

# ABSTRACT SUBMISSION BROCHURE

# ABOUT THE 2024 SMFM GLOBAL CONGRESS AND THE CALL FOR ABSTRACTS

The 2024 SMFM Global Congress, will be held **Wednesday**, **25 September – Saturday**, **28 September 2024** at the Auditorium Parco della Musica in Rome, Italy.

The Society for Maternal-Fetal Medicine's mission is to provide education, promote research, and engage in advocacy to optimize the health of high-risk pregnant individuals and their infants. The SMFM Global Congress broadens the visibility and importance of this mission by emphasizing maternal aspects of maternal-fetal medicine and showcasing the latest research worldwide. Through pre-congress courses, invited talks, oral and poster presentations, exhibiting opportunities, and industry learning sessions, participants will be able to engage with fellow leaders in the field; expose themselves to new approaches to high-risk pregnancy care from colleagues around the globe; and foster lasting connections that transcend continental borders.

The congress will begin on Wednesday, 25 September with pre-congress courses, followed by an evening welcome reception and cultural performance. The research and scientific program will begin the morning of Thursday, 26 September and conclude midday on Saturday, 28 September.

# >> Click here to enter the submission portal and submit your abstract!

#### CALL FOR ABSTRACTS BROCHURE CONTENTS

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#### **IMPORTANT DATES**

- Wednesday, 21 February 2024: Abstract submission site opens
- Wednesday, 17 April 2024, 17:00 (5 pm ET): Abstract submission deadline
- Wednesday, 29 May 2024: Primary authors notified of whether their submission has been accepted or declined
- Friday, 7 June 2024: Late-Breaking abstract submission site opens
- Wednesday, 13 June 2024: Abstract withdrawal deadline\*
- Wednesday, 10 July 2024, 17:00 (5 pm ET): Late-Breaking abstract submission deadline
- **Wednesday, 31 July 2024:** Primary authors notified of whether their Late-Breaking submission has been accepted or declined

#### **GENERAL TIPS AND INSTRUCTIONS**

- All submissions must be completed and submitted by Wednesday, 17 April 2024, 17:00 (5 pm ET).
- Only login and open one browser window for abstract submissions.
  - o 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 peer 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. The primary author is responsible for the accuracy of the co-author data and securing co-author(s) 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 coauthors 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 congress materials as they are listed in the submission.

Please review the author's 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 supported by results should be clearly stated.

#### **Abstract Attachments**

- Accepted file types are .jpg and .png.
- No more than one image/chart/table per submission.
- Image file names should **not** include the author name or institution so that blinded review is maintained.
- An image should be between 300 and 600 dpi. The final printed width of the image is approximately 3 inches. **Please be mindful of the print size of uploaded files.**
- 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 the release of congress materials.
- 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). The proprietary name is not required and need only be included if the author(s) feels necessary.

#### **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 may have been submitted or presented at a recent meeting prior to the SMFM Global Congress. However, the research may not be published, other than in abstract form, prior to the start of the SMFM Global Congress (25 September 2024). Publication of the final manuscript, including online early release, prior to this deadline is not permitted. If you are not able to guarantee this, please do not submit the abstract. 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.
- 2. Only research studies that have been completed should be submitted for consideration; interim analyses should not be submitted and will **not** be accepted.
- 3. 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 Alana Mallory via email at <a href="mailto:amallory@smfm.org">amallory@smfm.org</a>.
- 4. 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.
- 5. By submitting an abstract, you confirm that the final abstract has been reviewed and approved by **all** authors.

Failure to follow these rules may result in a ban on abstract submission (as the primary author or coauthor) for the next SMFM Global Congress and/or a one-year ban on abstract submission to the SMFM Pregnancy Meeting. Similarly, if a presenting author does not appear at the 2024 SMFM Global Congress to present his or her work at the assigned session and does not notify SMFM, he or she will be subject to a similar penalty.

#### ABSTRACT REVIEW PROCESS AND SELECTION CRITERIA

Each abstract will undergo a blind peer review and scoring process. Each of the top abstracts will be reviewed and scored again by senior reviewers from the Global Congress Steering and Planning Committees. The Global Congress Steering and Planning Committees 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 blind peer review process.

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

- Objectives
- Results
- Novelty
- Quality of Abstract

- Study Design
- Conclusions
- Scientific Merit

### ABSTRACT ACCEPTANCE AND WITHDRAWAL PROCESS

# Notification of Acceptance/Non-Acceptance:

Notification will be sent via email by Wednesday, 29 May 2024.

### **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 and will not be published prior to the start of the SMFM Global Congress (24 September 2024).

### **Registration:**

The presenting author is required to register for the Global Congress. 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 2024 SMFM Global Congress: <u>GlobalCongress@SMFM.org</u>. Upon completion of the request to withdrawal the abstract, SMFM will send an email confirmation 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 **Wednesday**, **13 June 2024**, to avoid being visible on the online program to congress registrants. Withdrawals after this deadline may be subject to a penalty of an abstract submission ban for the next SMFM Global Congress.

#### SAMPLE SUBMISSION FORM

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

To be considered for presentation at the 2024 SMFM Global Congress scientific program session, please complete the online form in its entirety. Partial or incomplete proposals will not be considered.

Submission Deadline: Wednesday, 17 April 2024 at 17:00 (5 pm ET).

# Abstract Rules and Restrictions Acknowledgement\*

### Study Design\*

RCT – Primary Analyses being presented are required to include the <u>trial registration information</u>. If a trial is not registered, it will not be considered for acceptance.

- Dropdown choices:
  - o RCT Primary Analysis
  - o RCT Secondary Analysis
  - o Bench Study Human
  - o Bench Study Animal
  - o Prospective Observational Study Primary
  - o Prospective Observational Study Secondary Analysis
  - Retrospective Case-Control Study
  - Retrospective Cohort Study
  - o Decision Analysis
  - Meta-Analysis
  - o 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 or Trainee Paper:** Is the primary/presenting author a current Maternal-Fetal Medicine Fellow-in-Training? (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 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, please disclose your conflict(s).

#### 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, NAFTNet)? If so, please list the affiliation as it should be reflected in congress materials.

### Presenting Author's Current Country\*

In what country is the presenting author currently practicing? Please type out the full name of the country; no abbreviations, please.

#### Prior Abstract Presentation\*

Has the content of this abstract been previously presented, or will it be presented, at another international, national, or regional meeting prior to the SMFM Global Congress (25-28 September 2024)?

#### Prior Abstract Publication\*

Has the content of this research been previously published, or will it be published, including online, in any format other than a meeting abstract, prior to the SMFM Global Congress (25-28 September 2024)?

# **Authors**

Please review all information carefully. There will be no corrections (including adding or removing authors) made after the submission deadline.

- 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 congress materials, if accepted.
   Authors can be re-ordered by either clicking and dragging or using the arrow keys to the right of the author block.
- The senior author is typically the last author listed on the abstract.

# 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 State or Province\*
- Institution/Organization #2 Name
- Institution/Organization #2 State or Province

Institution/Organization City\*
Institution/Organization Country\*
Institution/Organization #2 City
Institution/Organization#2 Country

### **Contact Information**

- Office Phone\*
- Cell Phone
- Fax
- Email Address\*
- Contact City\*
- Contact State or Province\*
- Zip / Postal Code
- 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.

At the 2024 SMFM Global Congress, we ask all presenters to prepare to present their abstract inperson. <u>A virtual option will not be available.</u>

If the presentation format 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 <u>Alana Mallory, SMFM's Director of Global Events and Strategic Initiatives</u> to withdraw your abstract. The deadline to withdraw is **Wednesday**, **13 June 2024**, to avoid having your abstract visible to congress registrants via the online program.

**All presenters are required to register for the scientific sessions.** Registration will open in March and fees vary by membership type. Oral and poster presentations will take place on Thursday, Friday, and Saturday.

### **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 the release of congress materials. 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 name or author names in the abstract title.
- 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

#### SAMPLE SUBMISSION FORM, CONTINUED

# 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 insufficiency, 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)
  - Computers (Electronic medical records, other databases and social networking, Perinatal database, Telemedicine, Other)
  - Diabetes (Complications, Diagnosis/screening, Fetal evaluation, Gestational, Management, Pathophysiology, Other)
  - o **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 Equity/Community Health
  - Health Policy/Economics (Abortion regulations and restrictions, 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)
  - o **Infectious Diseases** (Chlamydia/gonorrhea, Chorioamnionitis/endometritis, COVID-19, 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)
  - o 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)

#### SAMPLE SUBMISSION FORM, CONTINUED

- 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)
- o **Physiology/Endocrinology** (Fetal, Maternal, Neonatal)
- Practice Management (ICD-10, Medical practice efficiency, Operations, Patient flow/wait times/satisfaction, Physician compensation, Provider efficiency)
- Prematurity (Cervical insufficiency, Corticosteroids, Neonatal outcomes, Preterm labor, PROM, Risk assessment/screening, Tocolysis/treatment)
- o Public Health/Global Health (Ethical, legal and social issues, Global health)
- 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)

**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 should be supported by results and clearly stated.

### Upload Image/Chart/Table:

Only one simple image/table/graph can be submitted with your abstract. All text within the image should be large enough so that it is readable when the image is viewed on screen. An image should be between 300 and 600 dpi. An image will not count toward the character count and 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.

>> Click here to enter the submission portal and submit your abstract!