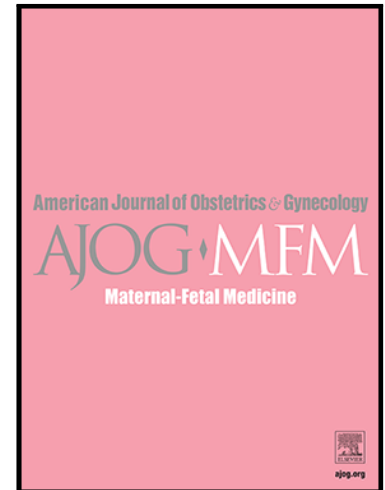


Journal Pre-proof

Gender Inclusive Research Instructions in Author Submission Guidelines: Results of a Cross-Sectional Study of Obstetrics and Gynecology Journals



Morgan C. DUNN MD , Emily B. ROSENFELD DO ,
Cande V. ANANTH PhD, MPH , Juana HUTCHINSON-COLAS MD ,
Justin S. BRANDT MD

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AJOG at a Glance

1. Why was the study conducted?

- To evaluate the proportion of specialty obstetrics and gynecology (OBGYN) journals that have gender inclusive research instructions in their author submission guidelines (“inclusive journals”).
- To use scientometric data to compare inclusive journals to non-inclusive journals and to qualitatively examine the components of inclusive research instructions.
- To promote scientific accuracy in research; it is factually incorrect to refer to many OBGYN experiences, risks, and outcomes as impacting "women" only because transgender men and gender-expansive people assigned female sex at birth experience pregnancy, abortion, birth, etc.

2. What are the key findings?

- Approximately 40% of OBGYN journals with 2020 Journal Impact Factors have gender inclusive research instructions in their author submission guidelines.
- Inclusive journals have greater impact metrics (metrics focused on the citation impact of journals), normalized metrics (metrics that have been adjusted mathematically to facilitate comparison), and source metrics (metrics based on the content of journals) compared to non-inclusive journals.
- Qualitative analysis of gender inclusive research instructions revealed overlapping guidance with most inclusive journals recommending that researchers use gender-neutral language and providing specific examples of inclusive language.

3. What does this study add to what is already known?

- The study underscores the urgent need for a majority of OBGYN journals to update their author submission guidelines to include specific instructions about gender inclusive research practices, which will ensure that people with diverse gender identities are included in OBGYN research.
- Further study is needed to clarify the relationship between gender inclusive research practices and higher metrics of research influence.

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Morgan C. DUNN, MD,¹ Emily B. ROSENFELD, DO,²

Cande V. ANANTH, PhD, MPH,³⁻⁶ Juana HUTCHINSON-COLAS, MD,⁷ Justin S. BRANDT, MD²

Affiliations

1. Department of Obstetrics, Gynecology, and Reproductive Sciences, Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ
2. Division of Maternal-Fetal Medicine, Department of Obstetrics, Gynecology, and Reproductive Sciences, Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ.
3. Division of Epidemiology and Biostatistics, Department of Obstetrics, Gynecology, and Reproductive Sciences, Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ
4. Department of Biostatistics and Epidemiology, Rutgers School of Public Health, Piscataway, NJ
5. Cardiovascular Institute of New Jersey and Department of Medicine, Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ
6. Environmental and Occupational Health Sciences Institute, Rutgers Robert Wood Johnson Medical School, Piscataway, NJ

7. Division of Female Pelvic Medicine and Reconstructive Surgery, Department of Obstetrics, Gynecology, and Reproductive Sciences, Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ

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Correspondence

Justin S. Brandt, MD

Division of Maternal-Fetal Medicine

Department of Obstetrics, Gynecology and Reproductive Sciences

Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ 08901

Tel: (732) 235-6375

Email: jsb288@rwjms.rutgers.edu

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ORCID ID

Morgan C. Dunn	0000-0001-7836-8823
Emily B. Rosenfeld	0000-0003-1131-8148
Cande V. Ananth	0000-0002-0410-2595
Juana Hutchinson-Colas	0000-0002-1970-5997
Justin S. Brandt	0000-0002-3194-1087

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Figures: 2; Supplemental Figure: 1

Condensation: Fewer than half of OBGYN journals require inclusive language and other gender inclusive research practices in their author guidelines, but these “inclusive” journals have higher journal impact factors and other research influence metrics.

Short title: Gender inclusive research practices in author submission guidelines

Abstract

Background: People with marginalized gender identities, including people with transgender and gender-expansive identities, have been historically excluded from research. Professional societies recommend the use of inclusive language in research, but it is uncertain how many

obstetrics and gynecology journals mandate the use of gender inclusive research practices in their author guidelines.

Objective: To evaluate the proportion of “inclusive” journals with specific instructions about gender inclusive research practices in their author submission guidelines, and to compare these journals to “non-inclusive” journals based on publisher, country of origin, and several metrics of research influence. Another objective was to qualitatively evaluate the components of inclusive research in author submission guidelines.

Methods: We performed a cross-sectional study of all obstetrics and gynecology journals in the Journal Citation Reports, a scientometric resource, in April 2022. One journal was indexed twice (due to a name change), and only the journal with a 2020 Journal Impact Factor was included. Author submission guidelines were reviewed by 2 independent reviewers to identify inclusive versus non-inclusive journals based on whether journals had gender inclusive research instructions. Journal characteristics, including publisher, country of origin, impact metrics (e.g., Journal Impact Factor), normalized metrics (e.g., Journal Citation Indicator), and source metrics (e.g., number of citable items), were evaluated for all journals. Median (interquartile range [IQR]) and median difference between inclusive versus non-inclusive journals with bootstrapped 95% confidence interval were calculated for journals with 2020 Journal Impact Factors. We also thematically compared inclusive research instructions to identify trends.

Results: Author submission guidelines were reviewed for all 121 active obstetrics and gynecology journals indexed in Journal Citation Reports. Overall, 41 (33.9%) journals were inclusive, and 34 (41.0%) journals with 2020 Journal Impact Factor were inclusive. Most inclusive journals were English language publications and originated in the United States and

Europe. In an analysis of journals with a 2020 Journal Impact Factor, inclusive journals had higher median Journal Impact Factor (3.4 [IQR 2.2, 4.3] versus 2.5, [IQR 1.9, 3.0] median difference 0.9, 95% confidence interval (CI) 0.2, 1.7) and median 5-year Journal Impact Factor (3.6, [IQR 2.8, 4.3] versus 2.6 [IQR 2.1, 3.2; median difference 0.9, 95% CI 0.3, 1.6) compared to non-inclusive journals. Inclusive journals had higher normalized metrics, including median 2020 Journal Citation Indicator (1.1, IQR 0.7, 1.3 versus 0.8, IQR 0.6, 1.0; median difference 0.3, 95% CI 0.1, 0.5) and median normalized Eigenfactor (1.4, IQR 0.7, 2.2 versus 0.7, IQR 0.4, 1.5; median difference 0.8, 95% CI 0.2, 1.5). Inclusive journals also had higher source metrics, including more citable items, total items, and Open Access Gold subscriptions. The qualitative analysis of gender inclusive research instructions revealed that most inclusive journals recommend that researchers use gender-neutral language and provide specific examples of inclusive language.

Conclusions: Fewer than half of obstetrics and gynecology journals with 2020 Journal Impact Factor have gender inclusive research practices in their author submission guidelines. The study underscores the urgent need for a majority of obstetrics and gynecology journals to update their author submission guidelines to include specific instructions about gender inclusive research practices.

Key words: author submission guidelines, inclusive language, impact factor, obstetrics and gynecology, research practices

Introduction

Most research that evaluates gender differences in outcomes invokes implicit assumptions about subjects' gender identities. As the gender of research participants is not systematically ascertained in most studies, researchers assume that subjects have binary genders, typically cisgender women or cisgender men. This assumption may be incorrect, as many people identify as transgender and gender-expansive (TGE). As a result of this longstanding practice, people who are not cisgender have been historically excluded from research,¹ leaving many unanswered questions about the health and reproductive outcomes of people with diverse gender identities.²⁻⁴

In April 2022, the Society of Maternal-Fetal Medicine (SMFM) published a Special Statement affirming its commitment to inclusion in clinical care, research, and education.⁵ SMFM specifically recommended that academic journals take proactive steps to promote gender inclusive practices in research, such as using the term "pregnant women" when the gender of a group has been systematically ascertained and found to be uniformly cisgender and using "pregnant people" (and other inclusive derivations) when the gender identities of research subjects are unknown. SMFM's support of inclusive research practices is consistent with the recommendations of other research organizations and professional societies, including the National Institutes of Health and the American College of Obstetricians and Gynecologists, respectively, who have also encouraged journals and researchers to adopt gender inclusive research practices.^{6,7}

Academic journals provide instructions for researchers in author submission guidelines. In some cases, journal editors may return manuscripts to researchers before peer review if these instructions are not followed so that submitted articles may be revised to conform to journal standards. In other cases, modifications of the text to accommodate the journal standards are mandated following peer review. Some journals provide specific guidance about the use of inclusive language and other inclusive research practices in their author submission guidelines, but it is uncertain how many specialty journals in obstetrics and gynecology (OBGYN) have these requirements.

Recognizing the scientific and medical imperative of accuracy in reporting on participant gender and that multiple professional bodies have called for journals to use inclusive research practices, the main objective of our study was to evaluate the proportion of “inclusive” journals that have specific gender inclusive research instructions in their author submission guidelines. Our second objective was to compare these journals to “non-inclusive” journals based on publisher, country of origin, and metrics of research influence such as the Journal Impact Factor (JIF). The third objective was to evaluate the components of gender inclusive research instructions across OBGYN journals to characterize the components of inclusivity that are important to OBGYN journals. We hypothesized that a minority of journals would have specific instructions about gender inclusive research practices, but that inclusive journals would have higher metrics of influence.

Methods

We performed a cross-sectional study of OBGYN journals indexed in the Journal Citation Reports (JCR),⁸ an annual publication by Clarivate Analytics that provides information about academic journals. We did not require Institutional Review Board approval because the data used in this study are publicly available and contain no personal identifiers or protected health information.

We included all journals indexed under the category “obstetrics and gynecology” in the JCR. We excluded one journal (*Clinical Medicine Insights: Reproductive Health*), which changed its name in 2019 and was essentially indexed twice. Only the active journal was included. For this reason, all 121 active journals were studied. Journal metrics for all indexed journals were downloaded on 8 April 2022, including journal characteristics (publication language, country of origin, and publisher), impact metrics (metrics focused on the citation impact of journals), normalized metrics (metrics that have been mathematically standardized), and source metrics (metrics based on the content of journals). Impact metrics included total citations, 2020 JIF, JIF quartile, 5-year JIF, and immediacy index. Normalized metrics included the 2020 journal citation indicator (JCI), normalized Eigenfactor, article influence score, and JIF percentile. Source metrics included citable items, total items, percentage of Open Access Gold articles, and percentage of articles in citable items. The definitions of these metrics are listed in **Supplemental Table 1**. 2020 metrics were used as these were the metrics available in the JCR at the time of our review.

An internet search was performed to identify each journal's online author submission guidelines. If author submission guidelines could not be found online, the journal's editorial office was contacted via email and author submission guidelines were requested electronically. Google Translate was used to translate non-English author submission guidelines. The guidelines were searched for the terms "sex," "gender," and "inclus." The search term "inclus" was used so that the words "inclusion" and "inclusive" would both be identified in the search.

Author submission guidelines were reviewed to identify whether guidelines contained specific instructions about the use of gender inclusive research practices. Examples of gender inclusive research practices have been previously described.¹ Examples include inclusive community engagement (e.g., strive to collaborate with transgender and gender nonbinary researchers), study population recruitment (e.g., intentional assessments related to gender identity and sex assigned at birth), measurement of gender, sex, and sexual activity (e.g., identify research subject as a man, woman, nonbinary, genderqueer, gender nonconforming, another gender not specified, or to opt not to identify a gender identity), references to reproductive anatomy (e.g., ask about specific anatomy in an organ inventory, recognizing that participants may be intersex or may have had gender affirmation surgery), and disseminating findings (e.g., develop a dissemination plan to ensure results are shared with the communities for whom they are most relevant).¹

Journals that were found to have specific instructions about inclusive language and other gender inclusive research practices by searching for the above-listed terms were categorized as

“inclusive journals,” and journals without specific instructions about inclusive research practices were categorized as “non-inclusive journals.” Author submission guidelines were independently reviewed by two authors (MCD from April 21-May 1, 2022, and EBR from June 7-11, 2022). A third reviewer (JSB) adjudicated any disagreement between the 2 reviewers. A summary of the search strategy can be found in **Supplemental Figure 1**.

Statistical analysis

The proportion of inclusive journals was calculated for all journals and for the subset of journals with 2020 JIF. In the primary analysis, we restricted comparisons to journals with JIF and compared journal metrics of inclusive versus non-inclusive journals using descriptive statistics. Since journal metrics were not normally distributed, we calculated medians (interquartile ranges [IQR]). We fit a quantile regression model to estimate the median difference between groups with 95% confidence interval (CI) based on 500 bias-corrected bootstrap resampling. All analyses were performed with Stata version 10.1 (StataCorp LP, College Station, TX).

In a subsequent analysis that included all journals (including those indexed in JCR that do not yet have JIF), we performed a qualitative analysis of the content of gender inclusive research instructions in author submission guidelines. Again, the analysis was performed by the same two reviewers and subsequent disagreements were adjudicated by the third reviewer. We thematically described the specific guidance that inclusive journals provided to authors about inclusive language and other research practices in their submission guidelines.

Results

In the JCR query performed on 8 April 2022, 122 specialty OBGYN journals were identified. Of these, we excluded 1 journal (*Clinical Medicine Insights: Reproductive Health*) that was indexed twice. We included 121 journals in the final analysis.

Author submission guidelines were obtained online for 120 (99.2%) journals. The guidelines for *Seminars in Perinatology* were not posted online as manuscripts published by that journal are by invitation only. The journal's editor provided an electronic copy of the author submission guideline, so we were able to review author submission guidelines for all OBGYN journals indexed in JCR.

The initial reviewer identified 26 inclusive journals. The second blinded reviewer identified 41 inclusive journals, which represented 63% agreement. The disagreement was largely driven by three components of inclusive research instructions. The initial reviewer did not include 10 journals with inclusive name change policies and 5 journals that had general statements promoting inclusion in research. The second reviewer did not believe that a journal that recommended "women centered language" should be categorized as inclusive. The second reviewer also found that *Obstetrics and Gynecology* updated their author submission guidelines after the initial review and could be categorized as inclusive for the study. A final decision, which was adjudicated by the third reviewer, was to employ a broad definition of gender inclusive research practices, so we agreed to categorize 41 journals as inclusive.

Of the 121 OBGYN journals indexed in JCR, 83 (68.6%) had 2020 JIF (**Figure 1**). These journals are characterized in **Table 1** based on language, country of origin, and whether the author submission guidelines had gender inclusive research instructions. Overall, only 41 (33.9%) journals were inclusive, though there was a higher percentage of inclusive journals with JIF (41%). The majority of journals were English language and published in the US and Europe (**Figure 2**). The names of inclusive journals are listed in **Supplemental Table 2**.

Inclusive journals were characterized and compared to non-inclusive journals in **Table 2**. There were similar proportions of inclusive and non-inclusive OBGYN journals that were published in English and originated in the US and Europe. The publisher appeared to be a significant factor that influenced whether journals were inclusive or non-inclusive. Over 60% of inclusive journals were published by two publishers: Elsevier and Wiley. Compared to non-inclusive journals, inclusive journals had higher 2020 JIF and 5-year JIF. Nearly half of inclusive journals were in the first quartile for JIF. There were also numerically important differences in normalized metrics and source metrics. Although there were similar percentage of articles published with Open Access Gold subscriptions and percentage of articles in citable items (a key factor in generation of the JIF), inclusive journals had stronger normalized metrics and stronger source metrics.

We performed a qualitative analysis of the gender inclusive research instructions of OBGYN journals. The inclusive components that were most frequently encountered were recommendations to use gender-neutral language (e.g., plural nouns instead of she/her; used by 22 [53.7%] journals) and specific examples of inclusive language (used by 23 [56.1%]

journals). 15 (36.5%) journals distinguished between definitions of sex and of gender. A little over a quarter (n=11, 26.8%) of journals provided inclusive guidance for authors wishing to change their names. One journal acknowledged the importance of using inclusive language in research while trying to avoid marginalizing women. We summarize the qualitative analysis of inclusive research instructions in **Table 3**, and we provide the text and their journal affiliations in **Supplemental Table 3**.

Discussion

Principal findings

In this study of OBGYN journals, we found that 33.9% of all specialty journals and 41% of journals with 2020 JIF had specific instructions for researchers about inclusive language and other gender inclusive research practices in their author submission guidelines. In an analysis restricted to journals with 2020 JIF, inclusive journals had significantly greater metrics of research influence across three domains, including impact metrics, normalized metrics, and source metrics. A qualitative analysis of gender inclusive research instructions suggested overlap among the guidance provided by journals with most inclusive journals recommending that researchers use gender-neutral language and providing specific examples of inclusive language.

Results in context

Since 2012, the percentage of US adults who self-identify as lesbian, gay, bisexual, and transgender (LGBT) has doubled and is now 7.1%.⁹ A recent study conducted in 2022 found that

1.6% of US adults identify as TGE, and the prevalence of minoritized gender identities is even higher among younger age groups.¹⁰ A cross-sectional survey-based study of 1,694 people assigned female sex at birth that provides the best contemporary estimate of pregnancy rates among TGE people assigned female sex at birth, though likely still an underestimate, suggested 16.8 per 1000 pregnancy.¹¹ Yet there remain significant gaps in knowledge about the reproductive health of LGBT people.^{2,3} There have been calls to promote gender inclusion in research, but how this has trickled down to OBGYN research remains largely unknown.¹² Our study, which provides novel insight into the culture of inclusion in OBGYN research, suggests that a majority of OBGYN journals do not expect researchers to use gender inclusive research strategies.

There is lack of data about gender inclusive research practices in OBGYN, but there is also lack of data in other fields. A study on this topic in orthopedic research found that only 2-5% of papers included gender as an effect-modifier, and more than half of the articles studied used the terms “sex” and “gender” interchangeably.¹³ It is likely that other fields, in addition to OBGYN or orthopedics, also need to take steps to promote gender inclusive research practices.

An unexpected finding in the study was that publisher appears to play a large and unrecognized role in the expectations of gender inclusive research practices in OBGYN. Although this finding should be interpreted cautiously due to small numbers, we observed that most inclusive journals in OBGYN were published by Elsevier and Wiley. Elsevier has published a general guide for Elsevier authors to promote inclusive language, which appears to have disseminated across

most of the publisher's journals.¹⁴ Further study is warranted to examine the role publishers play in shaping gender inclusive research in OBGYN and in other medical fields.

Research implications

Inclusive research practices promote accuracy in scientific research. It is factually incorrect to refer to many OBGYN experiences, risks, and outcomes as impacting "women" only because TGE people assigned female sex at birth experience pregnancy, abortion, birth, etc. These inclusive practice may also close some of the gaps in our knowledge about reproductive health and outcomes of TGE people.¹⁵ Many competing reasons contribute to this lack of information, including misclassification bias, selection bias, conflation of "sex" and "gender," problematic inclusion criteria, and heteronormative assumptions about sex and reproduction, among other reasons¹. Inclusive research that seeks to include people with marginalized sexual and gender identities can improve the care for these historically excluded peoples, but also can provide granularity about outcomes that could have farther reaching implications for the health and reproductive outcomes for all people.

There is a consensus among LGBT researchers that research practices need to be more gender inclusive. Moseson and colleagues have suggested strategies to promote inclusion in research (and clinical care).¹ The use of inclusive language is one component, but other complementary strategies should also be employed. For example, Moseson discusses the importance of collaborating with transgender and gender nonbinary researchers, specifying when research is relevant to people who are capable of pregnancy (not just based on gender), offering subjects

the opportunity to self-identity their gender, and presenting gender identity as distinct from sex assigned at birth in research. When these types of practices are utilized, the end result is gender inclusive research.^{16,17} In this context, the qualitative study of author submission guidelines suggests that author submission guidelines with inclusive research instructions are generally insufficient and should be augmented to support inclusive language as well as other strategies. Journals that do not currently promote the use of inclusive language and other gender inclusive research practices in their author guidelines could consider adding some of the components listed in **Table 3**. Our study provides a template for journals that wish to update their guidelines.

While all of the inclusive research instructions were incomplete, one was also problematic. The instructions for *Women and Birth* purported to inclusion while trying to embrace “woman centered language” to avoid marginalizing women.¹⁸ This language reflects concerns about potential harms of de-sexed language in medical research including misunderstanding of de-sexed language, dehumanization, inclusion of people who are not intended to be included, and even introducing inaccuracies.¹⁹ However, strategies to promote gender inclusion should not be perceived as potentially marginalizing. By definition, inclusion seeks to advocate for all people, including cisgender women and TGE people who have birthing potential. Indeed, promoting inclusive practices can (and should) augment efforts to fight against sexism, which is generally what drives the marginalization of people with birthing potential. Promoting gender inclusion should also coexist with programs meant to encourage a diverse workforce, such as SMFM’s Emerging Leaders Program.²⁰

Strengths and limitations

All specialty OBGYN journals that were indexed in JCR were included in this study, including established journals with JIF and emerging journals that do not yet have impact factors. As such, the study provides novel insight into the academic culture of inclusivity of OBGYN journals that is applicable across the medical field. The analysis by journal metrics evaluated journals according to three categories of metrics, including impact, normalized, and source metrics. The substantive differences between inclusive and non-inclusive journals across these domains suggests robust journal differences between inclusive and non-inclusive journals.

Our study has some limitations. We evaluated gender inclusive research practices, which intentionally biased the findings towards inclusive practices related to gender. The authors acknowledge that inclusion may also apply to other settings that may not have been included here (e.g., race/ethnicity, disability, etc.). Also, we assumed that gender inclusive research requirements identify an inclusive journal, but an informal review of many of these journals demonstrate the use of terms, such as “pregnant women,” without the systematic ascertainment of gender. We also selected a binary definition of what constitutes inclusive research practices. The somewhat arbitrary nature of this binary distinction was evident by the fact that our independent reviewers had a fair agreement. Another limitation is the dynamic nature of this topic. Journals are continuously updating their author guidelines, which means our results provide insight as of 11 June 2022, when our author guideline review ended. SMFM published its special statement in April 2022,⁵ and it is likely that more journals will embrace

the use of inclusive language and other gender inclusive research practices in the future. Our use of a broad definition of inclusive research practices may also be perceived as a limitation. Some author instructions included multiple different components whereas others were considered inclusive only because of an inclusive author name change policy or a limited statement in support of inclusive research practices. Finally, it is unknown if higher JIF translate to more inclusive practices or if more inclusive practices lead to higher JIF. Further studies should evaluate how consistently inclusive journals use gender inclusive language in their manuscripts, if study designs are inclusive, and how incorporation of gender inclusive research practices in author submission guidelines impacts journal metrics of influence.

Conclusions

In this cross-sectional study of OBGYN journals, we found that less than half of specialty journals have specific guidance for researchers about gender inclusive research practices in their author submission guidelines. We also found that inclusive journals have significantly greater metrics of research influence across three domains. The results of this study underscore the need for the majority of journals in OBGYN to update their author submission guidelines as a commitment to promoting inclusion in our field. Although the study suggest that these practices may lead to higher metrics of research influence while ensuring that people with diverse gender identities are included in OBGYN research, further study is warranted to evaluate this association.

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Figure legends

Figure 1

Study flow diagram

Legend: Obstetrics and gynecology journals with 2020 journal impact factors.

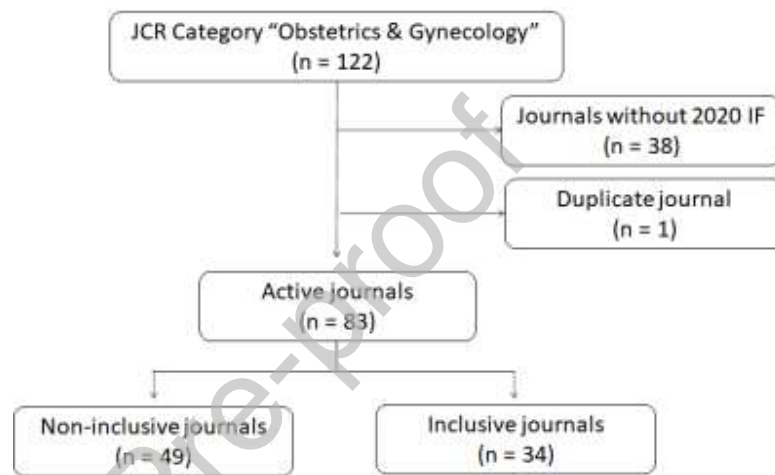


Figure 2 Global distribution of inclusive and non-inclusive obstetrics and gynecology journals



Supplemental Figure 1 Search strategy

Legend: JCR: Journal Citation Report; JIF: Journal Impact Factor

Table 1
Characteristics of obstetrics and gynecology journals indexed in Journal Citation Reports

	All OBGYN Journals (N=121)	OBGYN Journals with 2020 JIF (n=83)
Inclusive language	41 (33.9)	34 (41.0)
Language		
English	104 (86.0)	78 (94.0)
French	1 (0.8)	1 (1.2)
German	2 (1.7)	2 (2.4)
Multiple	11 (9.1)	1 (1.2)
Polish	1 (0.8)	1 (1.2)
Portuguese	1 (0.8)	0
Spanish	1 (0.8)	0
Region		
Africa	2 (1.7)	0
Asia	10 (8.3)	7 (8.4)
Australia/New Zealand	4 (3.3)	3 (3.6)
Canada	1 (0.8)	0
Europe	54 (44.6)	40 (48.2)
India	4 (3.3)	0
Middle East	5 (4.1)	0
South America	3 (2.5)	0
United States	38 (31.4)	33 (39.8)
Impact factor	83 (68.6)	83 (100.0)

Data is n (percent).

OBGYN: obstetrics and gynecology; JIF: Journal Impact Factor

Note: Journals categorized by the Journal Citation Reports as "Obstetrics and gynecology" on 8 April 2022.

Table 2
Comparison of obstetrics and gynecology journals with
2020 Journal Impact Factors that are inclusive versus non-inclusive

	Inclusive Journals		Median difference (95% CI)**
	No (n=49)	Yes (n=34)	
Journal Characteristics			
Language			
English	45 (91.8)	33 (97.1)	—
French	0	1 (2.9)	—
German	2 (4.1)	0	—
Multiple	1 (2.0)	0	—
Polish	1 (2.0)	0	—
Region			
Asia	4 (8.2)	3 (8.8)	—
Australia/New Zealand	3 (6.1)	0	—
Europe	23 (46.9)	17 (50.0)	—
United States	19 (38.8)	14 (41.2)	—
Publisher*			
BioMed Central	2 (4.1)	1 (2.9)	—
Churchill Livingstone	0	1 (2.9)	—
Elsevier	2 (4.1)	15 (44.1)	—
Federacao Brasileira Soc Ginecologia & Obstetricia-Febrasgo	0	1 (2.9)	—
IMR Press	1 (2.0)	1 (2.9)	—
Korean Society	0	1 (2.9)	—
Lippincott Williams & Wilkins	6 (12.2)	3 (8.8)	—
Mary Ann Liebert, Inc.	0	2 (5.9)	—
Sage Publications, Inc.	0	1 (2.9)	—
Springer	6 (12.2)	0	—

Taylor & Francis Ltd.	8 (16.3)	0	—
W B Saunders Co-Elsevier, Inc.	3 (6.1)	1 (2.9)	—
Wiley	4 (8.2)	7 (20.6)	—
Impact metrics			
Total citations	3264 (2064, 5568)	5422 (2375, 10543)	2647.0 (-938.6, 6232.6)
2020 JIF	2.5 (1.9, 3.0)	3.4 (2.2, 4.3)	0.9 (0.2, 1.7)
JIF Quartile			
Q1	5 (10.2)	15 (44.1)	—
Q2	15 (30.6)	6 (17.7)	—
Q3	14 (28.6)	7 (20.6)	—
Q4	15 (30.6)	6 (17.7)	—
5-year JIF	2.6 (2.1, 3.2)	3.6 (2.8, 4.3)	0.9 (0.3, 1.6)
Immediacy index	0.6 (0.4, 1.0)	1.1 (0.8, 1.6)	0.5 (0.1, 0.8)
Normalized metrics			
2020 JCI	0.8 (0.6, 1.0)	1.1 (0.7, 1.3)	0.3 (0.1, 0.5)
Normalized Eigenfactor	0.7 (0.4, 1.5)	1.4 (0.7, 2.2)	0.8 (0.2, 1.5)
Article Influence Score	0.8 (0.6, 0.9)	1.0 (0.7, 1.4)	0.2 (0, 0.4)
JIF Percentile	42.8 (21.1, 60.8)	71.7 (34.3, 86.1)	26.5 (4.6, 48.4)
Source metrics			
Citable items	107.0 (63.0, 264.0)	171.0 (122.0, 249.0)	67.0 (4.2, 129.8)
Total items	96.0 (50.0, 250.0)	149.5 (108.0, 224.0)	55.0 (-5.2, 115.2)
OA Gold, percentage	0.1 (0, 0.2)	0.1 (0, 0.1)	0 (0, 0.1)
% of articles in Citable items	0.9 (0.8, 0.9)	0.9 (0.9, 0.9)	0 (0, 0)

Data is n (percent) and median (interquartile range)

CI: confidence interval; JIF: journal impact factor; JCI: Journal Citation Index; OA: open access

*38 publishers were included in the study, but we have shown data for publishers who published 5 or more journals and/or who published 1 or more inclusive journals

**95% confidence intervals were based on 500 bias-corrected bootstrap resampling method.

Note: Journals categorized by the Journal Citation Reports as "Obstetrics and gynecology" on 8 April 2022.

Table 3
Characteristics of author submission guidelines about gender inclusive research practices

Components of Gender Inclusive Research	Number (%) (n=41)
Give specific examples of gender-inclusive language	23 (56.1)
Recommend gender neutral language (eg. use pleural nouns instead of she/he)	22 (53.7)
Distinguish between “sex” versus “gender”	15 (36.5)
Offer resources to authors	14 (34.1)
Inclusive author name change policy	11 (26.8)
Statement promoting inclusiveness in research	5 (12.2)
Recommend “women centered language” to avoid marginalization of women*	1 (2.4)

*Although this statement was identified methodologically, the statement does not promote gender inclusion.

Note: Some journals have multiple components on inclusive language instructions in their author submission guidelines.