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EDITORIAL

Change: Know that it will happen



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Change has become the slogan of recent political campaigns and social movements. I often tell my colleagues and students that change, and the need for nimble and rapid adoption of and adaptation to change, has characterized medicine in the last decade more than I have experienced.

The *International Journal of Gynecology and Obstetrics* (IJGO) has also been undergoing change, perhaps not as consequential as that seen by financial systems and the environment in the last 3 years, but we have come to know that we must adapt more quickly than ever before. The rise in evidence-based medicine has led to an increase in the number of submissions of randomized clinical trials, systematic reviews, and meta-analyses and authors should consult CONSORT, QUOROM, or MOOSE checklists relevant to their specific study design before submission (more details about these guidelines are found in the IJGO Guide for Authors: www.ees.elsevier.com/ijg). From January 2012, as a condition of consideration for publication, IJGO will require that clinical trials are registered in a clinical trials registry.

In December 2007, the Journal published a Supplement on misoprostol [1], a drug with many uses in women's health and the use of

which needs to be encouraged and enhanced around the world. IJGO continues to publish clinical practice guidelines from the Society of Obstetricians and Gynecologists of Canada (SOGC) and encourages systematic reviews and important review articles.

In recent years the Journal has expanded its peer reviewer database to match the increase in submissions—from 494 papers in 2002 to 1217 in 2008. In 2006, over 60% of the reviewers were from North America. In 2009, over 600 experts from around the world undertook reviewer duties for IJGO, comprising 4% from South America, 6% from Africa, 14% from the Middle East, 17% from Asia, 23% from Europe, and 36% from North America. This distribution is very similar to the distribution of papers submitted to the Journal. One of our priorities must be to engage our South American colleagues, not only in the Journal but in FIGO activities generally.

How about our colleagues in low-income countries? The Journal has adopted the terms “low-income” and “middle-income” rather than “third world” or “developing” countries. We will solicit and publish articles from clinicians/scientists from low-income countries whose scientific endeavors and clinical reports often do not reflect the degree of technical sophistication and modern laboratory techniques often available in high-income countries, but whose voices and scholarship need to be heard nonetheless. IJGO will continue to provide a forum for this and encourages all researchers to follow the Journal's existing submission requirements and the forthcoming ones concerning registration of clinical trials.

It has been extremely interesting to publish more articles that reflect the social role of obstetricians/gynecologists and their national societies in sexual rights and reproductive justice. The mandates of FIGO's Presidents, outlined in special editorials and the World Report on Women's Health 2009 [2], will continue to inspire our editorial activities.

Let me take this opportunity to thank our readers, authors, and reviewers for their support and I wish you continued academic success and peace in the New Year.

References

- [1] Weeks A, editor. Misoprostol for reproductive health: dosage recommendations. *Int J Gynecol Obstet* 2007;99(Suppl 2):S155–205.
- [2] Serour GI, Johnson TJ, editors. World Report on Women's Health 2009. Reproductive and sexual health: 15 years after the International Conference on Population and Development. *Int J Gynecol Obstet* 2009;106(2):99–187.

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