

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 January 30 – February 5, 2022 at Gaylord Palms Resort and Convention Center near Orlando, Florida. The mission of the Society is to provide education, promote research, and engage in advocacy to optimize the health of high-risk pregnant individuals and their infants. 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. In addition, the Society plans 16 CME Postgraduate Courses on a variety of topics related to at-risk pregnant patients, including several hands-on simulation opportunities.

2022 ANNUAL PREGNANCY MEETING AND SMFM DUTY OF CARE / HYBRID MEETING

SMFM considers the health and safety of all those onsite at our events our top priority and all event attendees are required to affirm their understanding of our [Duty of Care](#). The SMFM Program Committee and staff are working with the venue and vendor partners to provide a safe environment for our community to come together again to learn, share, and connect. For those unable to join us in Florida, portions of the meeting will be available virtually and abstract submitters will have the opportunity to indicate their presentation preference.

LATE-BREAKING ABSTRACT CRITERIA

Original research that is not completed until after the August 2, 2021 abstract deadline for The Pregnancy Meeting™ may be eligible for submission as a late-breaking abstract. Late-breaking abstracts should meet the guidelines for abstracts considered in the general submission and also meet the following criteria:

- The research must be new and of sufficient scientific importance to merit special consideration after the standard abstract deadline.
- Abstracts should describe either large clinical studies or high-impact translational research that could not be completed prior to the original deadline.
- Clinical studies must be prospective in design.
- Late-breaking abstracts cannot be a revision of an abstract submitted prior to the original submission deadline.

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IMPORTANT DATES

Friday, October 8, 2021: Late-breaking submission site opens.

Monday, November 8, 2021, 9 pm ET: All late-breaking abstracts must be received by this date and time.

GENERAL TIPS AND INSTRUCTIONS

- All late-breaking abstract submissions must be completed by **9 pm ET on Monday, November 8, 2021**.
- **Only login and open one browser window for abstract submissions.**
 - Data may be corrupted if multiple sessions are open at the same time.
- 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, it is recommended that you 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. The primary author is responsible for the accuracy of the co-author data and securing co-author consent for inclusion in the submission.
 - **Presenting Author:** The one author who will present the selected abstract at the meeting.
 - **Co-authors:** All other authors contributing to the abstract. Up to 25 co-authors can be entered. The full name, degrees, institution name, and contact information for all co-authors is 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.
- Co-authors will be listed in the publication as they are listed in the submission.
- Please review the author roles and identifying information carefully. **There will be no corrections or additions 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 or institution names.
- Always use correct title case (avoid all caps or lower 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, including spaces. Copying and pasting abstract text from a word processing document (e.g., Microsoft Word) is recommended to allow for special characters.
- **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 and/or file names for image files 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.
Please be mindful of the print size of uploaded files. Uploaded files will be condensed to a maximum size of 3"x3" for journal publication.
- All text within the image should be large enough so that it is readable when the image is printed or viewed on screen. Images that are poor quality or illegible will be reflected in the abstract review scores.

Other Guidelines

- You may copy and paste special characters directly from your word processor into the text boxes in the online submission form.
- In some cases superscript and subscript numbers will not carry over; however will be corrected prior to publication.
- If you are using the "<" character, you MUST follow with a space to ensure it isn't misconstrued as html code.
- 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).
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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 regional meeting and no paper arising from it will be published either in print or electronic format prior to the end of the 2022 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 5, 2022 (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 2022 SMFM Program Committee, you agree to its publication and hereby assign the copyright of the abstract to SMFM. The publication of the full paper is not guaranteed and would require your submission of a completed paper for full peer review evaluation prior to acceptance.
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. Only research studies that have been completed should be submitted for consideration; interim analyses should not be submitted and will **not** be accepted.
4. If an abstract is accepted for oral presentation and significant changes are discovered in either the data or conclusions contained in the abstract after further analyses, please contact 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 an abstract, you 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 or manuscript 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 co-author) for one year. Similarly, if a presenting author does not appear at the Pregnancy Meeting to present his or her work at the assigned session and does not notify SMFM, he or she will be banned from submitting an abstract of any kind (as the primary or co-author) for one year.

ABSTRACT REVIEW PROCESS AND SELECTION CRITERIA

Each abstract will undergo a blinded general review and scoring process. Each of the top 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
Results	Conclusions
Novelty	Scientific Merit
Quality of Abstract	

Duplicate publication and interim analysis are not accepted and will be declined.

ABSTRACT ACCEPTANCE AND WITHDRAWAL PROCESS

Notification of Acceptance/Non-Acceptance: Notification will be sent via email by **November 26, 2021**.

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 Orlando in **2022**.

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 2022 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 December 10, 2021 to www.ees.elsevier.com/ajog and agree to revise it quickly in response to editorial review.

Papers not submitted through the Fast-Track mechanism, are also welcome for submission to AJOG through the regular SMFM manuscript process. Submissions are due no later than Friday, March 4, 2022. Accepted papers will appear in print in either the September or October 2022 issue of AJOG. Regardless of which submission process you choose, all accepted papers typically appear online as an article-in-press within ~10 business days.

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™: events@smfm.org. Email confirmation upon completion of the withdrawal will be sent to the primary 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 **Monday, December 20, 2021** to avoid publication in the abstract supplement. Withdrawals after this deadline will be subject to a one-year ban on abstract submission.

SAMPLE SUBMISSION FORM

This is a duplicate of the online submission form for planning purposes only. Please complete the online form at smfm.org/am2022 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, November 8, 2021

Abstract Rules and Disclaimers 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 in an Accreditation Council for Graduate Medical Education (ACGME)-approved or equivalent 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.

Research Collaboratives

Is this work conducted on behalf of a research collaboration such that the institutional affiliation for the primary author needs to reflect the collaboration (e.g., MFMU, NAFTA Net)? If so, please list the affiliation as it should be reflected in publication.

Authors

Please review all information carefully. There will be no corrections (including adding or removing authors) 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.
- A primary author and presenting author must be designated; however, one author can be designated as both roles.
- Co-authors 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, Co-author)
- 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*
-

SAMPLE SUBMISSION FORM, CONTINUED

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. For the 2022 meeting, you may also indicate your preference to present in-person or virtually and the committee will accommodate all reasonable requests. 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 Nneka St. Gerard in SMFM's Washington, D.C. office to withdraw your abstract. The deadline to withdraw is **Friday, October 15, 2021** to avoid publication in the abstract supplement. Withdrawals after this deadline will be subject to a one-year ban on abstract submission.

Please indicate your preference to present in-person or virtually and the committee will accommodate all reasonable requests. All presenters are required to register for the scientific sessions. Registration will open in the Fall and fees vary by membership type.

Oral and poster presentations will take place on Thursday, Friday, and Saturday. Do you have a religious observance that prevents you from presenting on any of these days? If so, please indicate the day(s) on which you are NOT permitted to present.

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, inclusive of spaces.**

Special characters and formatting: You may copy and paste special characters and formatting directly from your word processor into the text boxes below. In some cases superscript and subscript numbers will not carry over; however will be corrected prior to publication. If you are using the "<" character, you MUST follow with a space to ensure it isn't misconstrued as html code.

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)
 - **Basic Science**
 - **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 use, Twin pregnancy, Uterine anomalies, Other)

SAMPLE SUBMISSION FORM, CONTINUED

- **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)
- **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: Up to two simple images/tables/graphs can be submitted with your abstract. The final printed width of an image is approximately 3 inches. **Uploaded files will be condensed to a maximum size of 3"x3" for journal publication.** 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.