



The Pregnancy Meeting™ 40th Annual Meeting

February 3 - 8, 2020 | Grapevine, Texas (near Dallas)

ABOUT THE PREGNANCY MEETING™ AND THE CALL FOR ABSTRACTS

The annual meeting of the Society for Maternal-Fetal Medicine (SMFM), The Pregnancy Meeting™, will be held February 3–8, 2020 at the Gaylord Texan Resort and Conference Center, in Grapevine, Texas, near Dallas. The mission of the Society is to provide education and promote research that optimizes the health of high-risk pregnant women and their babies. The Annual Meeting is a centerpiece of the work of the Society, featuring postgraduate courses and workshops, luncheon roundtables, scientific forums, and poster presentations. The Pregnancy Meeting™ is *the* premier event for presenting and learning about cutting-edge science in obstetrics and provides participants the opportunity to connect with leaders and colleagues in maternal-fetal medicine.

Annually, SMFM receives over 2,000 abstract submissions from physicians and allied professionals seeking a forum to showcase their science. Of these submissions, the Society will accept approximately one half for poster and oral presentations.

CALL FOR ABSTRACTS BROCHURE CONTENTS

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IMPORTANT DATES

Friday, May 24, 2019: Regular submission site opens.

Monday, August 5, 2019, 9 pm ET: All abstracts must be received by this date and time.

Tuesday, October 1, 2019: Applicants will be notified of whether their submission has been accepted or declined

Friday, October 11, 2019: Late-breaking submission site opens.

Friday, November 8, 2019, 9 pm ET: All late-breaking abstracts must be received by this date and time.

GENERAL TIPS AND INSTRUCTIONS

- All submissions must be completed by **9 pm ET on Monday, August 5, 2019**.
- **Only login and open one browser window for abstract submissions** (i.e., Do not access the system in multiple windows on the same browser for entering data for your submission. This may cause information to be lost or overwritten!).
 - This step is very important as data may be corrupted if multiple sessions are open at the same time.
- Best practice: Complete the abstract submission in one session (no partial submissions).
- Best practice: Log out of session at the end of submission.
- The system does not have a spell-check feature. Please review your abstract for grammatical and spelling errors prior to submission.
- There is no limit to the number of complete abstract submissions; however, you should not have more than two (2) incomplete (active) submissions at a time.
- Progress on an abstract submission can be saved once all the required fields in that section of the submission are completed.
- When naming images/charts/tables for upload, please refrain from using the author or institution name in the title so that blinded review is maintained.

Abstract Status

- **Complete/Submitted:** All required tasks have been completed and the abstract has been submitted by the author. You may continue to edit and resubmit the abstract up until the submission deadline.
- **Incomplete/Active:** The abstract has not been submitted by the author. An author should not have more than two (2) incomplete or active submissions at a time. Reminders will be sent on a routine basis to those authors who have incomplete abstracts in the system.
- **Withdrawn:** The author has chosen to remove an active or submitted abstract. An author may choose to withdraw an incomplete “test” or duplicate abstract so that they do not receive any additional reminders to complete the abstract.

ABSTRACT SUBMISSION AND PREPARATION GUIDELINES

Abstract Authors

- Abstract Authors are comprised of three different types:
 - **Primary Author:** The one author who is submitting the abstract; to whom all correspondence from the SMFM will be sent and is listed as the first author.
 - **Presenting Author:** The one author who will present the abstract at the meeting.
 - **Coauthors:** All other authors contributing to the abstract. Up to 25 coauthors can be entered. The full name, degrees, institution name, and contact information of all coauthors are required.
- All communications will be sent via email to the primary author only.
- The system will allow an author to designate themselves as both the primary and presenting author.
- Coauthors will be listed in the publication as they are listed in the submission.
- Please review the author block carefully. There will be no corrections made after submission, and it will print exactly as shown.

Abstract Title

- An abstract must have a short, specific title of no more than 15 words that clearly indicates the nature of the study.
- Titles should not include author's names.
- Always use correct title case.

Abstract Category

- The full list of abstract categories and indexing categories can be found in the attached sample submission form.

Abstract Body Fields

- Abstract submissions must be 2100 characters or less. Preparing an abstract submission in a word processing document (e.g., Microsoft Word) is recommended.
- **Objective:** The objectives of the study should be clearly stated and the rationale for the study understood.
- **Study Design:** Appropriate design for the stated objective or hypothesis should be described.
- **Results:** Results should be summarized and salient data presented.
- **Conclusions:** Main conclusion is supported by results and clearly stated.

Abstract Attachments

- Accepted files types are .jpg and .png
- No more than two images/charts/tables per submission.
- Uploaded images should **not** include author name(s) or institution so that blinded review is maintained.
- Images should be between 300 and 600 dpi. The final printed width of an image is approximately 3 inches.
- All text within the image should be large enough so that it is readable when the image is printed or viewed on screen.

Other Guidelines

- You may copy and paste special characters and formatting directly from your word processor into the text boxes in the online submission form.
- Nonproprietary (generic) names in lower case are required the first time a drug is mentioned. Proprietary names are capitalized, e.g., furosemide (Lasix).

RULES AND RESTRICTIONS

1. Abstract submitters and presenters are required to adhere to the rules identified in the abstract submission process. The content of the abstract will not be submitted or presented at an international, national, or district meeting and no paper arising from it will be published either in print or electronic format prior to the end of the 2020 SMFM Pregnancy Meeting™. If you intend to submit your work for publication, you must be certain that the date of publication will be after February 8, 2020 (last day of the SMFM meeting). If you are not able to guarantee this, please do not submit the abstract. Should the abstract be accepted by the 2020 SMFM Program Committee, you agree to its publication and hereby assign the copyright of the abstract to the *American Journal of Obstetrics and Gynecology* (AJOG). The publication of the full paper in AJOG is not guaranteed and would require your submission of a completed paper for full peer review evaluation prior to acceptance. (Refer to the [AJOG Manuscript Submission steps](#) for more detailed information on the process and requirements for oral and poster presented abstracts.)
2. All authors certify that the work described in this abstract was conducted in compliance with the guidelines of the Human Investigations Committee or Animal Care Committee of all sponsoring institutions.
3. Interim analysis is not accepted.
4. If an abstract is accepted for oral presentation and significant changes are anticipated in either the data or conclusions contained in the abstract, please contact the senior director, annual meeting, Nneka St. Gerard via email at nstgerard@smfm.org.
5. Images uploaded should not violate SMFM's terms and conditions, and submitters affirm that they own all copyrights to the image or have authorization to upload it. Please do not include names of the authors or institution in the file name of the uploaded material as the review is blinded for abstract consideration.
6. By submitting this abstract, I confirm that the final abstract has been reviewed and approved by all authors.

Failure to follow these rules will result in a one-year ban on abstract submission. For example, if a presenter's abstract is published prior to the SMFM Pregnancy Meeting, the abstract must be withdrawn from the meeting program, and the presenting author will be banned from submitting an abstract of any kind (as the primary author or coauthor) for 1 year. Similarly, if a presenting author does not appear at the Pregnancy Meeting to present his or her work at the assigned session, he or she will be banned from submitting an abstract of any kind (as the primary or coauthor) for 1 year.

ABSTRACT REVIEW PROCESS AND SELECTION CRITERIA

Each abstract will undergo a blinded general review and scoring process. Each of the top 200 abstracts will be reviewed and scored again by senior reviewers. The Program Committee will use the data from the general and senior reviewers to determine the various oral and poster sessions. Late-breaking abstracts will also undergo a blinded review process.

Abstracts will be reviewed and selected based on the following criteria:

Objectives	Study Design
Duplicate Publication	Interim Analysis
Results	Conclusions
Novelty	Scientific Merit
Quality of Abstract	

ABSTRACT ACCEPTANCE AND WITHDRAWAL PROCESS

Notification of Acceptance/Non-Acceptance: Notification will be sent via email by **October 1, 2019**.

Acceptance Contingency: Acceptance is contingent upon the following conditions issued by the SMFM Board of Directors: (1) the data you plan to present at the meeting will not be significantly different from the data in your reviewed abstract; (2) your data has not been presented at a National or International meeting and will not be presented or published, in print or electronic format, prior to the presentation in Grapevine, TX.

Publication: Abstracts that are accepted for oral presentation are eligible for AJOG's Fast Track review and publication process. Papers accepted via the Fast Track option will be published as early as the March 2020 issue of AJOG. If you would like to take advantage of the Fast-Track option, you must submit your manuscript online on or before midnight PT November 8, 2019 to www.ees.elsevier.com/ajog and agree to revise it quickly in response to editorial review.

Registration: The presenting author is required to register for the scientific sessions. Expenses associated with the submission and presentation of an abstract are the responsibility of the presenter.

Abstract Withdrawal: The primary/presenting author must submit a request via email to the following address to withdraw an abstract from The Pregnancy Meeting™: education@smfm.org. Email confirmation upon completion of the withdrawal will be sent to the presenting author. The request must fulfill the following requirements:

- Subject line of the email must include "Abstract Withdrawal"
- Abstract title and number
- Reason for the withdrawal

The deadline to withdraw an abstract is **Friday, October 18, 2019** to avoid publication in the AJOG special edition.

SAMPLE SUBMISSION FORM

This is a duplicate of the online submission form for planning purposes only. Please complete the online form at smfm.org/2020 to submit your entry.

To be considered for an SMFM Annual Pregnancy Meeting™ scientific program session, please complete the online form in its entirety. Partial or incomplete proposals will not be considered.

Proposal Deadline: 9 pm ET, Monday, August 5, 2019

Disclaimer and SMFM AJOG Instructions Acknowledgement*

Study Design*

RCT – Primary Analyses being presented are **required** to include the [trial registration](#). If a trial is not registered, it will not be considered for acceptance.

- Dropdown choices:
 - RCT – Primary Analysis
 - RCT – Secondary Analysis
 - Bench Study – Human
 - Bench Study – Animal
 - Prospective Observational Study – Primary
 - Prospective Observational Study – Secondary Analysis
 - Retrospective Case-Control Study
 - Retrospective Cohort Study
 - Decision Analysis
 - Meta-Analysis
 - Other

If you selected RCT Primary Analysis above, please provide the NCT Registration Number or "N/A" if you did not select RCT Primary Analysis above.

Additional Information*

Please specify if the primary or presenting author is one of the following: *

MFM Fellow Paper: Is the primary/presenting author a current Maternal-Fetal Medicine Fellow-in-Training or in an American Board of Obstetrics and Gynecology (ABOG)-approved maternal-fetal medicine fellowship training program? (NOTE: Even if you have finished your fellowship, you are eligible to select "MFM Fellow Paper" below if the research you are submitting was performed primarily during your maternal-fetal medicine fellowship and completed within two years of finishing your fellowship.)

Resident Paper: If the primary/presenting author is currently a resident in an ACGME-approved OB/Gyn Residency Program, please select "Resident Paper" below.

Medical Student Paper: If the primary/presenting author is currently a medical student, please select "Medical Student Paper" below.

Conflict of Interest*

SMFM considers a conflict of interest to be any relevant financial relationship with commercial interests that pertain to the content of the presentation. Such conflicts include, but are not limited to, ownership of company, stock, receipt of honoraria, or membership on a speaker's bureau or corporate advisory board. If yes, conflicts must be listed.

SAMPLE SUBMISSION FORM, CONTINUED

External Funding Source*

If you received external funding support for this research, please name the source of the support (e.g., supported by grants from NIH, Foundation support, Corporate Support, or other specific sources of support). Funding support can be direct (for conduct of the research) or indirect (writing, presentation, travel, etc.) support for the research. If yes, the source must be listed.

Queenan Global Health Travel Fellowship

Please check this box if any author of this submission is a practicing obstetrician from a low/middle income country. He or she may be eligible for a Queenan Global health Travel Fellowship. More information regarding this opportunity can be found at www.FoundationforSMFM.org.

Authors

Please review all information carefully. There will be no corrections made after the submission deadline and author information will print exactly as shown.

- All communications will be sent via email to the primary author only.
- If the primary author will present the abstract at the meeting, there is no need to designate a presenting author.
- Coauthors should be listed in the order they should appear in publication, if accepted. Authors can be re-ordered by either clicking and dragging or using the arrow keys to the right of the author block.

Author Fields (* denotes required field; parentheses provide checkbox options)

- Role* (Primary Author, Presenting Author, Coauthor)
- First Name* Middle Initial Last Name* Degree(s) *

Institution/Organization

- Institution/Organization Name* Institution/Organization City*
- Institution/Organization State or Province* Institution/Organization Country*
- Institution/Organization #2 Name Institution/Organization #2 City
- Institution/Organization #2 State or Province Institution/Organization#2 Country

Contact Information

- Office Phone Cell Phone Fax Email Address*
- Contact City* Contact State or Province* Contact Country*

Additional Information

- Member Type*

Presentation Preference Acknowledgement*

The Program Committee reserves the right to assign your abstract to either an oral or poster presentation based on availability and the reviewers' scores. If the presentation style assigned to your abstract is not acceptable (e.g., your work is accepted as a poster, but you do not wish to present in that format), you must notify the SMFM's Washington, D.C. office to withdraw your abstract. The deadline to withdraw is **Friday, October 18, 2019** to avoid publication in the AJOG special edition.

SAMPLE SUBMISSION FORM, CONTINUED

Guidelines for Completing the Abstract Body:

Abstracts must be prepared according to the guidelines for submission. Those not conforming to the required format may be rejected. You must fill out all of the required fields.

Abstract submission content (objective, study design, results, conclusion) must be 2100 characters or less.

Preparing an abstract submission in a word processing document (e.g., Microsoft Word) is recommended.

Special characters and formatting: You may copy and paste special characters and formatting directly from your word processor into the text boxes below.

Drug names: Nonproprietary (generic) names in lower case are required the first time a drug is mentioned. Proprietary names are capitalized, e.g., furosemide (Lasix).

Abstract Title*

The title should be brief, but long enough to clearly identify the nature of the study. The title should be entered in sentence case. Do not put your title in quotation marks. Do not use formatting tags in the title. You may copy and paste special characters directly into the title.

Example: This is a properly formatted title

Category*

To ensure that your abstract receives proper scientific consideration, be sure to indicate the appropriate category.

- Dropdown choices for Category Field with their corresponding Indexing Category dropdown choices in parentheses:
 - **Antepartum Fetal Assessment** (Amniotic fluid volume, Biophysical profile, Doppler assessment, NST/CST, Other)
 - **Clinical Obstetrics** (Adolescent pregnancy, Advanced maternal age, Cervical incompetence, Exercise, High order multiple gestation, Medications, Obstetrical hemorrhage, Placenta abruption, Placenta accrete, Placenta previa, Placental pathology, Pregnancy termination, Prenatal care, Prior pregnancy loss/IUFD, Recurrent pregnancy loss, Substance abuse, Twin pregnancy, Uterine anomalies, Other)
 - **Computers** (Electronic medical records, Other databases and social networking, Perinatal database, Telemedicine, Other)
 - **Diabetes** (Complications, Diagnosis/screening, Fetal evaluation, Gestational, Management, Pathophysiology, Other)
 - **Doppler Assessment** (Ductus venosus, Fetal anemia, Fetal well-being, MCA Doppler, Umbilical artery Doppler, Uterine artery Doppler, Regional fetal blood flow, Other)
 - **Education/Simulation** (Education, Innovative teaching methods, Simulation, Other)
 - **Epidemiology** (Fetal development, Fetal origins of adult disease, Infant and child health, Methods, Perinatal risk assessment, Pregnancy/Maternal, Reproduction, Other)
 - **Fetus** (Anomalies, Fetal medical therapy, Fetal surgical therapy, Growth restriction, Hypoxia/asphyxia, Isoimmunization/alloimmunization, Laser therapy, Lung maturity, Multifetal pregnancy reduction, Selective termination, Transfusion, Other)
 - **Genetics** (Amniocentesis, Aneuploidy screening, CGH/microarrays, CVS, Cytogenetics, Gene therapy, Genetic screening, Molecular genetics, Noninvasive prenatal diagnosis, Teratology, Other)

SAMPLE SUBMISSION FORM, CONTINUED

- **Health Policy/Economics** (Affordable Care Act, Cost-benefit analysis, Healthcare demand, Healthcare efficiency, Healthcare insurance, Healthcare reform, Pharmacoeconomics, Other)
- **Hypertension** (Gestational, Chronic/essential, Evaluation and diagnosis, Genetics/heredity, Preeclampsia/HELLP/eclampsia, Treatment/management, Other)
- **Infectious Diseases** (Chlamydia/gonorrhea, Chorioamnionitis/endometritis, CMV, Group B streptococcus, Hepatitis, HSV, HIV, Influenza, Parvovirus, Surgical site/post-operative, Syphilis, Toxoplasmosis, Urinary tract infection, Varicella, Zika, Other bacterial and spirochetes, Other viral, Other)
- **Intrapartum Fetal Assessment** (Acid-base status, Fetal heart rate monitoring, Other)
- **Labor** (Abnormal labor, Abnormal position/presentation, Amnioinfusion, Anesthesia, Cervical ripening, Induction/augmentation, Perineal trauma, Postpartum hemorrhage, Shoulder dystocia, Operative vaginal delivery, Other)
- **Medical/Surgical/Diseases/Complications** (Anesthesia, Antiphospholipid antibody syndrome, Cardiovascular, Collagen vascular, Critical care, Endocrinologic, Gastrointestinal, Hematologic/thrombocytopenia, Immunologic, Malignancy, Neurologic, Non-obstetric surgery, Obesity, Psychiatric, Pulmonary/asthma, Thromboembolic, Transplants, Other)
- **Neonatology** (Birth trauma, Hypoxia/ischemia, Intraventricular hemorrhage, Late preterm/early term infants, Neurologic injury, Necrotizing enterocolitis, RDS, Other)
- **Obstetric Quality and Safety** (Clinical communication/decision-making, Clinical emergency preparedness/disaster planning, Clinical policies and guidelines, Maternal mortality, Patient-related outcomes (e.g., Quality of life), Qualitative research, Quality improvement, Quality measures)
- **Operative Obstetrics** (Cervical cerclage, Cesarean delivery, Cesarean hysterectomy, Operative vaginal delivery, Surgical site/post-operative, Uterine rupture, VBAC, Other)
- **Physiology/Endocrinology** (Fetal, Maternal, Neonatal)
- **Practice Management** (ICD-10, Medical practice efficiency, Operations, Patient flow/wait times/satisfaction, Physician compensation, Provider efficiency)
- **Prematurity** (Cervical incompetence, Corticosteroids, Neonatal outcomes, Preterm labor, PROM, Risk assessment/screening, Tocolysis/treatment)
- **Public Health/Global Health** (Ethical, legal and social issues, Global health, Health disparities/vulnerable populations)
- **Ultrasound/Imaging** (Amniotic fluid assessment, Cervical length, Doppler, Fetal anomalies, Fetal echocardiography, Fetal growth/weight, Fetal MRI, Interventional procedures, Maternal imaging, Multifetal gestation, Nuchal translucency, Placenta/membranes, Vaginal sonography, 3D/4D ultrasound, Other)

SAMPLE SUBMISSION FORM, CONTINUED

Objective* The objectives of the study should be clearly stated and the rationale for the study understood.

Study Design* Appropriate design for the stated objective or hypothesis should be described.

Results* Results should be summarized and salient data presented.

Conclusion* Main conclusion is supported by results and clearly stated.

Upload Images/Charts/Tables:

Tables and Graphs: Simple tables and graphs may be included if they fit within the size constraints of the electronic program. Up to two images/tables/graphs can be submitted with your abstract. The final printed width of an image is approximately 3 inches. All text within the image should be large enough so that it is readable when the image is printed or viewed on screen. Images should be between 300 and 600 dpi. Images will not count toward the character count. Color images should be RGB only. Accepted file types are .jpg and .png.

Please note: Uploaded images should not include author name(s) or institution so that blinded review is maintained.