

# *Hypertension Research in Pregnancy*

## **Instructions for Author**

Latest information:

Journal is open from 2013.

### **AIMS AND SCOPE**

*Hypertension Research in Pregnancy* is the official Journal of Japan Society for the study of Hypertension in Pregnancy. This journal publish articles relating clinical research, basic research, pathological and physiological features, animal models, genetic search, fetal programming, medication and case reports in preeclampsia, hypertensive pregnancy and related conditions such as intrauterine growth restriction, malnutrition and obesity, obstetrical emergency, cardiovascular disease or women's long term health care. We accept submissions from all over the world.

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Papers are accepted for publication in the Journal on the understanding that the content has not been published or submitted for publication else-where. This must be stated in the covering letter.

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## **PREPARATION OF THE MANUSCRIPT**

Manuscripts must be submitted in English **with 12pt text font size**. Submission should be, double-space, on one side only of A4 paper. The top bottom and side margins should be 30 mm. All the pages should be numbered consecutively in the top right-hand corner, beginning with the title page. Indent new paragraphs. Turn the hyphenation option off, including only those hyphens that are essential to the meaning. After submission, authors cannot be changed or modified.

### **Original articles:**

Original articles should provide full-length report of current research in either basic or clinical science.

- The length of an article (including references, tables and appendices etc.) should **not exceed 5000 words**.
- The maximum number of authors is 10. If you wish to include more than 10 authors, please explain the reason in your cover letter and describe the individual contribution of each author.
- The abstract should be **no more than 200 words**.

### **Case reports:**

Case reports should provide new information that enhances our knowledge of the clinical aspects of hypertension in pregnancy. Information that can be linked to the patients' identification must be carefully masked.

- Case reports should **not exceed 2000 words, 10 references and 2 tables and/or figures**.
- The maximum number of authors is 6. If you wish to include more than 6 authors, please explain the reason in your cover letter and describe the individual contribution of each author.
- The abstract should be **no more than 150 words**.

### **Video articles:**

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Authors should submit Video images according to the requirements listed in the Video Format section. Print readers will be alerted that the online version contains the full-length video.

Specifications:

Video images should consist of the following headings: Introduction, Case summary or Techniques, and Discussion. The length of an article (including references, legends, tables and appendices etc.) should not exceed 2,000 words.

No more than 2 videos  
No more than 2 tables and/or figures  
Authors should insert the words “Video image(s): ...” at the beginning of their title.  
A legend of video image with 200 words or less  
A legend of figure with 50 words or less  
No more than 10 references.  
The maximum number of authors is 6.  
No abstract.

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Submit videos as separate supplemental files with your original manuscript submission.  
A brief description of each video, titled “Video legend,” should be uploaded as a separate supplemental file.  
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Preferred video formats include .wmv, .mpg, and .mov files.  
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Two styles of Letter to the Editor will be considered for publication:

- i) Letters that reference an article published in *Hypertension Research in Pregnancy*. Letters are to be submitted online no more than 1 year after the date of the issue in which the related article appeared.
- ii) Discourse that sheds light on the understanding of the study of hypertension in pregnancy. This should be structured as a letter to the Editor-in-Chief.

Letters should be brief and contain no more than 400 words and 1–4 references. All data presented in the letter must be fully citable and listed as a supporting reference. Letters should be signed by no more than 3 authors.

#### **Reviews, Editorial Notes, Workshop Reports, and Statements of the Society:**

These articles are usually solicited by the editors.

#### **Style:**

Manuscripts should follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors’ revised ‘Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication’, as presented at <http://www.ICMJE.org>. The Journal uses US spelling and authors should therefore follow the latest edition of the Merriam–Webster’s Collegiate Dictionary. All measurements must be given in SI units. Abbreviations should be used sparingly and only where they ease the reader’s task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation. Upon its first use in the title, abstract and text, the common name of a species should be followed by the scientific name (genus, species and authority) in parentheses. However, for well-known species, the scientific name may be omitted from the article title. If no common name exists in English, the scientific name should be used only. Drugs should be referred to by their generic names, rather than brand names.

#### **Equations:**

Equations should be numbered sequentially with Arabic numerals; these should be ranged right in parentheses. All variables should appear in italics. Use the simplest possible form for all mathematical symbols.

#### **PARTS OF THE MANUSCRIPT**

In general, manuscripts should be presented in the following order:

- Title page
- Abstract and key words
- Introduction
- Materials and Methods

- Results
- Discussion
- Acknowledgments
- Conflict of interest
- References
- Tables (each table complete with title and footnotes)
- Figure legends
- Figures
- (Appendices)

Footnotes to the text are not allowed and any such material should be incorporated into the text as parenthetical matter.

### **Title page:**

Title page should contain:

- Title: The title should be short, informative and contain the major key words.
- Full names of the authors.
- Addresses of the institutions at which the work was carried out together with.
- Full postal and email address, plus facsimile and telephone numbers, of the author to whom correspondence about the manuscript, proofs and requests for offprints should be sent. The present address of any author, if different from that where the work was carried out, should be supplied in a footnote.
- **A short running title (fewer than 40 characters, including spaces)**

### **Abstract and key words:**

- All articles except case reports must have a structured abstract that states in **200 words or fewer** the purpose, basic procedures, main findings and principal conclusions of the study. Divide the abstract with the following headings: **Aim, Methods, Results, Conclusions.**
- Case reports should have an unstructured abstract of **150 words or fewer.**
- The abstract should not contain abbreviations or references.
- **Three to five key words** (for the purposes of indexing) should be supplied below the abstract, **in alphabetical order**, and should be taken from those recommended by the US National Library of Medicine's Medical Subject Headings (MeSH) browser list (<http://www.nlm.nih.gov/mesh/meshhome.html>).

### **Text:**

Authors should use subheadings to divide the sections of their manuscript:

**Introduction, Materials and Methods, Results, Discussion.**

### **Acknowledgments:**

The source of financial grants and other funding should be acknowledged, including a frank declaration of the authors' industrial links and affiliations. The contribution of colleagues or institutions should also be acknowledged. Thanks to anonymous reviewers are not allowed.

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At the time of submission, the Corresponding author must include a disclosure statement in the body of the manuscript. The statement will describe all of the authors' relationships with companies that may have a financial interest in the information contained in the manuscript. This information should be provided under the heading titled 'Conflict of interest' which should appear after the 'Acknowledgements' section and before the 'References' section. The absence of any interest to disclose must also be stated.

### **References:**

The Vancouver system of referencing should be used. In the text, references should be cited using superscript Arabic numerals in the order in which they appear. If cited only in tables or figure legends, number them according to the first identification of the table or figure in the text. In the reference list, the references should be numbered and listed in order

of appearance in the text.

Cite the names of all authors when there are 6 or fewer; **when 7 or more list the first 3 followed by et al.**

Names of journals should be abbreviated in the style used in Index Medicus. Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g. Smith A, 2000, unpublished data).

Standard Journal Article:

1. Watanabe K, Naruse K, Tanaka K, Metoki H, Suzuki Y. Outline of Definition and Classification of “Pregnancy induced Hypertension (PIH)”. *Hypertens Res Pregnancy*. 2013; 1: 3–4.
2. Uchikura Y, Matsubara K, Matsubara Y, et al. Nucleated red blood cells are involved in endothelial progenitor cell proliferation in umbilical venous blood of preeclamptic patients. *Hypertens Res Pregnancy*. 2013; 1: 46–51.

Standard journal article using DOI; articles published online in advance without volume, issue, or page number. The DOI will remain valid and allow an article to be tracked even after its allocation to an issue. (More information about DOIs: <http://www.doi.org/faq.html>):

3. Furuya R, Takahashi R, Furuya S, et al. Is urethritis accompanied by seminal vesiculitis? *Int J Urol*. 2009. doi:10.1111/j.1442-2042.2009.02314.x

Book:

4. Rock JA, Thompson JD. eds. *Telende’s Operative Gynecology*, 8th edn. Philadelphia: Lippincott-Raven, 1996.

Chapter in a Book:

5. Lindheimer MD, Katz AL. Fluid and electrolytes metabolism in normal and abnormal pregnancy. In: Arieff AL, DeFronzo RA. eds. *Fluid, Electrolytes, and Acid Base Disorders*, 2nd edn. New York: Churchill Livingstone, 1995; 839–875.

Website:

6. US Environmental Protection Agency. Polybrominated diphenylethers (PBDEs). Available from URL: <http://www.epa.gov/oppt/pbde/>. Accessed March 1, 2013.

**Tables:**

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Tables should be self-contained and complement, but not duplicate, information contained in the text. Tables should be numbered consecutively in Arabic numerals (Table 1, Table 2, etc.). Each table should be presented with a comprehensive but concise legend. Column headings should be brief, with units of measurement in parentheses; all abbreviations should be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and \*, \*\*, \*\*\* should be reserved for *P*-values. Statistical measures such as SD or SEM should be identified in the headings. The table and its legend/footnotes should be understandable without reference to the text.

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Legends should be self-explanatory and typed on a separate page. The legend should incorporate definitions of any symbols used and all abbreviations and units of measurement should be explained so that the figure and its legend are understandable without reference to the text. (Provide a letter stating exclusive license authorization if figures have been reproduced from another source.)

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○ ● △ ▲ □ ■ ◇ ◆ ▽ ▼ + ×

- The explanation of the symbols must be given as a key in the Figure itself and **not in the Figure legend**.
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#### **Appendices:**

These should be placed at the end of the paper, numbered in Roman numerals and referred to in the text. If written by a person other than the author of the main text, the writer’s name should be included below the title.

#### **ABBREVIATIONS:**

The following abbreviations or symbols may be used without explanation; others should be defined **when first introduced in the text**.

°	degree	<b>GMP</b>	guanosine monophosphate
<b>AM</b>	before noon	<b>GTP</b>	guanosine triphosphate
<b>ANOVA</b>	analysis of variance	<b>h</b>	hour; hecto-
<b>ADP</b>	adenosine diphosphate	<b>Hb</b>	hemoglobin
<b>AMP</b>	adenosine monophosphate	<b>IC<sub>50</sub></b>	inhibitory concentration, 50%
<b>ATP</b>	adenosine triphosphate	<b>i.m.</b>	intramuscular
°C	Celsius	<b>i.p.</b>	intraperitoneal
<b>c</b>	centi-	<b>i.u. / IU</b>	international unit
<b>cal</b>	calorie	<b>i.v.</b>	intravenous
<b>cAMP</b>	cyclic AMP	<b>k</b>	kilo-
<b>cDNA</b>	complementary DNA	<b>kcal</b>	kilocalorie
<b>cGMP</b>	cyclic GMP	<b>kDa</b>	kilodalton
<b>cm, cm<sup>2</sup>, cm<sup>3</sup></b>	centimeters	<b>kg</b>	kilogram
<b>cpm</b>	counts per minute	<b>km</b>	kilometer
<b>cRNA</b>	complementary RNA	<b>l</b>	liter
<b>CT</b>	computed tomography	<b>log</b>	logarithm
<b>d</b>	deci-	<b>mol/l</b>	moles/liter (molar)
<b>DNA</b>	deoxyribonucleic acid	<b>m</b>	meter; milli-
<b>DNase</b>	deoxyribonuclease	<b>mEq</b>	milliequivalent
<b>EC<sub>50</sub></b>	50% effective concentration	<b>mg</b>	milligram
<b>ECG</b>	electrocardiogram	<b>min</b>	minute
<b>ED<sub>50</sub></b>	50% effective dose	<b>ml</b>	milliliter
<b>ELISA</b>	enzyme-linked immunosorbent assay	<b>ml/min</b>	milliliters per minute
<b>Eq</b>	equivalent	<b>mm, mm<sup>2</sup>, mm<sup>3</sup></b>	millimeters
<b>g</b>	gram	<b>mmHg</b>	millimeters of mercury
<b>g</b>	gravitational constant	<b>mol</b>	mole

<b>mRNA</b>	messenger RNA	<b>r</b>	correlation coefficient
<b>MRI</b>	magnetic resonance imaging	<b>RBC</b>	red blood cell
<b>n.s.</b>	not significant	<b>RNA</b>	ribonucleic acid
<b>μ</b>	micro-	<b>RNase</b>	ribonuclease
<b>μl</b>	microliter	<b>rpm</b>	revolutions per minute
<b>μmol</b>	micromole	<b>RT-PCR</b>	reverse transcriptase-polymerase chain reaction
<b>n</b>	nano-	<b>s</b>	second
<b>n</b>	number in study or group	<b>s.c.</b>	subcutaneous
<b>nm</b>	nanometer	<b>SD</b>	standard deviation
<b>osmol</b>	osmole	<b>SE</b>	standard error
<b>p</b>	pico-	<b>SEM</b>	standard error of the mean
<b>P</b>	probability	<b>U</b>	unit
<b>PCR</b>	polymerase chain reaction	<b>V</b>	volt
<b>%</b>	percent	<b>WBC</b>	white blood cell
<b>pH</b>	negative log of hydrogen ion concentration	<b>vs.</b>	versus
<b>PM</b>	after noon		

## TRIAL AND RESEARCH GUIDELINES

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