standard

recommended reporting guidelines depending on the study design of the submitted article (www.equator-network.org).

Manuscripts not fulfilling the technical requirements shall be returned to the authors without initiating the peer-review process.

A summary of technical requirements for preparing the manuscript is provided below:

- The manuscript is to be submitted electronically
- Use American (US) English throughout.
- Double-space throughout, in the sequence including title page, abstract, blinded manuscript, key messages, references, figure legends and tables. Start each of these sections (in same order) on a new page, numbered consecutively in the upper right hand corner.
- Use 12-point font size (Times New Roman or Garamond) and leave margins of 1.75 cm (0.7 inch) on all sides. The whole manuscript should be formatted in 'portrait' layout.
- Units of measurement: Conventional units are preferred. The metric system is preferred for the expression of length, area, mass and volume.
- Use non-proprietary names of drugs, devices and other products. Proprietary names, if given, should not have a superscript © or TM or R; just capitalize the first word. This should be followed by name of manufacturer in round parenthesis.
- There should not be any discrepancy in names and sequence of authors, and the corresponding author details, as submitted in the title page and as uploaded in the online manuscript management system.
- Abstract (wherever applicable) must be included in the main 'blinded manuscript', apart from being uploaded in the relevant box at the manuscript submission website.

All submitted manuscripts should be accompanied by a signed statement by all authors regarding authorship criteria, responsibility, financial disclosure and acknowledgement, as per a standard format. The signatures should be in the sequence of authorship of the manuscript. The statement with original signatures is to be uploaded as a scanned file. Scanned signatures pasted on the copyright transfer form are not acceptable; authors may sign and upload separate forms if all authors are unable to sign on one form.

Title Page: At the beginning, mention the category (i.e. Research Paper, Research Brief, etc.) for which the article is being submitted. The page should contain (i) the title of the article: which should be concise but informative; the type of study may be added in title after a colon; (ii) a short running title of not more than 40 characters; (iii) first name and surname (both are essential) of each author with the highest academic degree(s) and designation at the time when the work was done; initials will not be accepted for surnames. For example; 'Vidya K': here, 'K' will be considered as the Initial and 'Vidya' will be indexed as Last name; (iv) details of the contribution of each author; (v) name of department(s) and institution(s) to which the work should be attributed (This should mention the institution of affiliation at the time of conduct of the study, not your current affiliation); (vi) disclaimers, if any; (vii) name, address and e-mail of the corresponding author, (viii) source(s) of support in the form of grants, equipment, drugs or all of these; (ix) declaration on competing interests; (x) Status of ethical clearance for the study along with name of Ethics Committee clearing the research study, and the date and number of the clearance from the committee; (xi) Clinical trial registration number in cases of clinical trials; and (xii) word count (not including abstract, tables, figures, acknowledgments, key messages and references). A statement regarding ethical clearance and trial registration (if done) should also be provided in the methods section of the manuscript, without including any identifying details (Ethics committee name, Trial registration number etc.)

Authorship Criteria: All persons designated as authors should qualify for authorship. The journal endorses the ICMJE requirements for authorship, which is based on the following four criteria: (i) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND (ii) Drafting the work or revising it critically for important intellectual content; AND (iii) Final approval of the version to be published; AND (iv) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Conditions (i), (ii) (iii) and (iv) must all be met, for all authors, individually.

One of the authors shall act as corresponding author of the paper and he/she should take the responsibility of coordinating the work as a whole, from its inception to publication of the article. All authors must give signed consent to publication. The name of the designated author who should be approached for access to raw data should also be stated in the contributors' details, along with e-mail (if different from the corresponding author).

Group Authorship: If only the name of the group is provided, all members of the group (e.g., Pediatric Nephrology Subchapter of IAP) must meet the criteria of authorship as described above. In case name of few authors is followed by name of the group linked by 'and'; all

members of the group must meet the criteria of authorship as described above. In case, name of few authors is followed by name of the group linked by 'for'; only the named authors need to meet the criteria of authorship as described above. The names of other members of the group should be listed as an Annexure at the end of the manuscript as contributors.

Change in Authorship: The authorship list and author order should be determined before submitting to *Annals of Child Health*. Any requests to add, remove, or reorder author names must be e-mailed to the Editorial Office from the corresponding author of the accepted manuscript and must be justified with a sound reason. Confirmation e-mails from all authors (individually) that they agree with the modification is mandatory.

Declaration of Artificial Intelligence (AI) in Scientific Writing: The use of Artificial Intelligence (AI) technologies including Large Language Models (LLMs), such as ChatGPT is permitted only to improve the language; the same needs to properly documented in methods section. AI should not be listed as author.

Competing Interests: Competing interest for a manuscript exists when the author has ties to activities that could inappropriately influence his or her judgment, whether or not judgment is in fact affected. Financial relationships with industry, for example, through employment, consultancies, stock ownership, honoraria, grant, expert testimony, either directly or through immediate family, are usually considered to be the most important competing interests. If competing interest exists, the author(s) must disclose them while submitting the manuscript.

Funding: Authors are required to report all financial and material support for the research work, including grant number and funding agency.

Duplicate/ Simultaneous/ Prior Publication: Submission of a manuscript implies that the work described has not been published previously (except in the form of an abstract/ academic thesis/ published lecture) and that it is not under consideration for publication elsewhere. Any prior publication as an abstract or an electronic preprint must be stated upfront in the Cover Letter. Authors need to affirm that the paper is an original work carried out in the affiliated institution, that it has been seen and approved by all authors before submission to *Annals of Child Health*.

Abstract and Keywords: A structured abstract is to be sent in case of Research Paper (250 words), Review (300 words), Research Brief (150 words) and Guidelines (300 words). Unstructured abstract is required for Perspective (150 words), Clinicopathological Conference

(100 words), Update (50 words), Research letters (50 words), Ethics section (200 words), Beyond Borders (200 words) and Child Health Technology (150 words). No abbreviations should be used in the abstract.

Three to five key words to facilitate indexing should be provided in alphabetical order below the abstract. Terms from the Medical Subject Headings (MESH) list of National Library of Medicine should preferably be used. Do not repeat words already included in the title.

Blinded Manuscript

Introduction: The introduction must clearly justify and state the question that the author(s) tried to answer in the study. It may be necessary to briefly review the relevant literature. Cite only those references that are essential to justify the proposed study.

Methods: The methods section should describe, in logical sequence, how the study was designed (e.g. how randomization was done), carried out (e.g. how subjects were chosen or excluded, ethical considerations, accurate details of materials used, exact drug dosage and form of treatment) and data were analyzed (e.g. an estimate of the power of the study, exact test used for statistical analysis). For standard methods, appropriate references are sufficient, but if standard methods are modified these should be clearly brought out. Authors should provide complete details of any new methods or apparatus used. Commercial names of the drugs/equipment may be used once at first mention, with the initial letter capitalized and manufacturer's name in parentheses. Subsequently the scientific/non-proprietary name is to be used throughout. © or TM in superscript after the proprietary name is not required.

Clinical trial: Manuscripts reporting the results of a randomized controlled trial (RCT) should include the CONSORT flow diagram showing the progress of patients throughout the trial.

Trial registration: We strongly recommend that all authors register their clinical trials involving human subjects in the Clinical Trials Registry of India at www.ctri.in, hosted by the Indian Council of Medical Research. Preference for publication will be accorded to registered clinical trials. Registration in following trial registries is also acceptable: [http:// www.actr.org.au](http://www.actr.org.au); <http://www.clinicaltrials.gov>; <http://isrctn.org>; <http://www.trialregister.nl/trialreg/index.asp>; and <http://www.umin.ac.jp/ctr>. The trial registration status and number should be mentioned on title page in all interventional studies.

Ethics: All studies involving human subjects must address ethical issues. When reporting research on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or

regional) and with the Helsinki Declaration of 1964, as revised in 2013. All research studies should have obtained ethical clearance in writing from a formally constituted Institutional Ethics Committee, and the same should be stated in the manuscript (with name of ethics committee clearing the study, along with date and number in the title page; and a statement of ethical clearance without mentioning the identifying details in the Methods section). Annals of Child Health reserves the right to demand a copy of the relevant document, whenever necessary. Even when a study has been approved by a Research ethics committee, reviewers/editors may be concerned about the ethics of the work. Editors may then ask authors for more detailed information and ask them about the ethical and moral justification of the work. Editors may also ask authors to provide the contact details of the research ethics committee that reviewed the work, so that the journal can request further information and justification from that committee. Editors may consult other editorial colleagues, the Committee on publication ethics (COPE), or more commonly the Ethical advisors of Annals of Child Health, to evaluate the ethical aspects of any article, and reserve the right to reject a manuscript on ethical grounds, even if the research was cleared by the institutional ethics committee. Besides rejecting the manuscript, the journal reserves the right of explaining such concerns to the head of the authors' institution or the medical council in order to prevent unethical practices and to protect patients.

Informed consent must be obtained in writing from all human participants of any study. Annals of Child Health reserves the right of seeking from the authors the details of the information given to participants about the deviations from the normal, the risks involved, and the potential benefits to the society. Authors should not use patients' names, initials, or hospital numbers, especially in illustrative material. Written consent must be obtained from parents or legal guardians for publication (in print or electronic form) of clinical details or/and clinical photographs in all 'Case Reports', 'Images' 'Clinical videos' and qualitative research reports. This consent form need not be submitted with the manuscript but obtaining of consent should be confirmed on the title page. The identity of the patient in clinical photographs should be masked by suitable methods. Assent should be obtained for all children with chronological age above six years participating in clinical studies.

Statistics: Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Provide actual P values, rather than stating as just < 0.05 or > 0.05 . References for statistical methods should be to standard works when possible (with pages stated) rather than to papers in which the methods were originally reported. Specify any general

use computer programs used. Define statistical terms, abbreviations, and most symbols. The relevant guidelines may be consulted for appropriate reporting.

Results: This section should include only relevant, representative data and not all information collected during the study. Major findings should be presented clearly and concisely. It may also be useful to mention what the study did not find. Write units along with data at all places in the manuscript. Journal uses the format “mean (SD), median (IQR)” rather than “mean \pm SD, median \pm IQR” for reporting summary measures. Text, tables, and illustrations should be used judiciously. Avoid repeating in the text the data depicted in the tables or illustrations; emphasize or summarize only important observations. Restrict tables and figures to those needed to explain the argument of the paper. Cite the tables sequentially in the text, and provide each table on a new page after the reference section. Do not insert figures or tables in the main text of the manuscript. Avoid the terms mutation and polymorphism, instead use sequence variant, sequence variation, alteration or allelic variation. Similarly, use SNV (single nucleotide variation) instead of SNP (single nucleotide polymorphism).

Units of measurement: Measurements of length, height, weight, and volume should be reported in metric units, i.e. meter (m), gram (g), or liter (L) or their decimal multiples. P value to be expressed up to three decimal places. All other values to be reported up to two decimal places. Milliliter or deciliter should be expressed as mL or dL and not ml or dl. Red blood cell, white blood cell and platelet counts are to be expressed as $\times 10^{12}/L$, $\times 10^9/L$ and $\times 10^9/L$, respectively. Temperatures should be given in degrees Celsius. Blood pressures should be given in millimeters of mercury (mmHg). All hematological and clinical chemistry measurements should be reported in terms of the International System of Units (SI).

Abbreviations and symbols: Use only standard abbreviations. Avoid abbreviations in the title and abstract, unless pertinent. The expanded form of the abbreviation should precede its first use in the text, unless it is a standard unit of measurement. Year, month, week, day, hour, minute and second should be abbreviated as y, mo, wk, d, h, min, and s, respectively in tables and figures, but not in text.

Discussion: Ordinarily it should not be more than one-fourth of the total length of the manuscript. Do not attempt a detailed review of literature. This section should include (unheaded paragraphs in the order specified): (i) a summary of the major findings, (ii) limitations of the study, (iii) their relationship to other similar studies, and (iv) generalizability of the findings, and implications for practice/policy/research. Conclusions should be linked to the goals of the study. Avoid unqualified statements and conclusions not completely supported by the data.

Authors should also refrain from making statements on economic benefits and costs unless their manuscript includes economic data and analyses.

References: Authors need to be accurate in citing and quoting references. References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in square brackets. References cited only in tables or in legends to figures should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Use the style of the examples below. The titles of journals should be abbreviated according to the style used in PubMed. Do not use unpublished observations and personal communications as references. References to papers accepted but not yet published should be designated as “in press”; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. Do not cite foreign language references unless a certified English version is also available. The references must be verified by the author against the original documents. The Uniform Requirements style (the Vancouver style) is based largely on an American National Standards Institute (ANSI) standard style adapted by the NLM for its databases. Please take care that citations are not directly copied and pasted from websites; remove the hyperlinks from the same. If the web version of a journal has been consulted instead of the print version, the same should be listed in the list of references. Avoid including any reference to the studies published in predatory journals. Ensure that all hyperlinks have been removed from references. The manuscript may be returned to authors for re-typing, in case this is detected during the final page-setting. There is no need to provide location of the publisher for books and reports in references.

- Article in journals: List all authors when six or less. When seven or more, list only first three and add et al.

Kaur K, Khalil S, Singh NP, Dewan P, Gupta P, Shah D. Antibiotic susceptibility, carrier state and predictors of outcome of *Staphylococcus aureus* infections in hospitalized children. *Indian Pediatr.* 2023; 60: 49-53.

Goyal A, Dabas A, Shah D, et al. Sunlight exposure vs oral vitamin D supplementation for prevention of vitamin D deficiency in infancy: A randomized controlled trial. *Indian Pediatr.* 2022; 59: 852-8.

- Personal author (book)

Gupta P, Joshi P, Dewan P. Essential Pediatric Nursing, 5th ed. Jaypee Brothers Medical Publishers; 2022.

- Chapter in a book

Khilnani P, Singhal N. Respiratory failure. In: Choudhury P, Bagga A, Chugh K, Ramji S, Gupta P, editors. Principles of Pediatric and Neonatal Emergencies. 3rd ed. Jaypee Brothers; 2011. p. 74-83.

- Conference paper

Das G, Seth R, Jain V, Jana M, Gupta AK, Meena J. Sarcopenic obesity in childhood acute lymphoblastic leukemia survivors: More here than meets the eye. Pediatric Hematology Oncology Journal. 2022; 7: S1-2. <https://doi.org/10.1016/j.phoj.2022.10.234>

- Newspaper article

City sees no respite from swine flu, 8 new cases reported. Hindustan Times 2015 Mar 08; New Delhi: p. 8 (col 4).

- Dictionary and similar references

Stedman's Medical Dictionary. 26th ed. Baltimore: Williams & Wilkins; 1995. Apraxia; p. 119-20.

- Material published early on website but not yet published in print

Mandlecha TH, Mundada SM, Gire PK, et al. Effect of oral zinc supplementation on serum bilirubin levels in term neonates with hyperbilirubinemia undergoing photo-therapy: A double-blind randomized controlled trial. Indian Pediatr. 2023 Sep 11: S097475591600569. Epub ahead of print.

- Material from the Internet: Website addresses must be in italics, and not underlined; give the date of accessing the website. Remove all hyperlinks. In references, the URL of web-based references should be the last item in the citation and should not be followed by a period (full-stop). Do not provide DOI/PMID/PII numbers.

- Electronic material

Neonatal Resuscitation Program (NRP) Training Aids [on CD-ROM]. National Neonatology Forum, New Delhi, 2006. Hemodynamics III: the ups and downs of hemodynamics [computer program]. Version 2.2. Orlando (FL): Computerized Educational Systems; 1993.

Tables: Type each table with double-spacing on a separate sheet of paper. Do not submit tables as photographs or pasted tables from another program, prepare tables .doc or .docx files. Number the tables consecutively (Roman numerals) in the order of their first citation in the text, and supply a brief but self-explanatory title for each. Be sure that each table is cited in the text. Tables with only two columns or those with more than 5 columns should be avoided. Also avoid tables with more than 15 rows as these are likely to cross-over to the next page during printing. Detailed tables that cannot be adjusted in a single journal page will be incorporated as web tables, at editorial discretion. Give each column a short or abbreviated heading in italic font style. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all abbreviations that are used in each table. For footnotes, use small case letters sequentially in superscript in italic font. There is no need to expand SD, CI or IQR either in text or in tables.

If data are used from another published or unpublished source, obtain permission and acknowledge them fully. The source of the table should be in the footnote in full, and not by reference number alone. Obtaining the permission from the original copyright holder for reproducing already published material is the responsibility of the author, and any relevant queries will be directed to the corresponding author.

Figures and Illustrations: Figures should be sent as separate files. Color photographs will be published only in the web-version of the journal. It is preferable if both colored and black-and-white versions are provided. For print version, these will be converted to black and white, except for the images section. It is preferable to have the photograph in portrait form rather than in landscape form to fit easily into one column. Letters, numbers, and symbols in photographs should be clearly legible. The electronically submitted images should be of high resolution (>300 dpi). The following file types are acceptable: CDR, TIFF, EPS, PNG, and JPEG. Figures should be submitted separately from the text file. If photographs of individual/people are used, either they must not be identifiable or their pictures must be accompanied by written permission to use the photograph. It is advisable to cover the eyes, unless specifically need to be shown. If a figure has been published, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. Figures should be numbered consecutively in Arabic numerals according to the order in which they have been first cited in the text.

For charts and graphs, prepare these in word files, do not paste these in the document from presentation programs (e.g., PowerPoint) or statistical programs (e.g., SPSS). Authors need to additionally provide the editable file of such figures as supplementary material.

Legends for Illustrations: Type legends for illustrations using double-spacing, starting on a separate page, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend. Explain the internal scale and identify the method of staining in photomicrographs. Legends should be a part of main manuscript, and should not be sent as supplementary material.

Inquiries Regarding Decisions

Any inquiry regarding manuscript decisions should be only through an email from the corresponding author to the Editorial Office.

Table 1. Requirements of Manuscripts Submitted to Annuals of Child Health

Material	Abstract	Word Count	No. of authors	No. of references	No. of tables	No. of figures/ images
Research paper	Structured, 4-point (Objectives, Methods, Results, Conclusions), 250 words; 3-5 keywords	2500	Any	25	4	2
Research Brief	Structured, 4-point (Objectives, Methods, Results, Conclusions) 150 words; 3-5 keywords	1800	Any	15	2	1
Research Letter	Unstructured; 50 words; 3-5 keywords	1000	5	10	1	1
Meta-analysis	Structured; 4-point (Context, Evidence acquisition, Results, Conclusions); 300 words; 3-5 keywords	3000	5	35	4	2
Correspondence	-	500	2	5	-	-

Table 2 Details of Reporting Guidelines for Different Study Designs

Study Design	Guideline/Statement	
Randomized controlled trial	CONsolidated Standards Of Reporting Trials (CONSORT) Statement	https://www.equator-network.org/reporting-guidelines/consort/
Diagnostic/ Prognostic studies	STAndards for Reporting of Diagnostic accuracy (STARD)	https://www.equator-network.org/reporting-guidelines/stard/
Observational studies	STrengthening the Reporting of OBservational studies in Epidemiology (STROBE)	https://www.equator-network.org/reporting-guidelines/strobe/
Systematic reviews/ <u>Meta analyses of RCT</u>	Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) Meta-analyses of RCT	https://www.equator-network.org/reporting-guidelines/prisma/
Meta-analyses of observational studies	Meta-analysis Of Observational Studies in Epidemiology (MOOSE)	https://www.equator-network.org/reporting-guidelines/meta-analysis-of-observational-studies-in-epidemiology-a-proposal-for-reporting-meta-analysis-of-observational-studies-in-epidemiology-moose-group/
Qualitative Studies	Standards or Reporting Qualitative Research (SRQR)	https://www.equator-network.org/reporting-guidelines/srqr/
Quality Improvement Studies	Standards for Quality Improvement Reporting Excellence (SQUIRE)	https://www.equator-network.org/reporting-guidelines/squire/