

INSTRUCTIONS FOR AUTHORS

Indian Pediatrics is the official journal of the Indian Academy of Pediatrics (the Academy). It is double-blinded, peer-reviewed journal being published every month since 1964 and endeavors to showcase the latest advances and research in child health, policy, and advocacy. The Journal publishes outstanding research, clinical work, and other important contributions related to health of neonates, children and adolescents. The Journal publishes original articles, guidelines, consensus statements, position papers, review articles, clinical case letters, correspondence in relation to published articles, research letters, images, announcements (meetings, courses, job advertisements), invited commentaries, updates, debates, ethisecution, articles on medical education, clinico-pathological conferences and book reviews.

The Journal is indexed in PubMed, Embase, Scopus, Science Citation Index Expanded, Medline, Current Contents/Clinical Medicine, Journal Citation Reports/Science Edition, Indian Science Abstracts, UGC-CARE List, Psych Line and DermNet. 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 (2023) of Indian Pediatrics is 1.7. The journal website consistently receives around 5 million hits per month.

Indian Pediatrics is accessible online at <https://indianpediatrics.net/index.php> and also at <https://link.springer.com/journal/13312>. The online edition of *Indian Pediatrics* is the journal of record and contains access to all articles published in print as well certain additional 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 members of the Indian Academy of Pediatrics.

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. 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 for publication are judged on the basis of originality, clinical relevance, methodological rigor, scientific merit, ethical standards and sound conclusions. The articles should be submitted as per the instructions for authors (*vide infra*). All submitted articles undergo a double-blinded peer review process. Manuscripts that do not adhere to journal guidelines or International Committee of Medical Journal Editors (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 will undergo modifications 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 concerns, 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.

Rest of the manuscripts undergo a double-blinded peer review process, 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 identity of the reviewers is also kept confidential.

Editors will consider the peer-reviewed reports when making a decision, but are not bound by the opinions or recommendations therein. A concern raised by a single peer reviewer or the Editors themselves may result in the manuscript being rejected. 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.

Where an Editor/Editorial Board Member is on the author list or has any other competing interest regarding a specific manuscript, another member of the Editorial Board will be assigned to oversee peer review, and the concerned Editorial Board member is blocked from accessing the manuscript related information from the editorial sign-in on the Editorial Manager system. These submissions undergo the same review process as any other manuscript. The Editorial Board Member status of any of the authors has no bearing on editorial decisions.

CATEGORIES OF ARTICLES

Original Research

Manuscripts reporting original research may be submitted as Research Paper, Research Brief or Research Letter. 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 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 section of the abstract should include the study design, participants, intervention and outcome variables of the study.

The main text of the manuscript should be arranged in the following sections: Introduction, Methods, Results and Discussion, without use of subheadings in the Results or Discussion section. The 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 relevant references.²

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 subheadings: Objective, Methods, Results, and Conclusions, should be provided with a word count not exceeding 150 words. The text should contain no more than 1500 words, up to 2 tables, 1 figure and up to 15 relevant references. The text should be arranged in order of Introduction, Methods, Results and Discussion. Also include a box entitled '**What this Study Adds?**' highlighting the main result of the study.

Research Letter

Research Letters reporting original research should not exceed 1000 words of text and up to 10 references. They may have no more than five authors. An unstructured abstract of up to 100 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.

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.
- *Data synthesis and Statistical analysis*: The data synthesis and statistical analyses carried out should be described, including heterogeneity, pooled 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. Tables showing the characteristics of the included studies, and excluded studies should be provided.

The quality assessment of each included study needs to be elaborately depicted in a tabulated manner or in the form of a figure.

It is desirable that meta-analyses are depicted as Forest plots. 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.

Clinical Case Letter

Clinical cases highlighting unusual or new but 'clinically relevant' aspects of a condition are published as Clinical Case Letters. Solitary cases are generally not preferred. Genetic syndromes not reporting novel mutations, explaining pathophysiology and/or genotype-The results section should describe the included studies giving the PRISMA flow diagram showing the number of studies excluded and the reasons. Tables showing the characteristics of the included studies, and excluded studies should be provided.

The quality assessment of each included study needs to be elaborately depicted in a tabulated manner or in the form of a figure.

It is desirable that meta-analyses are depicted as Forest plots. 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.

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 1000 words and should be in running text with unlabeled paragraphs sequentially containing introduction, clinical description, and discussion. Include a maximum of 10 references. Only one very relevant figure (image) and one table 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. 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

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*). 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.

Review Article

State-of-the-art review articles with, critical assessments of literature are published. Generally, review articles are 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 the last five years is not accepted. The typical length for review articles is 3500 words (excluding tables, figures, and references). An unstructured abstract of 250 words needs to be provided with a narrative review. 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*.

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 1500 words, author limit is *three*, and a maximum of two brief tables and 15 references are allowed. An unstructured abstract of up to 150 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 15. 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.

Debate

A question/theme will be provided by the Journal, on which two invited experts have to argue for and against. The arguments have to be backed by evidence (or lack thereof) and not based on personal practice/ experience alone. A maximum of 1000 words, with no abstract, and upto 10 references will be permitted per side. If required, the Journal will invite another expert to provide a short commentary.

Clinical Practice Guidelines

In order to streamline the diagnosis, management and prevention of various childhood problems, *Indian Pediatrics* periodically publishes Clinical Practice Guidelines formulated by the various Chapters and Task Forces constituted by Indian Academy of Pediatrics (IAP) or a similar National Association/ Society. These are usually based on adequate scientific evidence, often high-level evidence.

The desirable attributes of such documents are validity, reliability and reproducibility, clinical applicability, clarity, documentation, development by a multidisciplinary team, and plans for review. In order to maintain uniformity of reporting and improve readability and applicability of these practice guidelines, the following points should be followed:

1. The document 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 recommendations 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 document 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 document should be cleared by the related Society/Chapter. A letter to this effect should be enclosed. Such a document should be routed through the concerned chapter, and should be approved by the Executive Board of the 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 words), Text, and References. The number of figures and tables should be limited to two and four respectively.
6. Abstract should be structured as Objectives, Justification, Process, and Recommendations.
7. Text should be arranged under the following headings: Introduction, Aims and Objectives, Process, and Recommendations. A concluding paragraph should be provided.
 - a) Introduction: Justify the need of formulating the guidelines/recommendations in a brief paragraph.
 - 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) Process: The process of arriving at the guidelines/recommendations needs to be spelt out including description of the methods used to search the literature, and criteria used to grade the quality of evidence.
 - c) Text: The main text of the Guidelines/Recommendations should be mentioned under the same terms of reference as per the aims and objectives outlined earlier. Preferably, provide level of evidence for each major recommendation. 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.
 - 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. Whether or not there is a plan to review these guidelines and an expiration date for this version of the guideline should be stated.

9. Any competing interest, including funding support, should be declared.

Consensus Statement/Position Papers

The Journal also publishes Consensus statements which represent the general opinion of an expert group constituted by the Academy or the government on important and controversial topics in clinical practice where evidence is limited or low-quality or conflicting or indeterminate. Such a consensus may be arrived through physical meetings or by Delphi method. Position papers are published as a stand of the Academy explaining, justifying, or suggesting a particular form of care.

Clinicopathological Conference

The journal publishes CPCs, provided they fulfil the following criteria:

- At least two 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 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.

Journal Club

In this section we solicit commentaries from 3-4 experts on an important article published recently in another journal which deals with an important issue pertaining to child health. The commentaries could include viewpoints from a specialist in the field, a practicing pediatrician, a public health expert and an evidence-based viewpoint from an eminent researcher.

Medical Education

This section includes reviews and original research on the use of innovative techniques and teaching aids, the design of curricula and evaluation of current educational practices. The specific instructions for authors for review articles and original research will be applicable.

Ethisection

This section presents case-based deliberations of situations that illustrate challenging ethical issues in patient care, research or administration. 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 be presented as a brief situational narrative wherein the privacy and confidentiality of the patient(s) must be maintained. The case is followed by commentaries of experts 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 commentaries are 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 1500 words with a maximum of 15 references. An unstructured abstract of about 150 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.

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', 'Clinical case

letters' 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.

Clippings

Interesting piece of news or recently published research work (in other journals) impacting child health are presented as synopsis.

Obituary

This section offers tribute to eminent pediatrician, who was working in India or an Indian pediatrician who was working overseas, with notable contributions in child health. A brief sketch of the person's personal and professional life along with a photograph may be submitted (300 words).

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 acknowledgement, 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.
- Also consider including providing ORCID numbers, at least for those authors for whom it is available

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Title Page:

Title of the article: which should be concise but informative; the type of study may be added in title after a colon

Running title of not more than 40 characters

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;

Contribution of each author

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)

Disclaimers, if any

Name, address and e-mail of the corresponding author

Funding: source(s) of support in the form of grants, equipment, drugs or all of these

Declaration on competing interests

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

Clinical trial registration number in cases of clinical trials

Data sharing statement for all original research

Declaration of Artificial Intelligence (AI) in scientific writing

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.

Group Authorship: If only the name of the group is provided, 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 ‘and’; all members of the group must meet the criteria of authorship as described above. In case name of few authors

Table 1. Requirements for Submission for Articles

<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	250 words, 4-point, Structured (Objectives, Methods, Results, Conclusions)	2500	-	25	4	2
Research Brief	150 words, 4-point Structured (Objectives, Methods, Results, Conclusions)	1500	-	15	2	1
Research Letter	100 words, Unstructured	1000	5	10	1	1
Clinical Case Letter	-	1000	5	10	1	1
Clinicopathological conference (CPC)	250 words; unstructured	2500	3 (primary dept) + 1 each from associated dept.	15	2	2
Images	-	300	3	0	0	1
Review Article	100 words, Unstructured	3500	5	35	3	2
Reminiscences from Indian Pediatrics - A Tale of 50 Years [#]	-	1500	2	15	1	-
Clinical practice Guidelines/Position Paper/ Consensus Statement	250 words, 4-point Structured (Objectives, Justification, Process, and Recommendations)	-	-	-	4	2
Perspective	150 words, unstructured	2000	3	25	1	1
Special Article	150 words, unstructured	2500	3	25	1	1
Ethisection	150 words, unstructured	1500	5	15	-	-
Update	150 words, unstructured	1500	3	10	2	-
Debate (For/Against) [#]	-	1000 + 1000	1	10	1	-
Journal Club [#]	-	800	1	5	-	-
Clippings [#]	-	800	1	-	-	-
Correspondence	-	500	2	5	-	-
Invited Commentary [#]	-	1000	2	10	-	-

*All abstracts to be accompanied by 3-5 keywords; [#] By invitation only.

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 [2].

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.

If an editorial board member has a conflict of interest with any manuscript that they are handling, the same needs to

be communicated to the Editor-in-Chief, so that the manuscript can be handled appropriately.

Committee on Publication Ethics (COPE) and ICMJE guidelines are followed for author disputes and ethical issues.

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

Abstract and Keywords: For brevity, parts of the abstract may be written as phrases rather than complete sentences. No abbreviations should be used in the abstract.

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

Blinded Manuscript: No author or institution names should appear in this section.

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

Methods: The 10 important components of the methods section should preferably be included viz., study setting, study duration, study population, study design, participant selection, outcome variables, sample size, intervention & follow-up, statistical analysis, and ethical issues. 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-proprietary name is to be used throughout. © or TM in superscript after the propriety name is not required.

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

Trial registration: The trial registration status and number should be mentioned on title page in all interventional studies.

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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. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Provide actual *P* values (upto 3-decimal places), rather than stating as just < 0.05 or > 0.05 . References for statistical methods should be to standard works when possible (with pages stated) rather than to papers in which the methods were originally reported. Specify any general use computer programs used. Define statistical terms, abbreviations, and most symbols. The relevant guidelines may be consulted for appropriate reporting.

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

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

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

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

References

Authors need to be accurate in citing and quoting references. References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in square brackets. References cited only in tables or in legends to figures should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Use the style of the examples below. The titles of journals should be abbreviated according to the style used in PubMed. Do not use unpublished observations and personal communications as references. References to papers accepted but not yet published are not preferred. Do not cite foreign language references unless a certified English version is also available. Please take care that citations are not directly copied and pasted from websites;

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 http://www.consort-statement.org/
Diagnostic/ Prognostic studies	STAndards for Reporting of Diagnostic accuracy (STARD), http://www.equator-network.org/index.aspx?o=1050
Observational studies	STrengthening the Reporting of OBservational studies in Epidemiology (STROBE) http://www.strobe-statement.org/index.php?id=available-checklists
Systematic reviews/ Meta-analyses of RCT	Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) http://www.prisma-statement.org/
Meta-analyses of observational studies	Meta-analysis Of Observational Studies in Epidemiology (MOOSE), http://www.equator-network.org/index.aspx?o=1052
Qualitative Studies	Standards or Reporting Qualitative Research (SRQR) http://www.equator-network.org/reporting-guidelines/srqr

remove the hyperlinks from the same. If the web version of a journal has been consulted instead of the print version, the same should be listed in the list of references. Avoid including any reference to the studies published in predatory journals. Ensure that all hyperlinks have been removed from references. The manuscript may be returned to authors for re-typing, in case this is detected during the final page-setting. There is no need to provide location of the publisher for books and reports in references.

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

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

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

Epub ahead of print electronic articles

Pathania A, Jat KR, Pathania M, Lodha R, Kabra SK. Mobile direct observed therapy (MDOT) for inhaler therapy in children with newly diagnosed asthma: a pilot study. *Indian Pediatr.* Published online September 10, 2024. Accessed on: Oct 14, 2024. Available from: <https://indianpediatrics.net/epub092024/OA-00694.pdf>

Personal author (book)

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

Chapter in a book

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

Conference paper published in a Journal

Shinde S, Krishna S, Kubde P, et al. Juvenile myelomonocytic leukemia, an unrelenting enigma: experience from a children's hospital in Western India. *Pediatric Hematology Oncology Journal.* 2023;8:S2.

Paper or poster presented at conference, not formally published in proceedings

Khalisa M, Dewan P, Srivastava N. November 2, 2023. ATRA-induced thrombocytosis in two children with APLM [Poster presentation]. Delhi State Hematology 2023 Conference. New Delhi, India.

Newspaper article

Nagarajan R. Rs 72 Lakh/year rare-disease drug can be made for Rs 3,000/year. *Times of India.* Oct 28 2024; New Delhi: p. 8 (col 4).

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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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Any inquiry regarding manuscript decisions should be only through an email from the corresponding author to the Editorial Office (jiap@iapindia.org).

REFERENCES

1. International Committee of Medical Journal Editors. Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (Updated January 2024). Accessed on Nov 8, 2024. Available from: <https://icmje.org/recommendations/>
2. Mishra D. Indian Pediatrics' policy regarding artificial intelligence (AI) - enabled large language models. Indian Pediatr. 2023;60:171.
3. Arora SK, Shah D. Writing Methods: how to write what you did? Indian Pediatr. 2016;53:335-40.

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