



## Article types

**Advancing Clinical Practice** - (Reflective Practice/Work experience/Service evaluation/Clinical Governance & Safety)

We welcome contributions about clinical practice, such as reflection on practice, personal experiences, service evaluation and clinical governance/safety. We are particularly interested in current issues, new developments, controversial topics, and would like articles that share experiences to help others advance their practice and/or challenge clinical practice.

### Guidelines - Advancing Clinical Practice

- **Maximum of 2500 words** including in-text references and the reference list.
- 100-word summary of the article, positioned at the start of the paper.
- Statement of permissions obtained if appropriate
- Reference list positioned at the end – **maximum of 20 references.**
- **Maximum of three tables/illustrations**

**Research** – *Primary* (Audits/RCTs/Cohort studies) or *Secondary* (Literature reviews/Systematic reviews/Modified systematic reviews)

We welcome submissions on primary and secondary research. We are keen to encourage submissions from any research undertaken as part of a higher education course, such as a dissertation or essay. Occasionally, the larger pieces of work may need to be split into two related papers.

Research articles are a **maximum 3500 words** including in-text references, tables/figures and the reference list.

### Guideline - Primary Research (Audits/RCTs/Cohort studies)

- Abstract - **350 word maximum**
  - *Objective*
  - *Methods*
  - *Results*
  - *Conclusion*
- Main paper
  - *Introduction*

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.
  - *Methods*

A brief but clear outline of the methodology, making clear the study setting, the sample, the hypothesis (where relevant) and the reason for the chosen method. Please provide information of ethical approvals granted and particular ethical considerations in your study. Please provide details of funding, if appropriate.

- *Results*  
Results should be clear and concise. Results/findings consistent with your chosen methodology. Tables and graphs may be used – **maximum of three in total**.
- *Discussion*  
Relate your findings to focus their relevance to midwifery practice. Also include a brief statement of limitations of the research, and implications for practice and future research.
- *Conclusion*  
A concise conclusion to include implications for future practice/research.
- Statement of permissions obtained if appropriate.
- Reference list - **maximum of 25 references**.

### **Guideline - Secondary Research** (Literature reviews/Systematic reviews/Modified systematic reviews)

- **Abstract - 350 word maximum**
  - *Objective*
  - *Methods*
  - *Results*
  - *Conclusion*
- **Main paper**
  - *Introduction*  
State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.
  - *Methods*  
A brief but clear outline of the methodology, to include search strategy, inclusion/exclusion criteria, study selection, quality appraisal, reflexivity (if applicable), data extraction and analysis methods. Please provide details of funding, if appropriate.
  - *Results/Findings*  
Results should be clear and consistent with your chosen methodology. Tables and graphs may be used – **maximum of three in total**.
  - *Discussion*  
Relate your findings to focus their relevance to midwifery practice. Also include a brief statement of limitations of the research, and implications for practice and future research.
  - *Conclusion*  
A concise conclusion to include implications for future practice/research.
- Statement of permissions obtained if appropriate.
- Reference list - **maximum of 25 references**.

### **Viewpoint/Discussion pieces**

We welcome shorter reflective pieces that will encourage reflection and discussion. These articles may be clinical, descriptive, narrative or reflective pieces. We are keen for pieces

that look at historical practices and experiences and how they relate to current services/guidelines, or for comparison of clinical practices across countries.

Viewpoint/Discussion pieces are a **maximum of 1000 words** including in-text references and the reference list.

For inclusion with your submission:

- **100-word summary** of the article, positioned at the start of the paper.
- Main body of article. Tables/illustrations can be included - **maximum of three tables/illustrations in total**
- Statement of permissions obtained if appropriate.
- Reference list - **maximum of 25 references**.

### **De-mystifying research!**

To encourage advancement, understanding and adoption of research into daily midwifery practice, MIDIRS welcomes pieces that discuss and critique a particular published piece of research. These will help the reader gain a greater understanding of how to critique research, while also gaining knowledge about the specific research study being discussed.

We also request submission of 'Research guides' that explain research and statistic methodologies in an easy to understand format. These can be published in a series or as a one-off piece.

Word count for these types of articles will be dependent on the content/topic.

Please contact MIDIRS Editor, Sara Webb to discuss if you are interested in publishing such work:  
[sara.webb@rcm.org.uk](mailto:sara.webb@rcm.org.uk)

### **Guideline/Report reviews**

We encourage reviews of local, national and international guidelines/reports that have implications directly or indirectly for midwives. Such commentaries will help our readers to understand what reports mean for midwifery practice and to place report recommendations into context.

Word count for these types of articles will be dependent on the content/topic.

Please contact MIDIRS Editor, Sara Webb to discuss if you are interested in publishing such work:  
[sara.webb@rcm.org.uk](mailto:sara.webb@rcm.org.uk)