

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 28,000 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. *Indian Pediatrics* is also available online at www.indianpediatrics.net (free HTML access) and at www.springer.com/medicine/pediatrics/journal/13312 (International edition).

Impact statistics and web presence: The Impact factor (2018) of *Indian Pediatrics* is 1.145, and the cited half life (a measure of long term reputation of the journal) and immediacy index (a measure of immediate citation value of the articles) are 8.5 and 0.611, respectively. 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 case reports. 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. 1. The journal reserves the right to analyze the information obtained from submitted manuscripts as part of editorial research to improve the peer-review process, and for teaching and training activities.

Unauthorized use: The copyright of all accepted and published manuscripts lies with *Indian Pediatrics*; these cannot be reproduced elsewhere or distributed in any form, in whole or part, without the written permission from the Editor-in-Chief. Sharing of full-text articles is not allowed on document-sharing platforms like Research Gate, or on social media platforms such as facebook and WhatsApp. Web link to the full-text article, however, may be shared. The authors can also use the final accepted version of their article in word format at their personal or institutional website, provided this is done only after publication of the article in the journal, and a link to the full-text version of the article at the journal's website is provided. Mass photocopying of published article, without permission, would also amount to copyright violation. The name, logo, thumbnail, cover design or contents of *Indian Pediatrics* cannot be used to promote commercial goods, in any form, without prior permission. Unauthorized use will attract penalty and/or/ legal action. For permission to use copyrighted material, the editor-in-chief may be contacted at jiap@nic.in.

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.

Duplicate submission and plagiarism: Manuscripts are considered with the understanding that they have not been published previously in print or electronic format and are not under consideration by another publication or electronic medium. The authors should alert the editor if the work includes participants about whom a previous report has been published, and should cite such previous papers in the manuscript. A paper submitted to the *Indian Pediatrics* should not overlap by more than 10% with previously published work, or work submitted elsewhere. Authors are encouraged to use freely available Online plagiarism detecting softwares prior to submission. If plagiarism or duplicate publication is detected, authors should expect prompt rejection/retraction, Editorial board's action such as barring the author from submitting articles in future, notification in the journal/website, and informing the authors' institute or other medical editors. A previously rejected article should not be resubmitted again under the original or modified title, especially if the content remains substantially same. Authors should provide full information in the covering letter regarding previous submissions, if any.

Previous publication: *Indian Pediatrics* would not publish material that has already appeared elsewhere; but could consider papers that have been published as abstracts or have been partially reported by the media at scientific meetings.

Embargo policy: Authors need to maintain confidentiality of contents of their manuscript, once accepted for publication. Information contained in or about the accepted articles should not be released in print/electronic form to any individual/media/agency, till the manuscript is published in *Indian Pediatrics*.

Proofs and reprints: A galley proof is provided to the corresponding author by e-mail, prior to publication. Corrections on the proof should be restricted only to printing errors or errors in figures or data, and should be submitted within 48 hours of receipt of the proofs. The authors should inform even if no corrections are needed. No addition, deletion, alteration in the sequence of authors or change of corresponding authorship is permissible at this stage. Bulk reprints may be ordered on payment.

CATEGORIES OF ARTICLES

Articles can be submitted as Research Papers, Research

Briefs, Research Letters, Review Articles, Drug reviews, Rational diagnostics, Perspective, Update, Images, Clinical videos, Clinical Case Letters, Clinico-Pathological Conference, In a Lighter Vein, and Correspondence.

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

Original Research

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. The Editorial board may consider manuscripts of larger size, and with more of references, but this needs a proper scientific justification for the same in the covering letter.

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 primary purpose of having a category of ‘Research Brief’ at the time of submission is that these papers can be presented in fewer words and a slightly different format than Research Papers. However, this category will only last till the manuscript is edited; after editing, all these manuscripts will be 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. Other persons who have contributed to the study may be indicated in acknowledgment section, with their permission. 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, and all other guidelines in ‘Preparing the Manuscript’.

Clinical Material

Interesting Clinical observations may be shared through Clinical Case Letters, Images or Clinical Videos 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. Figures should be submitted separately from the text file. The electronically submitted images should be of high resolution (>300 dpi). The following file types are acceptable: .cdr, .tiff, and .jpeg. 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. The editorial board may ask for such a consent form at any time during the manuscript review process. Manuscript having poor quality or inappropriate resolution images will be returned to author for improvement at any stage of manuscript handling.

Clinical Videos: Under this section, *Indian Pediatrics* publishes videos depicting an intricate technique or an interesting clinical manifestation, which are difficult to describe clearly in text or by figures. A video file submitted for consideration for publication should be of high resolution and should be edited by the author in final publishable format. MPEG or MP4 formats are acceptable. The maximum size of file should be 20 MB, and it should be submitted as a supplementary file with the main manuscript. The file should not have been published elsewhere, and will be a copyright of *Indian Pediatrics*, if published. In case the video shows a patient, each video must be accompanied by written permission of parent/guardian, as applicable. This signed consent form must be attached as a supplementary file at the time of manuscript submission.

A write-up of up to 250 words discussing the condition and its differential diagnoses must accompany the video. A still image/thumbnailed from the video should be submitted as a figure (.jpeg, .tiff or .cdr format) for use in print version and pdf of the finally published version. The main text file should also be accompanied with a legend for video. A maximum of two authors, are permitted for this section. Images of cases involving more than one department can have a maximum of three authors. No references are needed.

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). Authors submitting review articles should include an abstract of around 200 words describing the need and purpose of review, methods used for locating, selecting, extracting and synthesizing data, and main conclusions. 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 the 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.

In A Lighter Vein: Readers are welcome to submit to *Indian Pediatrics* their experiences – related to Pediatrics or the Pediatric Fraternity – under this section. The write-up (maximum 1000 words) should have a touch of humor; its academic correlation and educational value is desirable. No abstract is needed for this section; references may be included as per requirement.

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 (**Table I**). Detailed guidelines and word templates for the guidelines are also available at the website of Enhancing the Quality and Transparency of health Research network (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

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

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. The ICMJE recommends that authorship be 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.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. All such people who contributed to the work but do not satisfy all the conditions should be named in the acknowledgments. Authors are responsible for obtaining written permissions from everyone acknowledged by name. 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. Corresponding author should also take responsibility for obtaining permission from appropriate authority, if any material (including tables, figures or text) is used in the article from another publication. Copyright violations and plagiarism will be viewed seriously; and all authors will be equally responsible for such acts. Authors should provide a description of what each author contributed on the title page as contributors. Statements like "all authors

were involved in all aspects of manuscript preparation and submission" would not be accepted, and manuscripts may be returned to authors for correction even at the technical-check phase. Indian Pediatrics reserves the right to satisfy itself regarding the specific role of each listed author to justify authorship. 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.

Acknowledgments: List all contributors who do not meet the criteria for authorship, such as a person who provided purely technical help, writing assistance, or a department head who provided only general support. Financial and material support should also be acknowledged. Groups of persons who have contributed materially to the paper but whose contributions do not justify authorship may be listed under a heading such as "clinical investigators" or "participating investigators," and their function or contribution should be described – for example, "served as scientific advisors," "critically reviewed the study proposal," "collected data," or "provided and cared for study patients." A written consent is required from all the persons acknowledged, indicating their acceptance for the same. Statements like "we thank all patients and their families" or "we acknowledge the help of all research staff" or "we thank the reviewers" are discouraged.

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. However, conflicts can occur for other reasons,

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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, unless very essential.

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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 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.

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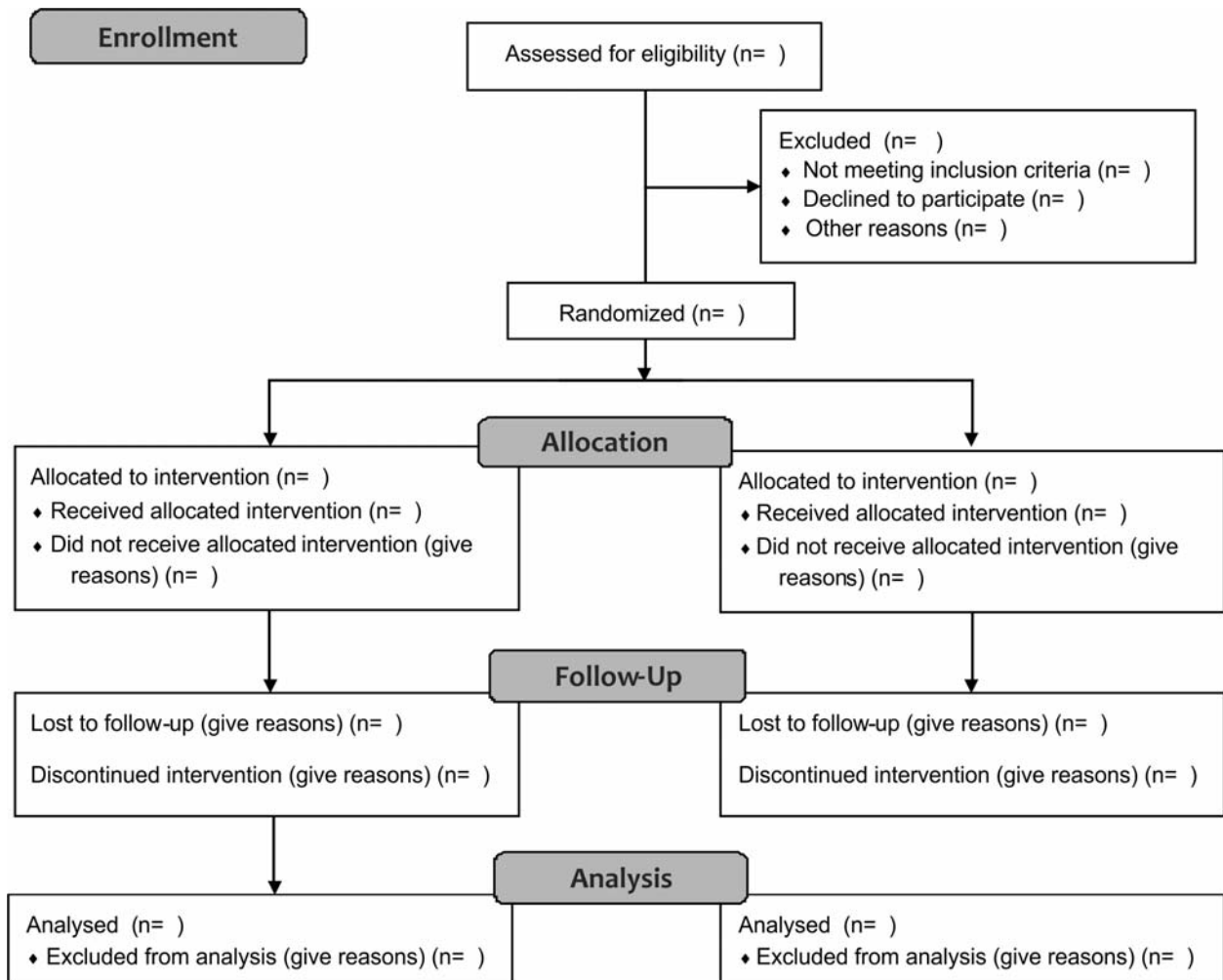


FIG. 1 Consort flow diagram. (Reproduced from: <http://www.consort-statement.org/consort-statement/flow-diagram/>)

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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.

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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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Natarajan CK, Jeeva Sankar M, Agarwal R, Deorari A, Paul V. Performance on paladai feeding of preterm infants with bronchopulmonary dysplasia. Indian J Pediatr.2018 Dec 13.doi: 10.1007/s12098-018-2818-6. [Epub ahead of print]

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Equator Network. CONSORT 2010 Statement: Updated Guidelines for Reporting Parallel Group Randomised Trials. Available from: <http://www.equator-network.org/reporting-guidelines/consort/>. Accessed January 01, 2019.

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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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If you are not the parent, what is your relationship with the patient

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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

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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	$\mu\text{g}/\text{dL}$	$\mu\text{mol}/\text{L}$
