

# The WHO Reproductive Health Library

## Instructions to authors

1. **Audience.** The primary audience of *The WHO Reproductive Health Library* (RHL) is clinicians, programme managers and policy-makers working in the area of sexual and reproductive health.
2. **Objectives.** The main objectives of the RHL commentary are:
  - a. to present, in as simple language as possible, a summary of the findings of the Cochrane review (or reviews) being commented on;
  - b. to present an assessment of the relevance of the findings of the Cochrane review (or reviews) to health-care practice in under-resourced settings; and
  - c. to provide practical advice on implementation, in under-resourced settings, of the intervention evaluated in the Cochrane review (or reviews).
3. **Length of commentary.** The commentary should be focused and should contain no more than 1500 words.
4. **Language of commentary.** RHL is first published in English and then translated into Chinese, French, and Spanish. All commentaries submitted for publication in RHL must be written in English.
5. **Structure of commentary.** The commentary should be written in the standard IMRAD (introduction, methods, results and discussion) format.
  - a. **Title.** For commentaries on a single Cochrane review, use the same title as that of the review. For grouped reviews, propose a broader title covering all reviews being collectively commented on.
  - b. **Authors.** Submit the commentary with your surname and initials. Include a brief (maximum 250 words) curriculum vitae, listing your educational degrees, current and previous positions held and research and/or programme implementation interests.
  - c. **Introduction.** Summarize the nature and magnitude of the problem (especially in under-resourced settings in low-and middle-income countries) that the intervention evaluated in the Cochrane review is seeking to address. If available, include data on the magnitude of the problem – for example, prevalence worldwide or in a region, country, urban/rural area, etc. Explain briefly the relevance/importance of the particular intervention(s) evaluated in the Cochrane review to the problem.

State the objective(s) of the Cochrane review and the rationale for studying the intervention.

- d. **Methods.** State the methods used by the review authors to identify the trials, the inclusion and exclusion criteria for the trials, methods of evaluation of the quality of trials and outcomes to be studied. Comment on appropriateness of the methods used in the review (comprehensiveness of search for trials, assessment of quality of the included trials, etc.) and how clearly the data are presented in the review (in tables as well as text).
- e. **Results.** State the number of trials (and participants in them) included in the review. Summarize in your own words the key findings of the review with respect to the outcomes that were to be studied. Give statistical significance with confidence intervals for statistically significant findings. Avoid including information that is not part of the Cochrane review, unless the review has omitted specific data or trial(s) that you consider important for the review, or if the included trials did not report a particularly relevant outcome related to the intervention.
- f. **Discussion.** This section should be divided into three parts: applicability of the results; implementation of the intervention; and further research.
  - i. *Applicability of the results.* State in your own words the conclusions of the review and comment on it as necessary. Keeping in mind the limitations of health systems in under-resourced settings, assess whether it would be feasible to introduce the studied intervention (if the Cochrane review author finds it to be beneficial) in such settings. Consider in particular whether the available evidence was obtained in developed and/or developing countries and whether this has a bearing on the applicability of the intervention in under-resourced settings. Additional considerations include:
    - Are there any pathophysiological differences in the illness that may lead to different responses to the intervention in different settings?
    - Are there issues related to the intervention that may change the response to the treatment?
    - Are there co-morbid conditions that may alter the potential benefits and risks of the intervention?
    - Are there differences in baseline risk that may affect the number needed-to-treat to achieve a positive outcome?
  - ii. *Implementation of the intervention.* If the studied intervention is judged to be applicable to under-resourced settings, suggest practical ways (based on, for example, existing practice guidelines or your own experience) of implementing the intervention in such

settings. Discuss health system changes and resources required to introduce the intervention. Include also any potential impediments (resources-related, cultural, or others) that clinicians or programme managers can expect in implementing the intervention. If the intervention is judged not to be relevant to under-resourced settings, suggest ways of dealing with the problem based on available evidence-based guidelines, research studies, etc. Where possible, make your suggestions for implementation in relation to the following three levels of care within a health system: primary level, secondary level and community level.

- iii. *Further research.* Suggest further topics for research as appropriate.
- g. **Sources of support.** If applicable, mention any institution that made it possible for you to write the commentary.
- h. **Acknowledgements.** Use this section to acknowledge in a sentence or two people who gave you advice or guidance related to the commentary.
- i. **References.** Keep references to a maximum of 10. See examples below for style.

*Cochrane reviews:*

- 1. Jacobs-Jokhan D, Hofmeyr GJ. Extra-abdominal versus intra-abdominal repair of the uterine incision at caesarean section. Cochrane Database of Systematic Reviews 2007; Issue 4. Art. No.: CD000085; DOI: 10.1002/14651858.CD000085.pub2.

*Journal article:*

- 2. Edi-Osagie ECO, Hopkins RE, Ogbo V, Lockhat-Clegg F, Ayeko M, Akpala WO, et al. Uterine exteriorisation at caesarean section: influence on maternal morbidity. *British Journal of Obstetrics and Gynaecology* 1998; 105: 1070-8.

*Chapter in a book/book:*

- 3. Lomas J, Enkin M. Variations in operative delivery rates. In: Chalmers I, Enkin M, Keirse MJNC (ed). *Effective care in pregnancy and childbirth*, 1989. Oxford: Oxford University Press; 1989.

*Report:*

- 4. *Medical Birth Registry of Norway: annual Report 1999-2000.* Bergen: University of Bergen; 2002.