



Academy of Breastfeeding Medicine

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INSTRUCTIONS FOR AUTHORS ACADEMY OF BREASTFEEDING MEDICINE (ABM) ANNOTATED BIBLIOGRAPHIES AND CLINICAL PROTOCOLS

Expected Timeline for Development of Annotated Bibliographies and Clinical Protocols:

- 1 month: Draft bibliography & summary of purpose due to Protocol Committee;
 - 2 months: Annotated bibliography due to Protocol Committee;
 - 3-4 months: Annotated bibliographies reviewed by Protocol Committee, formatting changes made as needed; submitted to Board of Directors;
 - 4 months: Draft protocol submitted;
 - 4-6 months: International review & peer review completed;
 - 6-7 months: Revisions made by primary author and/or Protocol Committee;
 - 7-8.5 months: ABM board initial review (3 weeks); Revisions made per BOD suggestions by author(s) and/or Protocol Committee (2-3 weeks);
 - 8.5-9 months: Final author review (re: authorship if changes incorporated by committee) and ABM board approval (2 weeks);
 - Final: Annotated Bibliography placed on the "Members Only" ABM website; Protocol published in future edition of *Breastfeeding Medicine* and placed on public ABM website after publication (with expected review/revision by 5 years after approval date).
- Protocol submitted to National Guidelines Clearinghouse (NGC) for review, and acceptance for their website.
- Publication and posting of the new protocol will be announced and publicized on the ABM list serve, ABM Face Book page, and ABM Twitter.

1. All draft annotated bibliographies and protocol drafts produced by the author(s) are embargoed property of ABM until the final versions have been approved by the Board of Directors of ABM, have been released for submission to United States Bureau of Maternal and Child Health (MCHB) (if applicable), published in *Breastfeeding Medicine*, and posted on the website. Similarly, communications regarding draft bibliographies and protocols and reviews thereof are also to be considered confidential. Final bibliographies and protocols are copyrighted upon publication, with approval dates noted at the end of the document.
2. Each lead author is assigned one of the senior members of the Protocol Committee as a resource and point person to the committee. After accepting lead authorship for a protocol, the author will conduct a literature search and write a draft annotated bibliography along with a brief summary of the purpose of the proposed protocol (see annotated bibliography

template) and notable gaps in the evidence. This bibliography is necessary in order to inform the protocol content and may be required for MCHB funding. This draft annotated bibliography will be completed and submitted to the Protocol Committee within 1 month of accepting the protocol assignment.

3. In recognition of their work, authors who are not Protocol Committee members will be designated as contributors in the credits for the protocol. The Protocol Committee reserves the right to alter the order in which contributors are listed based on additional work that occurs during the editing/re-writing process. The Contributing Author(s) will be designated as such on the finished papers, but authorship for publication purposes is assigned to The Academy of Breastfeeding Medicine Protocol Committee.
4. An annotated bibliography (recommended not to exceed 5 single-spaced pages, unless literature review warrants otherwise), and a statement of any areas lacking in empiric evidence and recommendations for future research will be the initial product submitted to the protocol committee. This bibliography will include articles written in English in the past 20 years in the fields of medicine, psychiatry, psychology, and basic biological science to identify the relevant literature for the review. Once the articles are gathered the papers should be evaluated for scientific accuracy and significance. Those articles which achieve scientific merit should be entered into the bibliography. Resources at the Medical Library at the University of Rochester School of Medicine are available if you do not have the ability to obtain specific articles (contact your assigned protocol resource person). When writing the bibliography, the evidence should be ranked according to the standards of US Preventive Services Task Force (see below #8 and separate ABM “*Quality of Evidence*” document). If it appears as though you cannot keep the annotated bibliography to 5 pages, it is imperative that you speak to one of the members of the Protocol committee, preferably your assigned resource person, or the Protocol Committee Chairperson. If the particular topic has a paucity of good scientific evidence, articles of lesser quality (e.g. reviews, expert opinion, and case series) might need to be included, or conversely, with a wealth of scientifically strong information available, we may want to present more of it to be complete. Authors may also want to include older seminal articles in the bibliography when appropriate.
5. The annotated bibliographies are to be written in a standard template format for ABM, which will be provided to you. Examples of previously written bibliographies are available to view on the Member’s Only page of the website, or from your resource person. If your subject matter is easily divided into sub-topics (e.g. Contraception protocol can be divided into different methods of contraception) then please divide the bibliography accordingly. Within any sub-topic, the articles reviewed should first be listed by order of level of evidence (Level I down to Level III, section #8 below); then within order of evidence, by descending chronological order (i.e. newest articles first); and finally if more than one article in a particular level of evidence are written in same year, then by alphabetical order by the first author. *[Expected time frame for submission of annotated bibliography: 2 months from accepting assignment]*

6. All ABM clinical protocols are to be evidenced based. Appropriate references must be provided. Primary references (rather than review articles or other secondary references) should be used whenever possible. When expert opinion is cited it must be clearly stated in the text of the protocol as opinion and addressed in the section on recommendations for future research. *[Expected time frame for protocol draft submission: 2 months after submission of annotated bibliography, i.e. 4 months from accepting assignment.]*
7. With the addition of producing an annotated bibliography first, there has been a tendency to write extremely long background sections which are heavily referenced. Please remember that these are “Clinical Protocols” and as such should be concise, to the point, and easy for the practitioner to use. Please keep the background sections appropriately sized, and use only the best evidence for the references.
8. Authors are urged to cite references that offer the best evidence for recommendations made in the protocol. Evidence is ranked according to the standards of US Preventive Services Task Force and must be identified according to rank in bibliography text. (See example A and B below.)
 - I Evidence obtained from at least one properly randomized controlled trial
 - II-1 Evidence obtained from well-designed controlled trials without randomization
 - II-2 Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group
 - II-3 Evidence obtained from multiple time series with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of the introduction of penicillin treatment in the 1940s) could also be regarded as this type of evidence.
 - III Opinions of respected authorities, based on clinical experience, descriptive studies and case reports; or reports of expert committees

Example A: (Level I: randomized clinical trial)

M. S. Kramer, B. Chalmers, E. D. Hodnett, A. Sevkovskaya, I. Dzikovich, S. Shapiro, J. P. Collet, I. Vanilovich, I. Mezen, and T. Ducruet. Promotion of breastfeeding intervention trial (PROBIT): A cluster-randomized trial in the republic of Belarus. *JAMA* 285 (4): 1-15, 2001.

Example B: (Level II-2: non-randomized clinical trial)

J. L. Ballard, C. E. Auer, and J. C. Houry. Ankyloglossia: assessment, incidence, and effect of frenuloplasty on the breastfeeding dyad. *Pediatrics* 110 (5):e63, 2002.

9. Protocol references will be cited
 - a. By order in text
 - b. Style will be American Medical Association Citation Style

10. Structure of the Protocol

Standard ABM formatting will be used (protocol committee resource person will provide this when first draft is submitted by primary author)

- a. Background Section
 - i. Statement about need for the protocol
 - ii. Reviews the literature as needed, as concisely as possible
 - iii. Contains relevant policy statements (Authors are advised to remember that ABM is an international organization and the use of international organizational statements is encouraged whenever possible. Such statements can be supplemented with other professional organizational statements as appropriate)
- b. Recommendations
 - i. Contains recommended clinical practices or procedures which when referenced include level of evidence in text as above (Number 8)
- c. Recommendations for future research (this may be the same as the Areas for Future Research in the annotated bibliography)
 - i. Clearly identifies gaps in evidence
 - ii. Makes recommendations about what are the most pressing issues

11. Please submit responses to each of these 4 questions which are required with the submission of our protocols to the NGC:

1. Please describe, in detail, the database(s) searched.
2. What was the time frame of the literature search(es)?
3. Were inclusion/exclusion criteria used during the search? If so, could you describe?
4. Were specific search terms used, if so, which ones?

12. After a protocol has been peer-reviewed by appropriate groups (peer review and international peer review), the protocol committee will either incorporate changes or, at the discretion of the committee, request that the author(s) incorporate appropriate changes prior to submission to the ABM Board of Directors for comments.

13. After final revisions, including those suggested by the ABM Board of Directors, the author(s) will perform final review and proofing and ascertain whether to maintain lead authorship.

14. All final protocols are to be approved by a two-thirds majority vote by the ABM Board of Directors prior to publication.

15. Annotated bibliographies and protocols are revised and updated every 5 years, or sooner as indicated by significant changes in the field. Author(s) are requested to begin the process of revision at 4 years after protocol approval. If original authors decline the opportunity to revise the protocol at this time, alternate author(s) will be identified by the Protocol Committee. If a revision is not available 5 years after the original protocol approval date,

the protocol will be 'retired' from the web site.

16. When protocols come up for 5 year review/revisions, if they were originally produced without an annotated bibliography as the first step that will need to be done, as described above. If an annotated bibliography was part of the original process, the first step would be to update the bibliography with new research publications from the previous 5 years. When revising a protocol, we ask that its general format be followed, and it not be re-written any more than is necessary to up-date it so that practitioners who have used and are familiar with the previous protocol can easily recognize the changes.
17. Requirements for authors updating protocols: Authors should submit:
 - i. An annotated bibliography for new articles published in the 5 years since the previous protocol was published. (Or an annotated bibliog. for the past 20 years if no previous bibliography was done.)
 - ii. A synopsis of changes to the protocol document
 - iii. A list of new references that were used for the update
 - iv. All references from the prior edition of the protocol and annotated bibliography **MUST** be checked for accuracy and relevancy if they are going to be used in the current revision prior to the first submission.
18. Significant changes from the above timeline may be acceptable on a case-by-case basis. Authors should discuss anticipated timeline, if other than above, with the assigned protocol resource person who will take it to the committee. If the work cannot be completed within the agreed upon time, the committee reserves the right to re-designate authorship.