

INSTRUCTIONS FOR AUTHORS

Indian Pediatrics is the official peer-reviewed journal of the Indian Academy of Pediatrics. It is being published every month since 1964 and endeavours to showcase the latest advances and research in child health, policy, and advocacy. The journal gives priority to reports of outstanding clinical work, as well as important contributions related to common and topical problems related to neonates, children and adolescents, especially those relevant to developing countries. The journal is indexed in PubMed, Current Contents/Clinical Medicine, Science Citation Index Expanded, Medline, Embase, Scopus, UGC-CARE List, Journal Citation Reports/Science Edition, Indian Science Abstracts, Psych Line and DERMLINE. The Journal follows International Committee of Medical Journal Editors (ICMJE) recommendations for the conduct, reporting, editing and publication of scholarly work in medical journals. *Indian Pediatrics* is also a member journal of Committee on Publication Ethics (COPE). The Impact factor (2022) of *Indian Pediatrics* is 2.3. The journal website consistently receives around 1.8 million hits per month.

Indian Pediatrics is also available online at www.indianpediatrics.net (free full text access) and at www.springer.com/medicine/pediatrics/journal/13312 (International edition). The online edition of *Indian Pediatrics* is the journal of record and contains access to all articles published in print as well as includes certain content available only on web (Web Figures, Web Tables). The journal does not charge any article processing fee and is available at no cost to all readers.

MANUSCRIPT SUBMISSION

When preparing a manuscript for Pediatrics, authors must first determine the manuscript type and then prepare the manuscript according to the specific instructions below. Indian Pediatrics utilizes the online manuscript management and processing system of Editorial Manager for online submission of manuscripts. Please login directly to the site <https://www.editorialmanager.com/inpe>. You will need to register (first visit only) and upload your manuscript following the instructions given on the screen. Please ensure 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. Available from: <https://indianpediatrics.net/AnnexureI.pdf>.

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 [1] 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 *Indian Pediatrics*, 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 insufficient 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. Reviewers having sufficient experience on the subject are sent the submitted articles 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. The time from submission to first decision may vary from 1 week to 6 weeks (average 7.6 days) depending on the availability of reviewers, and timely response from them.

CATEGORIES OF ARTICLES

Unsolicited manuscripts are published in the following categories: original research (research papers, research briefs, research letters), clinical material (clinical case letters, clinico-pathological conference, images), guidelines or recommendations or position paper, review articles (narrative reviews, systematic reviews and meta-analysis, drug review, perspectives), special articles, and correspondence.

The journal also solicits articles under the headings of editorial commentaries, ethisection, beyond borders, book reviews and journal club to provide the readers insights on various issues related to child health from reputed experts. We also regularly publish announcements related to academic courses, scientific conferences and job openings for the readers and pediatric specialists.

Original Research

Manuscripts reporting original research may be submitted as Research Paper, Research Brief or 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 with 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 bulleted 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 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.

The distinction between Research Brief and Research Paper is purely the journal's prerogative and does not reflect on the originality of the research submitted. The manuscripts will be finally published under the heading of Original Articles.

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 Letter

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 preferred. Genetic syndromes not reporting novel mutations explaining pathophysiology and/or genotype-phenotype correlation may 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.

Images

Only clinical photographs with/without accompanying skiagrams or pathological images are considered for publication. Images of radiographs/histopathology slides alone (without accompanying clinical photograph) are not considered for this section. Image should clearly identify the condition and have the classical characteristics of the clinical condition. Clinical photograph of conditions that are very common, extremely rare, where diagnosis is obvious (e.g., penile agenesis), or where diagnosis is not possible on images alone would not be considered. A short text of about 300 words should be provided in two paragraphs; first paragraph having description of condition, and second paragraph discussing differential diagnosis and management. No references are needed. See guidelines for preparing and submitting Figures/images (*vide infra*). A maximum of three authors are permitted. The authors should ensure that images of similar nature have not been published earlier in *Indian Pediatrics*. Authors must obtain a signed informed consent from the parent/legal guardian, and the same must be stated on the Title page. The informed consent documents should also be attached as a supplementary material while submitting the manuscript.

Reviews

The journal encourages submission of review articles addressing recent advances/controversies. These may be submitted as either Review Papers, Drug Review, Update or Perspective. Please note that as a routine, all review papers submitted to *Indian Pediatrics* undergo a plagiarism check, and the articles are promptly sent back for revision or rejected depending on the extent of similarity with the published literature.

Review Paper

State-of-the-art review articles with, critical assessments of literature are published. Generally, review articles solicited. The authors may consult the Editor-in-Chief before submitting such articles, as similar reviews may already be in submission. Generally, a review article on a subject already published in *Indian Pediatrics* in last five years is not accepted. The typical length for review articles is 2500-3000 words (excluding tables, figures, and references). An abstract of around 200 words with the following sections: *Context* (describing the clinical question or issue and its importance in clinical practice or public health), *Evidence acquisition* (describing the data sources used, including the search strategies, years searched, and other sources), *Results* (major findings of the review with the greatest emphasis laid on the findings based on highest quality evidence),

and *Conclusions* (emphasize how clinicians should apply current knowledge) is needed. The number of references should be limited to 35. Authors should take care to avoid excessive self-citation. The number of authors should be limited to five.

Systematic Review and 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, *n* 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.

Drug Review

Indian Pediatrics publishes state of the art reviews on drugs/agents meant for therapeutic or prophylactic use in children. It is expected that the authors have sufficient credible experience in the related field. The following guidelines should be adhered to when preparing a drug review:

- Drug should be recently developed and should be available commercially (in India) for use in human subjects. Reviews related to agents under research and development, are generally not accepted.
- Drug should preferably belong to a new class of drugs or having substantial difference in properties and not just an addition to the existing drugs having many similar properties/actions in that class/group of compounds.
- The drug should have the potential to be used on a large scale for pediatric conditions. Drugs primarily catering to other medical fields (e.g. adult medicine, dermatology) are not preferred.
- The drug and related review should have the potential to influence practice, policy and research related issues.
- The review should be a systematic, critical assessment of the literature and not just an elaboration of the information already provided by pharmaceutical companies.

Update

Short write-ups on recent modifications or revisions of standard guidelines, classifications or recommendations issued by global organizations on topics of interest to pediatricians are published in this section. The word limit is 1000 words, author limit is three, and a maximum of two brief tables and 10 references are allowed. An unstructured

abstract of up to 50 words should also be included. It is preferable that only the most relevant changes from the previous version are provided in a tabular form. The manuscript should preferably include an 'introduction' detailing the current status of the disease/guideline and the need for the revision, important changes in the new version, and the implications of the changes. Avoid reproducing large parts of the guidelines/recommendations in the manuscript. Only the significant changes should be detailed.

Perspective

Articles should cover challenging and controversial topics of current interest in pediatric health care and the intersection between medicine and society. Though the articles are usually solicited, we welcome submissions and proposals from researchers and opinion-makers, provided they have sufficient credible experience and recognition on the subject for giving opinions. The number of authors should usually be limited to three. The word limit is about 2000 words and may include one figure and one table. It should be accompanied with an unstructured abstract of up to 150 words. The views should be supported by appropriate evidence and references. Number of references should be limited to a maximum of 25. Some of the manuscripts submitted as 'Review Articles' may also be considered for publication under this section after editing, at the discretion of editors. Articles pertaining to medical education will also be considered in this section.

Clinical Practice Guidelines/Recommendations

In order to streamline the diagnosis, management and prevention of various childhood problems, *Indian Pediatrics* periodically publishes guidelines and recommendations formulated by various Chapters and Task Forces constituted by Indian Academy of Pediatrics (IAP) or a similar National Association/ Society. The eight desirable attributes of practice guidelines are validity, reliability and reproducibility, clinical applicability, flexibility, clarity, documentation, development by a multidisciplinary process, and plans for review. In order to maintain uniformity of reporting and improve readability and applicability of these practice guidelines, the following 10-point policy should be followed:

1. The Guideline/Recommendation should have been formalized through a consultative meeting/conference/workshop having a National representation approved by Indian Academy of Pediatrics (IAP) or a similar society. The guidelines emerging out of one such meeting should be preferably presented in a single paper.
2. The date(s) and place of such meeting should be

clearly mentioned in the Introduction. The names of the chairperson, convener and participants should be listed as 'Annexure' at the end of the draft.

3. All the authors of the guidelines should fulfil the authorship criteria as per ICMJE. All other people who have contributed to the development of guidelines, including the members of the committee framing the guidelines, should be listed in an annexure as contributors. The whole committee should not be the author of a guideline, unless all the members fulfil the ICMJE authorship criteria; it is preferable to have a writing committee of 6-8 members for the purpose.
4. The final guidelines should be cleared by the related Society/Chapter. A letter to this effect should be enclosed. All guidelines of IAP should be routed through the concerned chapter, and should be approved by the Executive Board of IAP. The corresponding author must obtain permission from all members of the committee/expert group to act in this capacity.
5. The manuscript should consist of an Abstract (250-300 words), Text (3000-4000 words), and References (up to 50). The number of figures and tables should be limited to two and four respectively.
6. Abstract should be structured as Justification, Process, Objectives, and Recommendations.
7. Text should be arranged under the following headings: Introduction, Aims and Objectives, and Recommendations. A concluding paragraph should be provided.
 - a) *Introduction*: Justify the need of formulating the guidelines/recommendations in a brief paragraph followed by the process of arriving at the guidelines/recommendations. Describe the methods used to search the literature, and criteria used to grade the quality of evidence.
 - b) *Objectives*: Should clearly state (in doable terms, using action verbs) the terms of reference of the consultative meeting/conference/workshop. List 2-3 main objectives only.
 - c) *Text*: The main text of the Guidelines/Recommendations should be mentioned under the same terms of reference as per aims and objectives outlined earlier. Preferably, provide level of evidence for each major recommendation.
 - d) The Recommendations should not provide 'Review of literature' or 'What is already known'. Background material on the concerned subject will not be published.

- e) If guidelines are adapted from statement of some other society or from earlier recommendations, only changes need to be highlighted (preferably in a tabular form) without repeating the detailed guidelines. However, if there is a pressing need to repeat the recommendations, it should be done after taking permission from the parent society/journal (as applicable) clearly mentioning and citing the source.

8. State, whether or not there is a plan to review these guidelines and an expiration date for this version of the guideline.
9. Any competing interest, including funding support, should be declared.
10. We encourage the authors to attach an AGREE (Appraisal of Guidelines Research & Evaluation) checklist for reporting clinical practice guidelines (www.equator-network.org/wp-content/uploads/2016/03/AGREE-Reporting-Checklist.pdf).

Authors should note that the words/phrases like 'recommended', 'strongly recommended', 'mandated', 'should be done', 'should be considered' have different connotations. Such terms should be clarified in the context of the guidelines, either in the Introduction section or as a Box in the beginning of the article.

Clinicopathological Conference (CPC)

Clinicopathological conference, a method of case-based teaching, is frequently used in institutions and primarily consists of a logical, narrowing of the differential diagnosis in a patient. The journal publishes CPCs, provided they fulfil the following criteria:

- At least three different departments are involved in the CPC, with each providing significant contribution to the discussion.
- The case represents a problem likely to be seen in the routine pediatric settings in India. They patient may later-on be diagnosed with a rare condition, but the initial presentation should be mimicking a common condition.
- An unstructured abstract of up to 100 words, and 3-5 keywords should be provided.
- The write-up should have the following headings: *i*) Clinical Protocol; *ii*) Pathology Protocol; *iii*) Open Forum; *iv*) Discussion; and *v*) References.
- The discussants' names should not be provided in the manuscript and should be referred to as Pediatrician 1, Pediatrician 2...; Pediatric surgeon 1,

Pediatric surgeon 2,...; Neurologist 1, Neurologist 2,... and so on. The names of these persons may be listed at the end of manuscript as participants.

- The typical word count for this section is 2500-3000 words with upto 15 references. Up to three persons from the primary department and one person from each of the associated department may be included as the author of the manuscript.
- Up to two tables and two figures are permitted in this section.
- The full discussion held in the CPC need not be presented verbatim. Questions and answer dealing with the same aspect should be clubbed together.

Correspondence

Letters commenting upon recent articles in *Indian Pediatrics* are welcome. Such letters should be received within three months of the article's publication. Letters commenting on 'Invited or Special Articles', 'Case Reports' and 'Correspondence', are generally not preferred. 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 *Indian Pediatrics*. 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.

Ethics section

Ethics in patient care and research is being increasingly recognized as an integral aspect of medical profession. However, there remains considerable variation in the interpretation, acceptance and integration of ethical principles into day-to-day clinical practice. This section presents deliberations of situations that illustrate challenging ethical considerations in patient care, research or administration. The aim is to stimulate reflection using illustrative cases to understand the varied ethical perspectives, dilemmas faced and provide a balanced view point.

The article should be structured as a brief introduction,

an illustrative case(s) followed by an analysis of the ethical issues involved through two or three commentaries, outcome of the case and a concluding paragraph providing a balanced ethical viewpoint. The case should highlight an ethical dilemma encountered in clinical practice, research or administrative set up. Some examples of cases that can be studied include issues related to inclusion of children from low- and middle-income countries (LMICs) as participants in funded clinical trials, triage in disasters, pediatric organ donation and transplantation, teenage pregnancy, prenatal counseling in genetic syndromes, disclosure of medical information to parents, etc. The case should be presented as a situational narrative in about 300-400 words. The privacy and confidentiality of the patient(s) must be maintained. The case is to be followed by a commentary of about 1200-1500 words by 2-3 authors who should be from different specialties/disciplines/with different administrative roles; a legal perspective should be preferably included. The article may present only one viewpoint or present an argument between two different perspectives which may be valid in different situations. The commentary is followed by a brief description of the outcome of the case, and the learning points from the case. The total word count should not exceed 2000 words with a maximum of 10 references. A total of 5 authors is permitted. An unstructured abstract of about 200 words with a brief case summary and the ethical issue as a question should be included with 3-5 keywords.

This section will normally include articles by invitation. However, unsolicited articles are occasionally considered. The authors can contact the editor about the suitability of their ethical dilemma by sending an email to the editorial office of *Indian Pediatrics*. Prospective authors are encouraged to avoid topics that have already been covered in previous issues under this heading.

Beyond Borders

This section aims at featuring ideas from around the world that can inspire and guide efforts to create uniformity in healthcare standards globally. A perspective of about 1800 words is invited from public health experts to highlight the concerns in healthcare of children outside India attributed to region-specific problems like war, climate change, migrant population, cultural practices, and poverty. This section explores not only the barriers in healthcare but also provides promising solutions to help decrease the inequity in health.

The article should include a brief introduction which describes the origin of the problem (500 words) which is followed by a situational analysis highlighting the challenges and barriers contributing to the problem and the possible way forward (1000 words), and should end with a

concluding paragraph of about 300 words. A maximum of 3 authors are permitted for this section. An unstructured abstract of about 200 words with 3-5 keywords, highlighting the region-specific problem, challenges and prospective solutions should be provided.

Child Health Technology

This section highlights innovations, inventions, pioneering research, or technological advancements in child health, that is likely to shape the future of child health. The aim is to apprise the readers about the technological breakthroughs in diagnosis and treatment of various clinical conditions. This section includes a commentary of about 1200 words describing the technological advancement, progress made in India including its availability and accessibility, implications for patients and the roadmap ahead.

Table 1 provides a snapshot of format and requirements for manuscripts submitted to *Indian Pediatrics* 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) [1]. 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 at www.editorialmanager.com/inpe.
- 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 acknowledge-ledge, as per a standard format (Available from: <https://indianpediatrics.net/AnnexureI.pdf>). 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

Table 1. Requirements of Manuscripts Submitted to Indian Pediatrics

<i>Material</i>	<i>Abstract</i>	<i>Word Count</i>	<i>No. of authors</i>	<i>No. of references</i>	<i>No. of tables</i>	<i>No. of figures/ images</i>
Research paper	Structured, 4-point (Objectives, Methods, Results, Conclusions), 250 words; 3-5 keywords	2500	-	25	4	2
Research Brief	Structured, 4-point (Objectives, Methods, Results, Conclusions) 150 words; 3-5 keywords	1800	-	15	2	1
Research Letter	Unstructured; 50 words; 3-5 keywords	1000	5	10	1	1
Clinical Case Letter	-	800	5	6	1	1
Clinicopathological conference	Unstructured; 100 words; 3-5 keywords	2500-3000	3 (primary dept) + 1 each from associated dept.	15	2	2
Images	-	300	3	0	0	1
Review Article*/ Systematic Review	Structured; 4-point (Context, Evidence acquisition, Results, Conclusions); 300 words; 3-5 keywords	3000	5	35	4	2
Drug Review	-	500	2	6	1	-
Position Paper/ Recommendations/ Guidelines	Structured; 4-point (Justification, Process, Objectives, and Recommendations); 250-300 words	4000	-	35-50	4	2
Perspective/ Special Article	Unstructured; 150 words	2000 1	3	25	1	-
Ethisection*	Unstructured; 200 words	2000	5	10	-	-
Update	Unstructured; 50 words	1000	3	10	2	1
Beyond Borders*	Unstructured; 200 words	1800	3	15	-	-
Child Health Technology*	Unstructured; 150 words	1200	3	10	-	-
Correspondence	-	500	2	5	-	-

*Generally solicited by editorial board members. Interested experts may contact the Editor-in-Chief by emailing at jiap@iapindia.org before submitting a manuscript in this section to avoid rejection.

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 published article. All authors must give signed consent to publication. Available from: <https://indianpediatrics.net/AnnexureI.pdf>. 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 *Indian Pediatrics*. 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

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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), Ethisection (200 words), Beyond Borders (200 words) and Child Health Technology (150 words). For brevity, parts of the abstract may be written as phrases rather than complete sentences [2]. 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.

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Introduction: The introduction must clearly justify and state the question that the author(s) tried to answer in the study [2]. 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) [3]. 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-propriety name is to be used throughout. © or TM in superscript after the propriety name is not required.

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Statistics: Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results [4]. 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 [5]. 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 upto three decimal places. All other values to be reported up to two decimal places.

Table 2 Details of Reporting Guidelines for Different Study Designs

<i>Study Design</i>	<i>Guideline/Statement</i>
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/ Meta-analyses of RCT	Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) 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/

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 [6]. 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 [7]. References should be numbered consecutively in the order in which they are first

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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.

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

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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 phototherapy: A double-blind randomized controlled trial. *Indian Pediatr.* 2023 Sep 11:S097475591600569. Epub ahead of print.

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Equator Network. CONSORT 2010 Statement: Updated Guidelines for Reporting Parallel Group Randomised Trials. Accessed November 26, 2023. Available from: <https://www.equator-network.org/reporting-guidelines/consort/>

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.

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