

EDITORIAL

State of the Journal: 2003 to 2008

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On various occasions in the past I have reported to our readership on the state of the Journal, but it has been a few years since my last report and an update is long overdue. The Journal has continued to evolve over these 5 years with increasing recognition as a forum for communications relating to the broad field of clinical neonatology and maternal fetal medicine. We publish articles that embrace the full scope of the specialty, including clinical, professional, political, administrative and educational aspects. The Journal also explores legal and ethical issues, technology and product development. As many of you know the Journal has an electronic system for submitting and tracking manuscripts. That system has streamlined our processing of manuscripts and has enhanced our communications to authors, reviewers and the publisher.

While articles published in the Journal have been listed in all the major electronic search databases for many years, in 2007, we were included in the Thomson Scientific Journal Citation Reports database that calculates impact factors. The impact factor relates to how many times, on average, articles in a journal are cited within a specific period and is a means to measure the relative importance of journals. Our impact factor has not been reported yet, but we expect the initial rating in this summer.

The Electronic Manuscript Tracking System, provided by our publisher—Nature Publishing Group—allows us to track all the submitted manuscripts and to measure our performance in reviewing manuscripts. The database contains over 5 years of experience. In 2003, we received 270 original manuscripts to consider for publication. Of these, 74% underwent external review and 128 manuscripts were accepted for publication (53% acceptance rate). In 2003, the median time to first decision on a manuscript (reject, revise or accept) was about 52 days. However, at that time the duration of review plus the time spent by authors revising manuscripts and the review time following resubmission was rather protracted with an average time of 104 days for papers that were finally accepted. By 2007, the data were dramatically different:

- We received 560 original manuscripts, more than double the number we received in 2003.
- Of the original manuscripts submitted, 63% were sent out for external review and 195 were accepted for publication (45%).
- Our median time from initial receipt to first decision of all manuscripts has improved by about 2 weeks to 36 days.

- The median time to final decision on accepted manuscripts is 3 weeks shorter than in 2003 and is now 82 days.
- Original Articles and Perinatal/Neonatal Case Presentations represent about 75% of all the manuscripts we receive. These have acceptance rates of 38 and 21%, respectively.
- The total number of manuscripts (first submissions plus resubmitted revised manuscripts) processed in the editorial offices increased from 379 in 2003 to 771 in 2007.
- We received manuscripts submitted by scholars in 44 different countries.

I conclude from these data that the Journal is gaining popularity as a preferred forum by scholars throughout the world.

Now, we also have electronic publication of the manuscripts before the actual print publication, and it is made possible by the Advance Online Publication system (AOP). Accepted manuscripts are posted on the website of the Journal on a weekly basis shortly after return of the galley proofs from an author. These papers are then fully available for those readers with individual or institutional subscriptions. This dramatically increases the timeliness of each paper as the printing process takes an additional several months to complete. An article appearing in the AOP is the final draft of the manuscript and is identical to what will finally be published in print. AOP articles are fully searchable through the major search databases, for example PubMed, as soon as the manuscript is posted online. The AOP system also allows for the publication of supplementary materials in addition to the main article. For instance, appendix material or very large tables that would have been shortened or removed from the print version because of space considerations may be published now electronically as supplementary materials. Additionally, materials not suitable for print such as video files or extensive color figures may be published electronically without authors incurring additional cost. These materials are available to readers who download the electronic version from the website of the Journal. For authors, the publication dates are both that of the electronic posting and the print version. Indeed, we have received several letters to the editor relating to manuscripts before the printed version of the same.

While the AOP system has sped up the process of publication, we have been careful not to let the print backlog of manuscripts increase beyond two issues. With the doubling of the number of manuscripts, this has been accomplished by increasing the priority score for manuscript acceptance and by increasing the number of issues published per year. Before 2004, we were publishing only

eight issues per year, but since then the Journal has been published on a monthly basis.

Editors of peer-reviewed journals, such as the *Journal of Perinatology*, routinely screen manuscripts for suitability before sending them out for external review. This speeds up the decision process and avoids overloading our reviewers. We use originality of the hypothesis, pathophysiology or patient management to make initial decisions regarding publication priority. Some manuscripts are accepted without external review—these are most often Editorials, Commentaries, Special Features and Letters. Currently, over a third of submitted manuscripts are accepted or rejected without external review. Original Articles, Perinatal/Neonatal Case Presentations and State of Art Reviews that pass the initial evaluation are sent to external reviewers to assess the manuscript's merits for publication. Those assessments are used by the editors to make final decisions regarding whether or not to publish an article. Expert reviewers are therefore essential for assuring the quality of the Journal. Following this editorial, we acknowledge the 376 different reviewers who read and assessed 340 of the manuscripts submitted in 2007. In this way, we recognize and thank them for their dedicated voluntary service to which the Journal owes its quality. We also acknowledge the Board members who serve as reviewers and additionally give the editors ideas for change, encouragement for their efforts and constructive criticisms.

In the coming months, we intend to continue to emphasize Original Articles and to have two or three Perinatal/Neonatal Case Presentations in each issue. We will also increase the number of State of Art Reviews with a goal of one in each issue. The Commentary and Special Feature articles will continue on a frequent basis and serve as forums for individual observations, ethical discussions and historical articles. In the past few years, Professor D Vidyasagar has contributed a Special Feature series, the Global Minute, which records observations regarding perinatal issues and their effects in emerging and developing countries.

Gilbert Martin continues as the supplement editor and oversees the production of two to three new supplements each year. In December 2007, we published the third update of NICU design standards.¹ This supplement series is of critical importance for those responsible for designing and remodeling NICUs. As we

become more aware of the influence of the physical environment on infant outcomes, this series provides information to support the multitude of choices being made regarding expensive space, sound and lighting designs. Another groundbreaking supplement² provides the graduating fellow with an overview of the business and legal aspects of the practice environment. This supplement was written by the Committee on Practice Management, a subcommittee of one of our national sponsors—the Section on Perinatal Pediatrics of the American Academy of Pediatrics. The articles in this supplement provide information directed at assessing the practice management processes of neonatology groups. However, these articles are clearly relevant to the system-based practice competency requirement, which is now one of the six core competencies that the Accreditation Council of Graduate Medical Education requires all training programs to include in residency training. Though this supplement was first published in 2002, it remains critically important for graduating fellows today. At present, John Hartline, the principal editor of that supplement, is developing an update to be published in the near future.

In conclusion, the Journal remains vibrant, and is growing rapidly, and intends to provide clinicians with important and useful information regarding care of mothers, fetuses and newborn infants. Our view is both global and local. You, our readers and authors, provide the impetus to continue this effort and we appreciate your use of the Journal as one of your tools in keeping up to date in your practice.

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