

INSTRUCTIONS TO AUTHORS

Indian Pediatrics, the official journal of the Indian Academy of Pediatrics, is a peer-reviewed journal with monthly circulation of print/e-copies to over 30,000 pediatrician members. The journal is being published regularly since 1964, and is indexed in PubMed, Current Contents/Clinical Medicine, Science Citation Index Expanded, Medline, Indian Science Abstracts, get CITED, POPLINE, CANCERLIT, TOXLINE, 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 journal gives priority to reports of outstanding clinical work, as well as important contributions related to common and topical problems related to children and adolescents, especially those relevant to developing countries. Papers reporting research in Pediatric surgery, Pediatric orthopedics, Pediatric ophthalmology, Pediatric dermatology and Pediatric radiology are also published.

Indian Pediatrics is also available online at www.indianpediatrics.net (free HTML access) and at www.springer.com/medicine/pediatrics/journal/13312 (International edition). The journal does not charge any article processing fee.

Impact statistics and web presence: The Impact factor (2018) of *Indian Pediatrics* is 1.163. The journal website consistently receives more than 2.0 million hits per month.

Manuscript submission: *Indian Pediatrics* utilizes the online manuscript management and processing system of Editorial Manager for manuscripts. Please log directly in to the site <https://www.editorialmanager.com/inpe>, register (first visit only) and upload your manuscript as per on-screen instructions. All manuscript related queries should be through the website only. No e-mailed or hard copy manuscripts are entertained.

CRITERIA FOR ACCEPTANCE

All manuscripts should meet the following criteria: the material is original, study methods are ethical and appropriate, data are sound, conclusions are reasonable and supported by the data, and the information is important; the topic has general pediatric interest; and the article is written in reasonably good English. The article should be submitted in the style of *Indian Pediatrics* (vide

infra). Manuscripts conforming to ICMJE guidelines [1] will also be accepted and enter the review process; however, if accepted, the final version would need to conform to the journal's style. Manuscripts not prepared as per the journal guidelines or ICMJE guidelines would be sent back to authors without initiating the peer-review process. The current acceptance rate of submitted articles is around 20% overall, and 5% for Clinical case letters. All accepted manuscripts are subject to editorial modifications to suit the language and style of *Indian Pediatrics*. After modifications, they will be sent to the corresponding author for approval.

Review process: About half the submitted manuscripts are rejected after an initial Editorial board review. 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 within two weeks. Remaining articles are sent to reviewers having sufficient experience on the subject, in a 'masked fashion'. Manuscripts are reviewed with due respect for authors' confidentiality. Authors should take care not to disclose their 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 varies from 2 weeks to 6 weeks depending on availability of reviewers, and timely response from them.

CATEGORIES OF ARTICLES

Articles can be submitted as Research Papers, Research Briefs, Research Letters, Review Articles, Drug reviews, Rational diagnostics, Perspective, Update, Images, Clinical Case Letters, Clinico-Pathological Conference and Correspondence.

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 an 8-point structured abstract in not more than 250 words. The 8 subheadings of the structured abstract should be: background, objective, study design, participants, intervention, outcomes, results, and conclusion. 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.' Key messages should be provided at the end of the manuscript in a box under headings: 'What is Already Known?' and 'What this Study Adds?'. As far as possible, authors should restrict to a one line answer for each of these two queries. Number of tables and figures should be limited to a maximum of 4 and 2, respectively. Extra tables and figures, subject to clearance by editorial review process, may be made available only at the journal website, as Web table or Webfigure. The typical text length for such contributions is 2500 words (excluding title page, abstract, tables, figures, acknowledgments, key messages and references). Number of references should be limited to 30.

Research Brief: Descriptive observational studies, epidemiological assessments, and surveys are published as Research Briefs. Knowledge, attitude, practice (KAP) studies 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 reasonably large series of cases can also be considered for this section. Abstract should be limited to 150 words, and structured using the following headings: Objective, Methods, Results, and Conclusions. The text should contain no more than 1500 words, up to 3 illustrations/tables and up to 20 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 Research Papers.

Research Letter: Research Letters reporting original research should not exceed 800 words of text and 10 references. They may have no more than five authors. 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 Material

Interesting Clinical observations may be shared through Clinical Case Letters or Images sections.

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 new or unusual 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. Genetic syndromes not reporting novel mutations explaining pathophysiology and/or genotype-phenotype correlation will be sent back to authors without initiating the peer review process. 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 unlabeled paragraphs sequentially containing Introduction, clinical-description, and discussion. Include a brief unstructured abstract of 50 words, and a maximum of 6 references. Only one very relevant figure 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 three authors are permitted from a single department. Case letters involving more than one department can have one additional author from each department (not from subspecialties within the same department). 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. 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 150 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 two authors are permitted. Images of cases involving more than one department can have a maximum of three authors. The authors should ensure that images of similar nature have not been published earlier in *Indian Pediatrics*. Authors must obtain signed informed consent from the parent/legal guardian, and the same must be stated on the Title page. Such form 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 systematic, critical assessments of literature are published. The authors may consult the Editor-in-Chief before submitting such articles, as similar reviews may already be in submission. Normally, 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). The number of references should be limited to 50. Authors should take care to avoid excessive self-citation. The number of authors should usually be limited

to three.

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/agent 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 or surgical specialties) 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/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 2 tables and 10 references are allowed. An unstructured abstract of upto 50 words should also be included. It is preferable that 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.

Perspective: Articles should cover challenging and controversial topics of current interest in pediatric health care and the intersection between medicine and society. The related issues could be National, Regional (South East Asia) or Global. 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. Some of the manuscripts submitted as 'Review Articles' may also be considered for publication under this section after editing, at the discretion of editors. The following guidelines need to be followed:

- The number of authors should usually be limited to three.
- The topic should be specific and related to child health in general.
- Word limit: 2000 words and may include one figure and one table.
- 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.

Rational Diagnostics: Articles under this section are usually solicited from experts. Authors of some of the articles submitted as reviews might be asked to modify it to submit it under this section. The manuscript should include an abstract(unstructured) of up to 150 words. The main manuscript should have about 2000-2500 words with about 25-30 references. The review should be a narrative review structured into various subheadings as per requirement for the topic. The discussion should include the basic details of the diagnostic test and its clinical significance (including where and when to use or not-to-use, and pitfalls in interpretation), and must be supported by scientific evidence/literature. Any inclusion and critical discussion on Guidelines of the reputed societies (for that diagnostic test/method) will also be appreciated. The authors may summarize the 'key messages' and 'pitfalls in interpretation' towards the end of the manuscript.

Other Categories

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. 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 not more than six 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 (limited to 50). The number of figures and tables should be limited to maximum of 5 each.
6. Abstract should be structured as Justification, Process, Objectives, and Recommendations.
7. Text should be arranged in headings of Introduction, Aims and Objectives, and Recommendations.
 - 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 a 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.

Clinico-pathological Conference (CPC): The clinico-pathological 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 be given following headings: (i) Clinical Protocol; (ii) Pathology Protocol; (iii) Open

Forum; (iii) Discussion; and (iv) 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.
- Each and every line of discussion held in CPC need not be presented. 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 3 months of the article's publication. Letters commenting on 'Editorials', '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 topic 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 400 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.

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, including title page, abstract, main text, 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 measure*: 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.
- 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 (See **Annexure I**: visit website for word and pdf files). 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 co-ordinating the work as a whole, from its inception to published article. All authors must give signed consent to publication (**Annexure I**). 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).

Indian Pediatrics does not entertain requests for joint corresponding authorship or joint first authorship.

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 all members of the group should be listed as an Annexure at the end of the manuscript.

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.

Abstract and Keywords

A structured abstract is to be sent in case of Research Paper (250 words), Review (200 words), Research Brief (150 words) and Guidelines (250-300 words). Unstructured abstract is required for Perspective (150 words), Rational Diagnostics (150 words), Clinico-

pathological Conference (100 words), Clinical case letters (50 words), Update (50 words) and Research letters (50 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.

Four 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 *Index Medicus* should preferably be used. Do not repeat words already included in the title.

Main Text

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

TABLE I DETAILS OF REPORTING GUIDELINES FOR DIFFERENT STUDY DESIGNS

<i>Study Design</i>	<i>Guideline/Statement</i>	<i>Source</i>
Randomized controlled trial	CON solidated S tandards O f R eporting T rials (CONSORT) Statement	http://www.consort-statement.org/
Diagnostic accuracy studies	ST andards for R eporting of D iagnostic accuracy (STARD)	http://www.equator-network.org/index.aspx?o=1050
Observational studies	ST rengthening the R eporting of OB servational studies in E pidemiology (STROBE)	http://www.strobe-statement.org/index.php?id=available-checklists
Systematic reviews/ Meta-analyses of RCT	P referred R eporting I tems for S ystematic reviews and M eta- A nalyses (PRISMA)	http://www.prisma-statement.org
Meta-analyses of observational studies	M eta-analysis O f OB servational S tudies in E pidemiology (MOOSE)	http://www.equator-network.org/index.aspx?o=1052
Qualitative Studies	S tandards for R eporting Q ualitative R esearch (SRQR)	http://www.equator-network.org/reporting-guidelines/srqr

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 and address 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 (**Fig. 1**).

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 will be accorded to registered clinical trials. Registration in following trial registries is also acceptable: <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 experiments 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. The ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants (https://icmr.nic.in/sites/default/files/guidelines/ICMR_Ethical_Guidelines_2017.pdf) and National Ethical Guidelines for Biomedical Research Involving Children (https://www.icmr.nic.in/sites/default/files/guidelines/National_Ethical_Guidelines_for_BioMedical_Research_Involving_Children_0.pdf) are helpful guides.

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). *Indian Pediatrics* 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 *Indian Pediatrics*, 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. *Indian Pediatrics* 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 (**Annexure II: Consent form**). 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 [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.

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Discussion

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Gera T, Shah D, Sachdev HS. Impact of water, sanitation and hygiene interventions on growth, non-diarrheal morbidity and mortality in children residing in low- and middle-income countries: A systematic review. *Indian Pediatr.* 2018;55:381-93.

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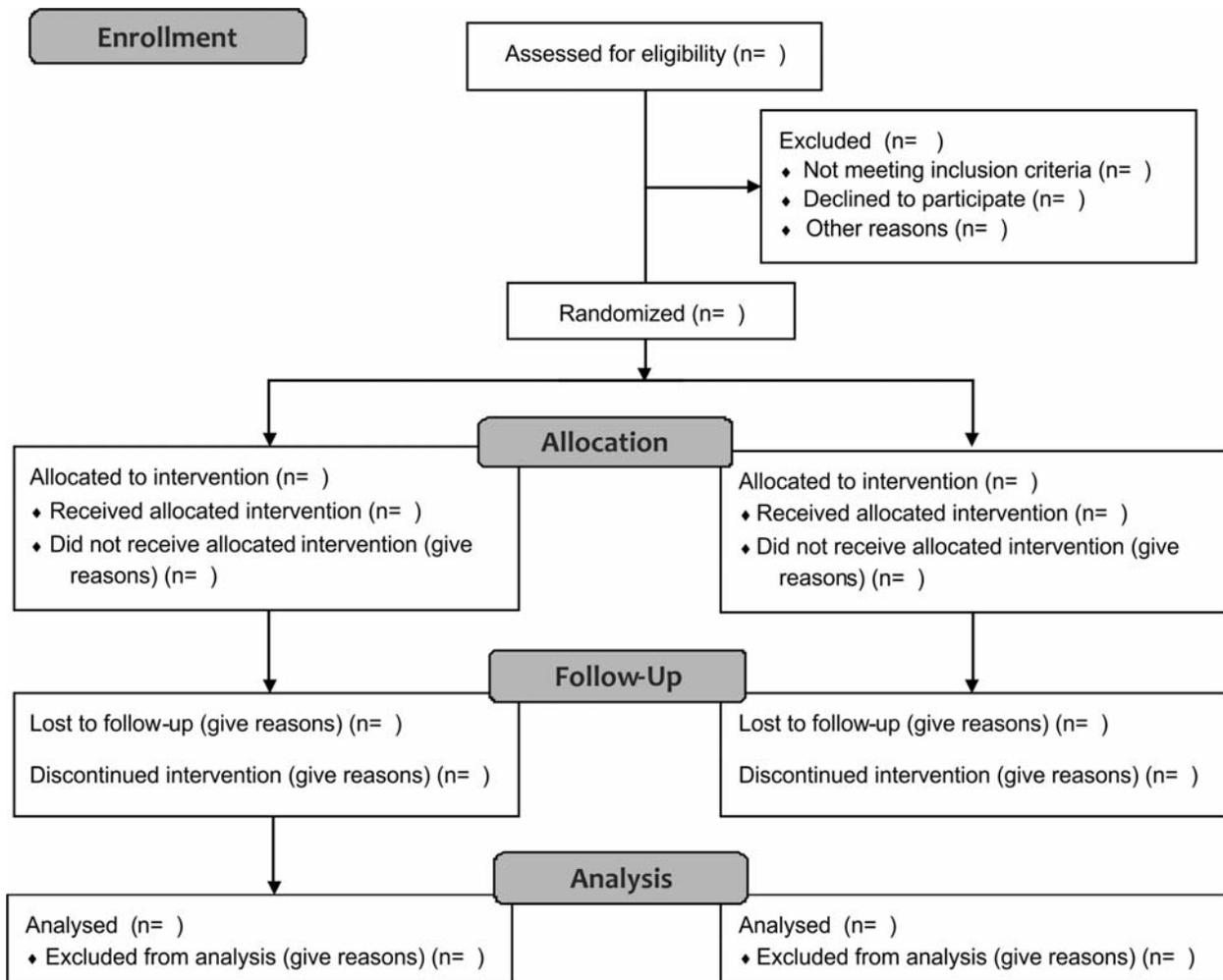


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Units of Measurements

Parameter	Conventional Unit	SI Unit
Acid phosphatase	units/L	U/L
Alanine aminotransferase (ALT)	units/L	U/L
Albumin	g/dL	g/L
Alkaline phosphatase	units/L	U/L
Ammonia (as NH ₃)	μg/dL	μmol/L
Amylase	units/L	U/L
Aspartate aminotransferase (AST)	units/L	U/L
Bicarbonate	mEq/L	mmol/L
Bilirubin	mg/dL	μmol/L
PaCO ₂	mm Hg	mm Hg
pH	pH units	pH units
PaO ₂	mm Hg	mm Hg
Calcium	mg/dL, mEq/L	mmol/L
Carbon dioxide	mEq/L	mmol/L
Ceruloplasmin	mg/dL	mg/L
Chloride	mEq/L	mmol/L
Cholesterol	mg/dL	mmol/L
Corticotropin (ACTH)	pg/mL	pmol/L
Cortisol	μg/dL	nmol/L
Creatine	mg/dL	μmol/L
Creatine kinase (CK)	units/L	U/L
Creatinine	mg/dL	μmol/L
Creatinine clearance	mL/min	mL/s
Erythrocyte sedimentation rate	mm/h	mm/h
Estradiol	pg/mL	pmol/L
Estriol	ng/mL	nmol/L
Estrone	ng/dL	pmol/L
Ferritin	ng/mL	pmol/L
α-fetoprotein	ng/mL	μg/L
Follicle-stimulating hormone	mIU/mL	IU/L
Glucose	mg/dL	mmol/L
Hematocrit	%	proportion of 1.0
Hemoglobin (whole blood)	g/dL	g/L
Insulin	μIU/mL	pmol/L
Iron, total	μg/dL	μmol/L
Lead	μg/dL	μmol/L
Lipids (total)	mg/dL	g/L
Lipoprotein (a)	mg/dL	μmol/L
Magnesium	mg/dL, mEq/L	mmol/L
Nitrogen, nonprotein	mg/dL	mmol/L
Osmolality	mOsm/kg	mmol/kg
Parathyroid hormone	pg/mL	ng/L
Phenobarbital	mg/L	μmol/L
Phenytoin	μg/mL	μmol/L
Phosphorus	mg/dL	mmol/L

Platelets (thrombocytes)	$\times 10^3/\mu\text{L}$	$\times 10^9/\text{L}$
Potassium	mEq/L	mmol/L
Progesterone	ng/mL	nmol/L
Prolactin	$\mu\text{g}/\text{L}$	pmol
Protein, total	g/dL	g/L
Prothrombin time (PT)	s	s
Protoporphyrin, erythrocyte	$\mu\text{g}/\text{dL}$	$\mu\text{mol}/\text{L}$
Red blood cell count	$\times 10^6/\mu\text{L}$	$\times 10^{12}/\text{L}$
Reticulocyte count	% of RBCs	Proportion of 1.0
Sodium	mEq/L	mmol/L
Testosterone	ng/dL	nmol/L
Thyroglobulin	ng/mL	$\mu\text{g}/\text{L}$
TSH	mIU/L	mIU/L
Thyroxine, free (T_4)	ng/dL	pmol/L
Thyroxine, total (T_4)	$\mu\text{g}/\text{dL}$	nmol/L
Transferrin	mg/dL	g/L
Triglycerides	mg/dL	mmol/L
Triiodothyronine Free (T_3)	pg/dL	pmol/L
Total (T_3)	ng/dL	nmol/L
Urea nitrogen	mg/dL	mmol/L
Uric acid	mg/dL	$\mu\text{mol}/\text{L}$
Vitamin A (retinol)	$\mu\text{g}/\text{dL}$	$\mu\text{mol}/\text{L}$
Vitamin B ₆ (pyridoxine)	ng/mL	nmol/L
Vitamin B ₁₂ (cyanocobalamin)	pg/mL	pmol/L
Vitamin C (ascorbic acid)	mg/dL	$\mu\text{mol}/\text{L}$
Vitamin D (1,25-dihydroxyvitamin D)	pg/mL	pmol/L
Vitamin D (25-hydroxyvitamin D)	ng/mL	nmol/L
Vitamin E	mg/dL	$\mu\text{mol}/\text{L}$
Vitamin K	ng/mL	nmol/L
White blood cell count	$\times 10^3/\mu\text{L}$	$\times 10^9/\text{L}$
White blood cell differential count	%	proportion of 1.0
Zinc	$\mu\text{g}/\text{dL}$	$\mu\text{mol}/\text{L}$
