

Author Directions: *Journal of Human Lactation*

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JHL Publishing Policies

Manuscripts should be prepared according to the guidelines set for in the *Publication Manual of the American Psychological Association*, 6th Edition (VandenBos, 2010). This applies to all headings within the text, pagination, running head, in-text citations, reference list, tables and figures, along with statistical notations, punctuation and word usage. All text should be double-spaced, size 12 pt. font. Margins should be set at 1 inch. Do not include page or line numbers, as these will automatically be added when the manuscript is submitted and converted to a PDF file.

Language preferences

Acceptable American English usage and syntax are expected. Do not use slang, medical jargon, or obscure abbreviations or phrasing. Adherence to the [ILCA Style Guidelines for Written Professional Resources](#) (ILCA Professional Resources Committee, 2017) for preferred language is required (see [Appendix B](#)). For example, human milk or mother's milk is correct, rather than breast milk, and is written as two words; breastfeeding is one word. Participants in research studies need to be referred to as participants or respondents, never subjects.

Metric measurement is preferred; equivalent measurements may be included in parentheses. Always provide the complete form of an acronym/abbreviation the first time it is presented in the text. Use generic names for drugs or devices; put trade names in parentheses.

Resources for authors whose native language is not English:

- SAGE offers English Language Editing services:
<http://languageservices.sagepub.com/en/>
- Author Aid: <http://www.authoraid.info/en/>

- University of Utah’s open course “Writing for Professional Journals”:
<http://nursing.utah.edu/journalwriting/>

Peer review policy

All manuscripts are reviewed initially by the editors and only those papers that meet the scientific and editorial standards of the journal, and fit within the aims and scope of the journal, will be sent for external review. If externally reviewed, each manuscript is reviewed by at least three reviewers. All manuscripts are reviewed as rapidly as possible, and an editorial decision is generally reached within seven weeks of submission. *JHL* operates a conventional double-blind reviewing policy in which the reviewers’ and authors’ names are concealed.

Editors have very broad discretion in determining whether an article is an appropriate fit for their journal. Many manuscripts are declined with a very general statement of the rejection decision. These decisions are not eligible for formal appeal unless the author believes the decision to reject the manuscript was based on an error in the review of the article, in which case the author may appeal the decision by providing the Editor with a detailed written description of the error they believe occurred.

If an author believes the decision regarding their manuscript was affected by a publication ethics breach, the author may contact the publisher with a detailed written description of their concern, and information supporting the concern, at publication_ethics@sagepub.com.

Ethical publishing policies

Avoiding plagiarism. Plagiarism is a serious breach of ethical scholarship. To avoid this possibility, we use a software program (iThenticate) to check all manuscripts for plagiarism. It is important that authors understand the importance of using quotes with appropriate in-text

citations, including page numbers when using the written words of other authors. Failure to do so constitutes plagiarism.

Avoiding referencing predatory journals. Over the past 5 years, there has been a spread of unethical publishing practices that use an exploitative business model, charging authors and providing none of the editorial services and quality control measures provided by legitimate journals. Several organizations concerned with ethics in publishing “have collaborated in an effort to identify principles of transparency and best practice for scholarly publications” (COPE, 2018, p. 1). They have published the “Principles of Transparency and Best Practice in Scholarly Publishing” (COPE, 2018). In accordance with these publishing standards, we will not publish references from any known predatory journal. *We require all authors submitting manuscripts to carefully check their references and delete any found to be from predatory journals.*

Protection of Human Rights

We accept manuscripts for publication only if it is made clear that investigations were carried out using a high ethical standard. *Evidence of protection of human subjects approval from an appropriately credentialed Institutional Review Board is required for all research manuscripts submitted* (including case reports), with the exception of reviews. The specifics about how informed consent was obtained should be described in the Data Collection section of the submitted manuscript. All experimental studies must conform to the Declaration of Helsinki (World Medical Association, 2001). Authors are required to ensure the following guidelines are followed, as per the *International Committee of Medical Journal Editors [Recommendations](#)* (Fees, 2015). Participants have a right to privacy, which should not be infringed upon without their informed consent. Identifying information, including patients’ names, initials, or hospital numbers should not be published in written descriptions, photographs, or pedigrees unless the

information is essential for scientific purposes and the participant (or parent or guardian) has given written informed consent for publication. Informed consent in this situation requires that an identifiable participant be shown the manuscript and provide consent prior to submission.

Identifying details should be omitted if they are not essential. Complete anonymity is difficult to achieve; therefore, informed consent should be obtained if there is any doubt. For example, masking the eye region in photographs of participants is inadequate protection of anonymity. If identifying characteristics are altered to protect anonymity (e.g., in genetic pedigrees), authors should provide assurance that alterations do not distort scientific meaning.

Authorship

Manuscripts should be submitted for consideration only after all contributing authors give consent. *An Authorship Contribution Statement form will be required for all submissions* and should be signed by each coauthor prior to submission; a copy of this form can be found on the [JHL website](#) or under “Instructions & Forms” in ScholarOne. Authors submitting papers should carefully check that all the information about contributing authors is correct and complete. The list of authors should include all those who can legitimately claim authorship. This is all who (a) made a substantial contribution to the concept and design, acquisition of data or analysis and interpretation of data; (b) drafted the article or revised it critically for important intellectual content; **and** (c) approved the submitted version. When a large, multicenter group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript and who meet the listed criteria; only these individuals should be listed as authors. Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship. All contributors who do not meet the criteria for authorship should be listed in the Acknowledgements section. Examples of those who might be

acknowledged include a person who provided purely technical or writing assistance, or a department chair who provided only general support. Please refer to the International Committee of Medical Journal Editors (ICMJE) [authorship guidelines](#) (Fees, 2015).

JHL allows shared first authorship when applicable. Please designate the co-first authors within an Authors' Note section just before the references.

Manuscript Format

Title page

All submissions require a title page to be submitted separately. This is the only file that should include the authors' names or identifying information, to ensure blind peer review. The title page needs to include (a) the complete manuscript title; (b) authors' full names, academic degrees, and affiliations; (c) corresponding author name, address, telephone number, and email address; and (d) acknowledgements, if any. *JHL* does not recognize the credential (c) or (C) sometimes used by those who have advanced to candidacy for advanced degrees. We do not publish this as an author credential.

All contributors who do not meet the criteria for authorship should be listed in the Acknowledgements section. Authors should disclose whether they had any writing assistance and identify the entity that paid for this assistance. In addition, authors may acknowledge persons who have contributed to the research or manuscript development. Participants may be acknowledged but must not be specifically named (for example, "Thank you to all the families that participated in this research."). Limit acknowledgements to 50 words.

If the first author is currently a student or was a student at the time the research was conducted, please 1-2 sentences describing the student's situation, i.e., the course/program where the student was matriculated during the research timeframe.

Please refer to the information and guidance on how best to title your article, and write your article and abstract by visiting SAGE's Journal Author Gateway Guidelines on How to [Help Readers Find Your Article](#).

Abstract

Abstracts of 250 words or less are required for all Reviews, Research Articles, Case Reports, and Original Perspectives submissions; these abstracts should adhere to the appropriate guidelines below. Abstracts do not count in the manuscript word count. Do not use abbreviations in the abstract. Insights into Practice and Policy, Letters to the Editor, and Book Reviews do not require abstracts.

Reviews and Research Articles. Content for each of the following with these bolded headings is required for Reviews and Research Articles:

- Background
- Research aim/question(s)
- Methods
- Results
- Conclusion(s)

Randomized Clinical Trials must also include the following statement immediately after the abstract: "This RCT was registered (registration number here) with [name site] on [date]."

Case Reports. Case Report abstracts should have the following sections:

- Introduction – What is unique about this case and why is it important within the socio-cultural context of the breastfeeding dyad and family?
- Main issue – Important clinical findings and major lactation issue
- Management – The actions taken and outcomes

- Conclusion – What are one or more ‘take-away’ messages?

Original Perspectives. Original Perspective abstracts should be an unstructured summary of the article.

Keywords

All submissions except Letters to the Editor and Book Reviews require keywords. Keywords should only be entered into ScholarOne and not included in the main manuscript file. Authors need to choose keywords from the list of appropriate words in [Appendix C](#), which are entered into the mandatory keyword list in ScholarOne. Optional MeSH (US National Library of Medicine’s Medical Subject Headings) keywords may be listed in the optional keyword field. You can submit your abstract to [MeSH on Demand](#), which will identify and provide a list of MeSH keywords appropriate for your manuscript. You can check to see if your selected keywords are MeSH terms on their [website](#).

Key Messages

Research Articles, Reviews, Insights into Practice and Policy, and Original Perspectives articles should include a DOC or DOCX file containing Key Messages. The file should be uploaded separately from the manuscript under the “Key Messages” file designation. This list of 3-4 bullet points written in complete sentences without abbreviations should contain the following information:

- One statement about context of study (i.e., what is the gap in the knowledge base that is the rationale for doing this study?)
- 1-2 statements about the core findings of the study
- One statement of the significance of the study (i.e., how does this research add to the existing knowledge base?)

Body of manuscript

The main manuscript file should be a DOC or DOCX document. Please do not submit images of tables embedded into the Word document; these should be submitted as separate DOC or DOCX files. Format your manuscript according to the specific type of manuscript you are submitting, as detailed [below](#).

Funding acknowledgement

JHL complies with the World Health Organization's (1981) [International Code of Marketing of Breast-milk Substitutes](#) (the *International Code*) by accepting no advertising by non-*International Code* compliant companies and by not publishing research funded by non-*International Code* compliant organizations. Additionally, to comply with ICMJE guidance (Fees, 2015), ***all authors are required to acknowledge their funding in a separate heading after the body of the text and before the reference list*** (see specific details below).

Declaration of conflicting interests

It is the editorial policy of *JHL* to require a declaration of conflicting interests from all authors within the main document file of all submitted articles. When making a declaration, the disclosure information must be specific and include any financial relationship that any and all authors of the article has with any sponsoring organization and the for-profit interests the organization represents, and with any for-profit product discussed or implied in the text of the article.

Any commercial or financial involvements that might represent an appearance of a conflict of interest needs to be additionally disclosed to the editor to evaluate whether sufficient disclosure has been made within the Conflict of Interest statement provided. For more information, please visit the [SAGE Journal Author Gateway](#).

References

All in-text citations and the reference list must be APA formatted. The reference list must be double spaced in 12 pt. font. References need to be current and relevant; therefore, we prefer references *published within the past 5 years*, with the exception of classic works in the field, references for theoretical frameworks or methodology. All in-text citations must be cited in the reference list. For meta-analyses, include all studies in the reference list with an asterisk next to those used in the analysis (APA, 2010, p. 183). Examples of APA formatted references are listed below. *Please note the capitalization rules, complete titles of journals and the differences between different types of citations.*

Journal

Kamholz, K. L., Parker, M. G., & Philipp, B. L. (2012). Implementing change: Steps to initiate a human donor milk program in a US level III NICU. *Journal of Human Lactation*, 28(2), 128-131.

Journal Article with DOI (for web-based materials)

Herbst-Damm, K. L., & Kulik, J. A. (2005). Volunteer support, marital status, and the survival times of terminally ill patients. *Health Psychology*, 24, 255-229. doi: 10.1037/0278/6133.24.2.225

Book

Michaels, P. J., & Balling, R. C., Jr. (2000). *The Satanic Gases: Clearing the Air about Global Warming*. Washington, DC: Cato Institute.

Website

United States Environmental Protection Agency. (2016). *Climate Change*. Retrieved from the Environmental Protection Agency website: <http://www.epa.gov/climatechange>

Tables

Format all tables according to APA format (APA, 2010, p. 193), including the use of statistical abbreviations and footnoting (see [Appendix D](#) for examples). Tables should be in DOC or DOCX format.

Photographs/Figures

Photographs/figures must be provided in their original format (JPG, TIF, EPS). Please ensure that figures are at least 1000 pixels wide for a single column width, or 2100 pixels for two column width and 300 dpi if that is given. It is important that all text be legible when the figure is sized according to the journal's dimensions: One column has a width of 20.25 pica (85.725 mm or 3.375 inches) and two columns require a width of 42 pica (117.8 mm or 7 inches). All text should be in Times New Roman 12-point font. Titles and legends should follow APA formatting (APA, 2010, p. 150). If photographs of people are included, please identify them in the caption with approval. Authors must have consent to take and publish on file for all photographs submitted, and attribution given in the legend for any that are not explicitly by the author. These dimensions are found in the "Properties" of the photograph or figure.

Manuscript Types

JHL accepts various types of research manuscripts (i.e., Case Reports, Original Research, Reviews, and Original Perspectives). **It is our policy to publish only research where the data has been collected within the past 5 years.** In addition, we also accept non-research manuscripts with lactation relevant content of interest to clinicians and researchers (i.e., Insights into Practice and Policy, Letters to the Editor and their responses, and Book Reviews). Each category has specific organizational and formatting requirements that are listed below. *Word*

limits are adhered to generally; however, if your manuscript is longer than the recommended length, please query the editor and we may be able to be flexible depending on the situation.

Research manuscripts

JHL is a multi-disciplinary international journal with a diverse readership. Authors need to clearly state the international relevance of their manuscript. Additionally, it is therefore essential that authors clearly explain their research methods, data analysis process and their results in a way that can be understood by professionals in other disciplines. *JHL* welcomes manuscripts from all disciplines and methodologies.

Original Research. Original Research papers have a word limit of 3500 words for quantitative manuscripts and 4000 words for qualitative manuscripts; however, exceptions may be made with the Editor in Chief's prior approval. Include all the research components listed below in this type of manuscript.

Literature Review. Literature Reviews critically analyzing relevant lactation-specific topics, which use an established review methodology, are welcomed. Many different ways of conducting Literature Reviews exist; however, commonalities do exist across these different methodologies, which include a rigorous identifiable methodology. Although *JHL* accepts all types of review (e.g., integrated, systematic, and other types), we adhere to the [PRISMA guidelines](#) for Literature Reviews (Moher, Liberati, Tetzlaff, Altman, & The PRISMA Group, 2009). We strongly urge authors to incorporate a PRISMA flow diagram of the identification, screening and inclusion of reviewed literature into their manuscript. The manuscript should be limited to 4000 words, excluding tables, figures, and references. Content should include all research components listed below.

Research components. In all Original Research and Review submissions, include the following outline. Although the content for the manuscript text should include all of the components listed, there may be some variation depending on the research methodology used. For example, it would be inappropriate to have a Measurement section within a qualitative research manuscript.

1. **Background** – Should succinctly summarize the literature with regard to the study aims/research question(s). This includes the gap in the literature addressed by the research aim(s), which need to be clear, along with a sufficient statement of the significance of the study. The study aims need to be clearly and explicitly stated at the end of the Background section (before the Methods section).
2. **Methods** – All of the following subsections must be included.
 - a. **Design** – Clearly state the study design with a rationale; include protection of human subjects in this section.
 - b. **Setting** – Provide an environmental context for the study, including the dates of data collection. Qualitative research needs to have a more in-depth contextualization than does quantitative research.
 - c. **Sample** – Identify the target population and the sample population; include participant selection criteria, inclusion and exclusion criteria, method of sampling, and sample size rationale with power analysis, if appropriate. Refer to study participants as participants or respondents, not subjects. Include a [PRISMA](#) diagram as needed to clarify how the sample was obtained.
 - d. **Measurement** (if applicable) – Clearly define each variable and how it has been measured, providing information on the reliability and validity of all instruments.

If survey methods are used, provide enough information on these tools to inform readers about the appropriateness of their use within your specific population.

- e. **Data collection** – Describe who, how and when data were collected. This includes how informed consent was obtained, if applicable.
 - f. **Data analysis** – The data analysis plan for each research aim/question should be addressed separately in this section. This section should include any relevant information about decisions to group individual variables in to indices or scales and how these new constructs were evaluated. The analysis plan should describe rationale for selection of statistical tests or why the tests are appropriate to address both the study question and the level of measurement. When multivariate modeling is applied, the analysis plan should include a description of the modeling procedures, including how variables were entered and evaluated and the criteria by which the final models shown in the results were determined. In most cases, 95% confidence intervals are preferred over the p -value for evaluating statistical significance. In the case of p -values, the analysis plan should state if values shown are one or two tailed.
3. **Results** – *Structure this section according to each of the research aims/questions.* It is appropriate to summarize findings displayed in table(s) and/or highlight key findings; however, avoid repeating most findings displayed in tables.
- a. Qualitative results
 - i. Follow table directions for all tables, including APA formatting (APA, 2010, p. 119-120), including statistical notations (i.e., N =total sample, n =number of cases in a subsample).

- ii. Use metric measurement.
- iii. The inclusion of p -values is unnecessary when 95% confidence intervals are presented. As appropriate, identify and specify units of measurement (metric measures are preferred). Do not use excess precision in expressing results. In most cases, two decimal places are sufficient.
- iv. Presentation of the results from logistic regression, Poisson regression, or Cox regression should be the exponentiated parameter estimate or measure of effect (i.e., the odds ratio, incidence rate ratio, or hazard ratio) and corresponding 95% confidence interval rather than the parameter estimate. Indicators of the goodness of fit of the model, such as a model log likelihood ratio for logistic regression, should be included.
- v. All randomized controlled trials submitted for publication should include a completed [Consolidated Standards of Report Trials](#) (CONSORT) flow chart.
- vi. **We require authors to register their clinical trials** at [ClinicalTrials.gov](#) or other suitable databases identified by the [ICMJE](#). The WHO [International Clinical Trials Registry Platform Search Portal](#) (WHO, 2014) currently lists 15 acceptable registries. Pilot studies or secondary analyses will not require registration; however, the parent study registration for all secondary analyses should be documented. Specify the registration number in ScholarOne and in the required statement following the abstract.

b. Qualitative results

- i. Many disciplines conduct qualitative studies; therefore, there are many appropriate ways to report study results. Because *JHL* is a multi-disciplinary international journal with a diverse readership, it is the responsibility of the author(s) to clearly explain the analysis process and results.
 - ii. Although there are many ways to conduct qualitative research, commonalities do exist. [O'Brien and colleagues](#) (2014) analyzed these commonalities. These researchers “formulated and defined standards for reporting qualitative research while preserving the requisite flexibility to accommodate various paradigms, approaches, and methods” (p. 1245). ***JHL adheres to their guidelines in reviewing qualitative manuscripts*** and recommends authors use these guidelines when developing their manuscripts, with the understanding that not all of these standards are applicable to every qualitative methodology.
4. **Discussion** – The purposes of this section are to (a) establish the ways the researchers have addressed their research questions; (b) provide alternative possible explanations for the current findings; (c) compare the current study findings with the previously reported research; (d) identify areas that need further study; and (e) suggest possible applications to lactation practice.
 - a. **Limitations** – Describe study limitations due to design and operationalization in a separate subsection of the Discussion section with a section heading.
5. **Conclusions** – Summarize the results with several broad statements and the discussion with several general statements.

Case Reports

Please see Appendix E for the Case Report Author Checklist. Case Reports are limited to 1500 words, excluding tables, figures, and references. Include headers and content for just the following sections:

1. **Introduction** – Brief summary as to why this case is unique in the lactation literature using current evidence. Socio-cultural context is important and needs to be described clearly.
 - a. End this section with a statement about IRB approval or a statement that clearly states that the person(s) discussed in this case has given written consent for publication of this case, has read and approves of the case as submitted. This consent must remain with the author(s); however, it can be requested by the *JHL* Editor in Chief at any time.
2. **History and Observational Assessment**
 - a. De-identified demographic and other relevant historical and observational information
 - b. Main concerns and presenting signs and symptoms of the breastfeeding family
 - c. Relevant past intervention(s) and their outcomes
 - d. End this section with a summary paragraph of the evaluation of the history and observational assessment.
3. **Management**
 - a. Types of interventions with specific timeframes and rationales, including any referrals or consultations
 - b. Changes made to the original management with their rationales

- c. Follow-up actions taken
 - d. Reference the timeline table/figure in this section
- 4. Outcome(s)**
- a. Clinician and client assessment of outcomes. It is appropriate to use quotes as needed.
 - b. Adherence to and tolerance of the management regime
 - c. Adverse and unanticipated events.
- 5. Discussion**
- a. Critical analysis of the process and outcomes of the management
 - b. Discussion of the relevant literature
 - c. Strengths and weaknesses of the management approach
 - d. Main “take-away” lesson(s) learned
 - e. Rationale for conclusions

Timeline. Include a chronological summary of the case in table or figure format to help readers understand the timeframes involved in this case. Please refer to the CARE guidelines for examples:

- Creating a timeline: <http://data.care-statement.org/wp-content/uploads/2016/08/Timeline-Instructions-English-2015.pdf>
- Sample timeline: <http://data.care-statement.org/wp-content/uploads/2016/12/Kienle-DM-TimelineExample.pdf>

Non-research manuscripts

Insights into Practice and Policy. This article type is designed to present timely topics in either **clinical or education practice** (e.g., innovative teaching aids and procedures,

discussions about running a lactation consultant practice, hospital-based management and service issues), **advocacy activities** (e.g., grassroots lobbying, activities to promote successful breastfeeding) or **infant feeding policy** (e.g., innovative policies on lactation-related hospital clinical practice, or steps forward in national or international policymaking). We envision these articles as informing clinicians, educators, researchers and policy-makers about current trends, programs and issues in the field of lactation. Although these articles are not research, they need to be written in a scholarly manner and should be internationally relevant.

The following headings and content areas should be included: (a) background, stating the issue/problem with appropriate references (preferably not older than 5 years), (b) presentation of your topic presented in a clear, concise and logical way, and (c) conclusion. This article type should be about 2500 words, excluding tables, figures, and references. It requires 4-5 keywords chosen from our keyword list or the MeSH list of terms. A conflict of interest statement is required.

Letters to the Editor. *JHL* readers are encouraged to exchange information or provide input related to an article published in the journal within the past three months or contributions to a controversy or debate by submitting a Letter to the Editor. Letters should not exceed 750 words (no abstract required). Letters commenting on articles should reference the particular article. References should be kept to a minimum. In addition to including a title page (see [Title Page](#) section above), please include the following information in the Letter's main document: author's names, academic degrees, affiliation, city, state/province, country, and email for correspondence. Letters to the Editor are not sent out for peer review.

Response to Letter to the Editor. Authors of published manuscripts are given the opportunity to respond to a Letter to the Editor. These are invited manuscripts and should be no

more than 750 words and contain no figures or tables. References should be kept to a minimum. In addition to including a title page (see [Title Page](#) section above), please include the following information in the Letter's main document: authors' names, academic degrees, affiliation, city, state/province, country, and email for correspondence. Responses to Letters to the Editor are not sent out for peer review.

Submitting Your Manuscript

JHL is hosted on SAGE Track, a web-based online submission and peer review system. Please read the Manuscript Submission directions below, and then visit <https://mc.manuscriptcentral.com/jhl> to login and submit your article online. **IMPORTANT:** Please check whether you already have an account in the system before trying to create a new one. If you have reviewed or authored for the journal in the past year, it is likely that you will have had an account created. If you are unable to access your account, please contact the *JHL* Editorial Office for assistance at jhlmanagingeditor@gmail.com. For further guidance on submitting your manuscript online, please visit [ScholarOne Online Help](#).

As part of our commitment to ensuring an ethical, transparent and fair peer review process, our publisher SAGE is a supporting member of [ORCID, the Open Researcher and Contributor ID](#). ORCID provides a unique and persistent digital identifier that distinguishes researchers from every other researcher, even those who share the same name, and, through integration in key research workflows such as manuscript and grant submission, supports automated linkages between researchers and their professional activities, ensuring that their work is recognized.

The collection of ORCID IDs from corresponding authors is part of the submission process. If you already have an ORCID ID, you will be asked to associate it to your submission

in the submission form. We also strongly encourage all co-authors to link their ORCID ID to their accounts. It takes seconds to do: click the link when prompted, sign into your ORCID account and our systems are automatically updated. ORCID IDs are published as part of accepted publications' metadata, making your work attributable to you and only you. Your ORCID ID is published with your article so that fellow researchers reading your work can link to your ORCID profile and from there link to your other publications.

If you do not already have an ORCID ID please [create one](#) or visit our [ORCID homepage](#) to learn more.

English language editing services

Authors who would like to refine the use of English in their manuscripts might consider using the services of a professional English-language editing company. Visit [SAGE Language Services](#) on the Journal Author Gateway for further information.

File types

Only electronic files conforming to the journal's guidelines will be accepted. Submit the text and title page of your manuscript in DOC or DOCX.

Artwork, figures and other graphics

Audio/video files. *JHL* accepts audio/video files. The following audio/video file types can be handled by our manuscript submission website, ScholarOne: ASF, AVI, FLV, MOV, MP3, MP4, MPEG, MPG, WAV, WMA, WMV. For optimal viewing, videos should be 480x360 pixels. If the file is a different size/aspect ratio, it will be resized upon upload. There is no limit to the length of the video, although the maximum file size allowed is 1GB. Videos hosted elsewhere (such as YouTube) can be included as links. Once uploaded, the videos will only be viewed in the HTML version of an article.

Figures and tables. Each table/figure/image must be uploaded as a separate file, not as part of the main text document. If there are multiple tables/figures/images, please upload each one as a separate file. Save each file name as the title of the table/figure/image (e.g., Figure1.jpg, Table1.doc, etc.) Number tables/figures/images consecutively as referred to in the text. Provide each table/figure/image with a brief title above the table/figure/image. Place general explanatory matter in a note at the end of the table, labeled ‘Note.’ A specific note referring to a particular column, row, or cell should be indicated by superscript lowercase letters. (See the *APA Manual 6th Edition* for additional information.) Tables must be uploaded in DOC or DOCX files.

Figures. Submit all figures, images, and charts separately in TIF, JPG, or EPS format. If the figure is to be one column wide, it has to be readable at a width of 3.375 inches/85.725 mm (the width of a single column) and at least 1000 pixels wide. For two columns, they must be readable at a width of 7 inches/117.8 mm and at least 2100 pixels wide with 300dpi or higher if that is given. These dimensions are found in the “Properties” of the photograph or figure. Include a brief and specific title at the top of all figures and images followed by a description (if applicable) at the bottom. Make titles and axis labels editable. Figures and images can be printed in color for a fee (online color reproduction is free). Contact the SAGE production editor after acceptance for more information.

Photographs. Photographer/copyright holder permission is required for the use of photographs or unique illustrations/images. If your manuscript is accepted for publication, you will be asked to have the photographer/copyright holder sign a *JHL* “Permission to Reprint Material” form. If the photographer is one of the authors on the article, no permission form is needed. If the photograph is recognizable (i.e., shows a face), you will also be asked to identify the person in the photograph and have them (or a parent) sign a *JHL* consent form. Please

include a statement in your manuscript indicating that written consent for using the photograph(s) was obtained.

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Submitting additional material

This journal is able to host additional materials online (e.g., datasets, AV files) alongside the full text of the article. These will be subjected to peer review alongside the article. For more information, please refer to SAGE's [Guidelines for Authors on Supplemental Files](#). Please clearly label your supplementary material with the word "supplemental" in the file name.

On Acceptance and Publication

Contributor's publishing agreement

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always investigate claims of plagiarism or misuse of articles published in the journal. Equally, we seek to protect the reputation of the journal against malpractice. Submitted articles will be checked using duplication-checking software. Where an article is found to have plagiarized other work or included third-party copyright material without permission or with insufficient acknowledgement, or where authorship of the article is contested, we reserve the right to take action including, but not limited to: publishing an erratum or corrigendum (correction); retracting the article (removing it from the journal); taking up the matter with the head of department or dean of the author's institution and/or relevant academic bodies or societies; banning the author from publication in the journal or all SAGE journals, or appropriate legal action.

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Open access and author archiving

For more information on the [open access options](#) for *JHL*, funding body compliance, and depositing your article in repositories, please visit SAGE [Publishing Policies](#) on the Journal Author Gateway.

Further information

Any correspondence, queries or additional requests on the manuscript submission process should be sent to the *JHL* editorial office at jhlmanagingeditor@gmail.com.

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APPENDIX A**Author Submission Checklist**

Meet this requirement?	Manuscript Requirement	Specific Instructions
<input type="checkbox"/> Yes <input type="checkbox"/> No	General format for all manuscripts	Size 12 pt. font, double-spaced, paragraphs indented, no additional spacing, DOC or DOCX file format, 1 inch margins, no line numbering, paginated, APA format
<input type="checkbox"/> Yes <input type="checkbox"/> No	Title page (separate file)	All authors listed with academic degrees/titles and affiliations, corresponding author's contact information (including email), acknowledgements 50 words max (optional)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Keywords	Enter into the identified place in ScholarOne
<input type="checkbox"/> Yes <input type="checkbox"/> No	Key Messages (separate file)	Required for Research Articles, Reviews, Insights into Practice and Policy, and Original Perspectives. DOC or DOCX file under "Key Messages" file designation, 3-4 bullet points, no abbreviations
<input type="checkbox"/> Yes <input type="checkbox"/> No	Abstract	Required for all submissions except Letters and Book Reviews. Structured with the appropriate subheadings, 250 words max. Do not include keywords here.

Meet this requirement?	Manuscript Requirement	Specific Instructions
<input type="checkbox"/> Yes <input type="checkbox"/> No	Body of the manuscript	Adheres to word count limits and contains the appropriate headings for the specific manuscript type, contains no author-identifying information
<input type="checkbox"/> Yes <input type="checkbox"/> No	Funding Statement	Include at the end of the manuscript, before the References sections. If no funding was received, please state “Funding: None.”
<input type="checkbox"/> Yes <input type="checkbox"/> No	Conflict of Interest Statement	Include at the end of the manuscript, before the References section. If there are no conflicts, please state “Conflicts of Interest: None.”
<input type="checkbox"/> Yes <input type="checkbox"/> No	In-text citations and references	All citations and references in APA format, reference list is double-spaced and uses current sources
<input type="checkbox"/> Yes <input type="checkbox"/> No	Tables (separate files)	Adhere to all table directions as outlined in Appendix D , numbered sequentially, in DOC or DOCX files, referenced in text
<input type="checkbox"/> Yes <input type="checkbox"/> No	Figures (separate files)	Adhere to figure directions, in JPG, TIF, or EPS files, not embedded in manuscript, numbered sequentially, referenced in text
<input type="checkbox"/> Yes <input type="checkbox"/> No	Authorship Contribution Statement (separate file)	Submit this form, signed by all authors, under the appropriate file designation

Meet this requirement?	Manuscript Requirement	Specific Instructions
<input type="checkbox"/> Yes <input type="checkbox"/> No	Revision	Include a point-by-point response to the reviewers' comments, no tracked changes or strikethrough text, all changes highlighted or in colored text

*Please note: If your manuscript does not meet one or more of these requirements, it will be unsubmitted until all requirements are met. This will delay the submission and possible review process.

APPENDIX B**ILCA Preferred Lactation-Related Language (2016)**

Term	Instructions
antifungal	No hyphen
artificial nipple or bottle teat	Not bottle nipple
breastfeeding-friendly	Not capitalized when used generically
Baby-Friendly designated	Not “certified,” no trademark
Baby-Friendly Hospital Initiative	BFHI after first use (all capitalized, no trademark)
birth weight	Two words
bottle feeding	As an adjective, use “bottle-fed”
breast pump	Two words
breastfeeding	Not “nursing”
breast milk	Use of “human milk” is preferred; “mother’s own milk” or “expressed milk” may be used
Candida infection (thrush)	If “candida infection” is used, also use “thrush”
cesarean birth or cesarean section	Lowercase, not “C-section” and not spelled “caesarean”
cup feeding	As an adjective, use “cup-fed”
dysphoric milk ejection reflex	d-MER after first use
expressing	Not “pumping”
expressed milk	Not “pumped milk”

Term	Instructions
finger feeding	As an adjective, use “finger-fed”
formula-fed	Hyphenate adjectives
healthcare	One word
human milk	Preferred over “breast milk”
human milk substitute	Use of “formula” is acceptable; use “breast milk substitute (BMS)” only if part of a legal document; avoid “artificial baby milk”
IBCLC	Not “LC”
infant	Rather than “baby”
International Code of Marketing of Breast-milk Substitutes	Spell out in full when first mentioned, or International Code after first use (not “The Code” or “WHO Code”)
<i>JHL</i>	Italicize
lactation consultant	Lowercase; use of “International Board Certified Lactation Consultant® (IBCLC®)” is preferred
La Leche League	LLL after first use (not “the League”)
latch	Not “attachment” or “latch-on” when used as a noun (e.g., The infant had a good latch.)
late preterm infant	Not “near term infant”
lip-tie	Hyphenate

Term	Instructions
low birth weight	Noun (e.g., Her second baby had a low birth weight.)
low-birth-weight	Adjective (e.g., Low-birth-weight babies require closer observation.); use of “small for gestational age” is preferred
mastitis	Rather than “breast infection”
mother	Not “mom” or “mum”
mother-infant or mother-infant dyad	Not “mother-baby”
milk ejection	Not “letdown”
milk ejection reflex	MER after first use
milk expression	Not “pumping”
pacifier (dummy)	If “pacifier” is used, also use “dummy”
physician	Not “doctor”
plugged duct	Not “clogged duct”
preterm	Not “premature”
professional nurse or registered nurse	RN after first use (not “nurse”)
relactation	No hyphen
rooming-in	Hyphenate
skin-to-skin	Adjective (e.g., Skin-to-skin care is recommended for all newborns.)
skin to skin	Verb (e.g., Her baby was put skin to skin shortly after the birth.)

Term	Instructions
small for gestational age	SGA after first use (preferred over “low-birth-weight”)
syringe feeding	As an adjective use “syringe-fed”
tongue-tie	Hyphenate, or “ankyloglossia”
Web-based	Capital W, hyphenated
website	Lowercase, one word

APPENDIX C***JHL* Approved Lactation Keywords**

Academy of Breastfeeding Medicine	Access to care	adoptive lactation
American Academy of Pediatrics	anatomy, breast	ankyloglossia
artificial feedings	Baby-Friendly Hospital Initiative	biostatistics
bottle feeding	breastfeeding	Breastfeeding assessment
Breastfeeding Attrition Prediction Tool	breastfeeding barriers	breastfeeding benefits
breastfeeding center	breastfeeding difficulties	breastfeeding duration
breastfeeding experience	breastfeeding initiation	breastfeeding knowledge
breastfeeding practices	breastfeeding promotion	breastfeeding rates
breastfeeding support	breast pain	breast pump
breast pumping	breast surgery	Candida albicans
cesarean section	colostrum	complementary feeding
cost benefit analysis	critical theory	cultural norms
duration	dysfunctional suck	engorgement, breast
epidemiological methods	ethics	ethnography
exclusive breastfeeding	feeding patterns	feminist theory
focus group	formula feeding	galactagogues

Global Strategy for Infant and Young Child Feeding	grounded theory	health services research
historical research	hormones	human milk
Human Milk Banking Association of America	human milk collection	human milk expression
human milk production	human milk substitute	induced lactation
infant behavior	infant care	infant development
infant feeding patterns	infant formula	infant growth
infantile colic	infant nutrition	infant physiology
Instrument development	insufficient milk	International Board Certified Lactation Consultant
International Board of Lactation Consultant Examiners	International Code of Marketing of Breast milk Substitutes	International Lactation Consultant Association
Kangaroo Mother Care	lactation	lactational amenorrhea
lactation counseling	lactation difficulties	lactation disorders
lactation education	lactation management	lactation prolonged
lactation workplace programs	lactogenesis	La Leche League International
LATCH assessment tool	latch-on	late preterm infant
LGBTQIA+	mastitis	maternal behavior
maternal disability	maternal health	maternal nutrition
maternal physiology	maternal psychology	Mental health

milk, human	milk bank	milk banking
Milk composition	milk ejection	milk supply
mother-infant dyad	mother-to-child transmission	neonatology
nipple trauma	nutrition	nutrition policy
oral motor dysfunction	phenomenology	policy analysis
Politics of breastfeeding	postnatal	postpartum care
Postpartum Depression	predominant breastfeeding	prelacteal
prelacteal food	prematurity	program evaluation
pumping	qualitative methods	Randomized Controlled Trials
relactation	Social Ecological Model	social support
statistical modeling	sucking behavior	Supplemental Nutrition Program for Women, Infants and Children
supplementation	tandem nursing	Theory of Planned Behavior
Theory of Reasoned Action	thrust	tongue-tie
very low birth weight	weaning	

APPENDIX D

Table Directions

General concepts applying to all tables

1. All tables need to be understood by a reader, without any knowledge of the manuscript. This means that all tables need to stand alone, as complete documents that are self-explanatory.
2. Each table can display only one type of statistic (i.e., do not put means (SD) in the same table as frequency distributions and/or Chi-squared. These are apples and oranges, never to be grouped into the same table.).
3. Results displayed in tables are not presented again in the text; rather, refer the reader to the table. You may draw the readers' attention to a particularly important finding within the table, if necessary (usually it is not necessary).
4. Tables need to be numbered sequentially according to when they are first referenced in the text. Number tables using Arabic numerals (1, 2, etc.).
5. Brief titles that describe exactly what is displayed in the table are used. For example, "A *Comparison of...*" or "*Demographic Characteristics of the Sample.*" Capitalize all major words in the title and italicize.
6. The sample size needs to follow the title using standard notation (i.e., Demographic characteristics of the same ($N=200$)), unless it is stated within the table. The statistical notation for complete sample size is capital *N italicized*. (Number of cases in subsamples are lowercase *n italicized*.)

7. APA (2010, p. 128) format requires the only lines on a table to be the horizontal ones at the top and bottom of the table and at the bottom of the header row (see example).
Vertical lines are never used.
8. Header row must repeat when your table crosses pages.

Specific requirements

1. **Abbreviations** – All abbreviations used within a table need to be spelled out in full as a note at the end of the table (see examples).
2. **Word usage** – Use ILCA’s preferred word usage listed in [Appendix A](#). For example:
 - a. Use breastfeeding as one word, not 2 words
 - b. Use human milk not breast milk or breastmilk
 - c. Use term gender not sex
 - d. Use male/female not boys/girls
3. **Statistical notations** – We are using standard statistical notations according to APA (2010, p. 119-120). Remember that statistical tests are usually italicized (i.e., *p*-value).

Use only APA abbreviations. Some examples are:

- a. Total sample size = *N*
 - b. Subsample = *n*
 - c. Mean = *M*
 - d. Standard deviation = *SD*
 - e. Confidence interval = % *CI* (usually 95% *CI*)
4. **Frequency distribution tables** – The number and the percentage for each variable need to be displayed in the table in the same column. The table header should have *n* (%), which is the appropriate statistical abbreviation for this display (see Example #1).

5. Comparisons

- a. Means: Report M (SD), t -tests, tests or one-way ANOVA and p -values or confidence interval around the t or F statistic.
- b. Chi-squared: See Example #2.
- c. Do not need to put total sample size ($N = XX$) in the title, rather for each group and subgroup (n) within the table (see Example #2).

Example #1: Frequency Distribution Table

Table X.

Employment Characteristics of International Board Certified Lactation Consultants (N=70)

Characteristic	<i>n</i> (%)
Use IBCLC in current job	63 (90.0)
Use IBCLC in volunteer capacity	3 (4.3)
Additional pay for IBCLC credential ^a	6 (8.6)
Place of employment ^{a,b}	
Hospital	43 (61.4)
Clinic or birthing center	7 (10.0)
Private practice	9 (12.9)
Community or WIC	18 (25.7)
Physician's office	2 (2.9)
Retail sales	1 (1.4)
Research	2 (2.9)
Not currently employed	2 (2.9)
Retired	1 (1.4)

Note. WIC refers to the Supplemental Nutrition Program for Mothers, Infants and Children.

IBCLC is the professional designation for International Board Certified Lactation Consultants.

^a Missing values = 1

^b Categories of place of employment are not mutually exclusive

Example #2: Group Comparison Table

Table X.

A Comparison between Parents and Non-Parents Attitudes towards and, Beliefs about Infant Feeding Outcomes ($N = 514$)

	Total	Non-Parents	Parents		
Scales	$N=514$	$n = 421$	$n = 93$	t	p
	$M (SD)$	$M (SD)$	$M (SD)$		
Attitudes towards BF ^a	27.18 (6.13)	31.12 (7.56)	35.67 (6.67)	5.27	0.00
Attitudes towards FF ^a	26.31 (5.54)	24.81 (6.95)	24.33 (9.76)	0.17	0.87
Beliefs about outcomes of BF ^b	105.06 (17.57)	104.33 (16.86)	110.30 (18.03)	3.00	0.00
Beliefs about outcomes of FF ^b	67.75 (19.82)	68.32 (19.12)	65.41 (22.46)	1.27	0.21

Note. Bonferroni adjustment made at $p = 0.0125$ ($0.05/4$). Missing values on parent/non-parent variable = 64.

^aAttitude scales score ranged from 7-49 with higher scores indicating more positive attitudes.

^bBelief scale scores ranged from 19-133 with higher scores indicating more positive beliefs.

APPENDIX E

Author Checklist: Case Study

Directions: Each item needs to be completely addressed in your manuscript.
If you have questions see *JHL* Author Directions and the *APA Manual* 6th Ed

OVERARCHING REQUIREMENTS FOR ALL MANUSCRIPTS

- _____ No abbreviations in Key Messages or Abstract, except statistics and measurement tools
- _____ Double space, use 12-point font, preferably Times New Roman font
- _____ Paginate in upper right corner only
- _____ Indent all paragraphs per APA directions
- _____ Avoid all redundancy
- _____ Use only APA capitalization, italics and punctuation rules and APA approved abbreviations
- _____ JHL prefers references about research to be no older than 5 years, as older references most likely are not relevant today. The exceptions are citations about methodology and theoretical frameworks. A few (very few) classic articles in the field are acceptable.
- _____ All sections of the manuscript must be present and follow the order listed below.
- _____ The first time an abbreviation is used, spell it out
- _____ Include international relevance in all manuscripts
- _____ Format in-text citations and reference list according to APA (<https://www.apastyle.org/learn/tutorials/basics-tutorial>)
- _____ Tables are formatted according to APA and numbered sequentially (see Author Directions for examples)
- _____ Figures and photos are 300x300 dpi, numbered sequentially with captions on the same page

Language Usage

- _____ JHL does not use the words 'lactation consultant' rather IBCLC or lactation support providers.
- _____ JHL does not use the words 'breast milk' or 'breastmilk' rather use human milk or mother's own milk.
- _____ After consent is obtained; refer to study participant(s) as participant(s)
- _____ The term 'breastfeeding' needs to be clearly defined in the methods using one of the standard definition systems (Noel-Weiss, 2012)
- _____ JHL does not use the words 'such/such as' it is not appropriate in scholarly writing.
- _____ Impact: JHL does not use impact as a verb, rather use affect or influence.
- _____ Affect/effect: *Affect* = *influence*; effect refers only to a causal relationship

Grammatical issues

- _____ Anthropomorphism: Stating that inanimate objects have taken actions only people can take. For example, 'studies show' or 'findings show'.
- _____ Long run-on sentences

_____ That/which: Which must have comma before it (see grammar book for distinction between these two words).

_____ Always capitalize the first word after a colon.

_____ Verb tense agreement

_____ Always refer to elements of the study and participants in the past tense.

_____ Noun/verb agreement

_____ The word data always requires a plural verb

SPECIFIC SECTIONS OF YOUR MANUSCRIPT

JHL follows a prescribed format for all research manuscripts for several reasons, including consistency for our non-researcher readers and our international readers.

_____ Word limit: 1500 - 2000 words, avoid redundancy

Abstract:

_____ Structured abstract, 250-word limit, APA formatting (double-spaced)

_____ **Introduction** – What is unique about this case and why is it important within the socio-cultural context of the breastfeeding dyad and family?

_____ **Main issue** – Important clinical findings and major lactation issue

_____ **Management** – The actions taken and outcomes

_____ **Conclusion** – What are one or more ‘take-away’ messages?

Manuscript

_____ Include headers and content for just the following sections:

_____ **Introduction** – brief summary as to why this case is unique in the lactation literature using current evidence.

_____ Socio-cultural context is important and needs to be described clearly.

_____ End this section with a statement about IRB approval or a statement that clearly states that the person(s) discussed in this case has given written consent for publication of this case, and has read and approves of the case as submitted. This consent must remain with the author(s); however, can be requested by the JHL Editor in Chief at any time.

_____ **History and Observational Assessment**

_____ De-identified demographic and other relevant historical and observational information

_____ Main concerns and presenting signs and symptoms of the breastfeeding family

_____ Relevant past intervention(s) and their outcomes

_____ End this section with a summary paragraph of the evaluation of the history and observational assessment

_____ **Management**

_____ Types of interventions with specific time frames and rationales, including any referrals or consultations

_____ Changes made to the original management with their rationales

_____ Follow-up actions taken

_____ Reference the timeline table/figure in this section

_____ Outcome(s)

- _____ Clinician and client assessment of outcomes. It is appropriate to use quotes, as needed.
- _____ Adherence to and tolerance of the management regime
- _____ Adverse and unanticipated events

_____ Discussion

- _____ Critical analysis of the process and outcomes of the management
- _____ Discussion of the relevant literature
- _____ Strengths and weaknesses of the management approach
- _____ Main ‘Take-away’ lesson(s) learned
- _____ Rationale for your conclusions

_____ Conflict of interest statement (see General Author Directions)**_____ References** (per APA format, no hyperlinking)**_____ Timeline**

_____ A chronological summary of the case in table or figure format to help readers understand the timeframes involved in this case.

_____ Please refer to the CARE guidelines for examples:

- Creating a timeline: <http://data.care-statement.org/wp-content/uploads/2016/08/Timeline-Instructions-English-2015.pdf>
- Sample timeline: <http://data.care-statement.org/wp-content/uploads/2016/12/Kienle-DM-TimelineExample.pdf>

References

- Barbour, V. on behalf of COPE Council. (2016). Journals’ best practices for ensuring consent for publishing medical case reports: Guidance from COPE. [https://publicationethics.org/files/Best Practices for Ensuring Consent for Publishing Medical Case Reports guidance from COPE.pdf](https://publicationethics.org/files/Best_Practices_for_Ensuring_Consent_for_Publishing_Medical_Case_Reports_guidance_from_COPE.pdf)
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APPENDIX F**REQUIRED MANUSCRIPT COMPONENTS FOR LITERATURE REVIEWS**

Directions: Each item that is marked needs to be completely addressed in your revision. If you have questions see our Author Directions and the *APA Manual* 6th Ed

OVERARCHING REQUIREMENTS FOR ALL MANUSCRIPTS

- _____ No abbreviations in Key Messages or Abstract, except statistics and measurement tools
- _____ JHL prefers references about research to be no older than 5 years, which are most likely not relevant today. The exceptions are citations about methodology and theoretical frameworks. A few (very few) classic articles in the field are acceptable
- _____ Remove any extra line spacing between headers, as APA format does not have them
- _____ Do not note where tables/figures should be inserted
- _____ Use APA capitalization, italics and punctuation rules and APA approved abbreviations
- _____ All sections of the Methods section need to be present and to follow the order in the Author Directions
- _____ To avoid plagiarism quotes shorter than 40 words need to be within the narrative and have quotation marks; quotes longer than 40 words need to be indented and without quotation marks. Both types of quoted need to have the appropriate in-text citation (author(s) name, publication year, page number(s))

Language Usage: Fix all instances in the manuscript

- _____ JHL does not use the words 'lactation consultant' rather IBCLC or lactation support providers.
- _____ JHL does not use the words 'breast milk' or 'breastmilk' rather use human milk or mother's own milk.
- _____ Clearly define 'breastfeeding' using one of the standard definition systems (Noel-Weiss, 2012)
- _____ The words 'such/such as' are not appropriate in scholarly writing, reword
- _____ Impact: JHL does not use impact as a verb, rather use affect or influence.
- _____ Affect/effect: *Affect = influence*; effect refers only to a causal relationship

Grammatical issues: Fix all instances in the manuscript

- _____ Anthropomorphism: Stating that inanimate objects have taken actions that only people can

do. For example, studies show or findings show. For example

_____ Preposition use

_____ Using the word **in** when meaning duration of time – correct word is during. For example, the study was conducted **in** August – is incorrect grammatically.

_____ Using the word **on** or **of** when meaning **about** – For example, ‘the lecture was **on** breastfeeding’ is incorrect

_____ Verb tense agreement _____ Always refer to elements of the study and participants in the past tense.

_____ Noun/verb agreement _____ The word data always requires a plural verb

SPECIFIC CONTENT REQUIRED IN A LITERATURE REVIEW

Key Messages:

Abstract (300 words)

- _____ Use only headings in the Author Directions
- _____ Conclusion are only general statements, not results

Background

- _____ The background rationale for the importance of the topic reviewed
- _____ The international relevance of this topic needs to be clearly stated
- _____ Pertinent non-research articles and documents need to be included here

Aim(s):

- _____ Needs to be stated as an aim, not objective, in both the abstract and end of the background section
- _____ Need to use the same language in stated aim in both Abstract and text

Method

Design

- _____ First statement needs to be the type of the type of critical literature review using internationally recognized terminology (e.g., systematic review, integrated review, scoping review)
- _____ Second sentence needs to be a rationale for using this design

Sample

- _____ Identify the target population, the precisely stated literature topic to be reviewed
- _____ Must have inclusion and exclusion criteria for your search
- _____ Sample size information belongs here (*refer to the PRISMA diagram here*)

Data collection

- _____ Dates of the study belong here
- _____ Start this section with the databases searched and the search terms used
- _____ Describe the process used to determine appropriate articles to include

_____ Describe the process used to extract the data from the chosen articles

Data Analysis

_____ Identify the variables evaluated

_____ Clearly describe how each variable was critically evaluated

_____ Describe how data were summarized, including the table of components of each study

Results

_____ Do not repeat results displayed in tables and figures in the Results narrative.

_____ Report all findings related to your critical analysis, except those on tables (refer to tables here)

_____ In a research manuscript, every time you report a percent or a frequency (n) – you must report both

_____ In a research manuscript, every time you report a mean you need to also report the standard deviation

Discussion

_____ Do not restate or repeat results in the Discussion section

_____ Discuss the limitations of the body of literature reviewed, include the methodology and topics within this body of literature and what is missing.

_____ Provide possible directions for future research

_____ Avoid redundancy

_____ Include international relevance in this section

Limitations

_____ Must include limitations of design, implementation and interpretation

Conclusions

_____ Do not repeat results in this section

_____ Only broad general statements belong in this section

Tables

_____ Every table needs to be able to be understood separate and apart from the text. This means that all the information a reader needs to understand the table needs to be contained within the table (title and footnotes).

_____ Footnote explanations for all abbreviations used in the table – see APA formatting

Figures

_____ PRISMA diagram

_____ Figures need to be 300x300 dpi or higher

_____ The font needs to be Times New Roman 12-point throughout

_____ Color figures will only be published in color online, unless you are able to pay the printing fees

APPENDIX G**REQUIRED MANUSCRIPT COMPONENTS FOR QUANTITATIVE RESEARCH**

Directions: Each item that is marked needs to be completely addressed in your revision.

If you have questions see our Author Directions and the *APA Manual 6th Ed*

Overarching Requirements For All Manuscripts

- _____ No abbreviations in Key Messages or Abstract, except statistics and measurement tools
- _____ JHL prefers references about research to be no older than 5 years, which are most likely not relevant today. The exceptions are citations about methodology and theoretical frameworks. A few (very few) classic articles in the field are acceptable
- _____ Remove any extra line spacing between headers, as APA format does not have them
- _____ Do not note where tables/figures should be inserted
- _____ Use APA capitalization, italics and punctuation rules and APA approved abbreviations
- _____ All sections of the Methods section need to be present and to follow the order in the Author Directions
- _____ To avoid plagiarism quotes shorter than 40 words need to be within the narrative and have quotation marks; quotes longer than 40 words need to be indented and without quotation marks. Both types of quoted need to have the appropriate in-text citation (author(s) name, publication year, page number(s))

Language Usage: Fix all instances in the manuscript

- _____ JHL does not use the words 'lactation consultant' rather IBCLC or lactation support providers.
- _____ JHL does not use the words 'breast milk' or 'breastmilk' rather use human milk or mother's own milk.
- _____ Clearly define 'breastfeeding' using one of the standard definition systems (Noel-Weiss, 2012)
- _____ The words 'such/such as' are not appropriate in scholarly writing, reword
- _____ Impact: JHL does not use impact as a verb, rather use affect or influence.
- _____ Affect/effect: *Affect = influence*; effect refers only to a causal relationship

Grammatical issues: Fix all instances in the manuscript

- _____ Anthropomorphism: Stating that inanimate objects have taken actions that only people can do. For example, studies show or findings show. For example

_____ Preposition use

_____ Using the word **in** when meaning duration of time – correct word is during. For example, the study was conducted **in** August – is incorrect grammatically.

_____ Using the word **on** or **of** when meaning **about** – For example, ‘the lecture was **on** breastfeeding’ is incorrect

Verb tense agreement Always refer to elements of the study and participants in the past tense.

_____ Noun/verb agreement _____ The word data always requires a plural verb

SPECIFIC SECTIONS OF A QUANTITATIVE RESEARCH MANUSCRIPT

JHL follows a prescribed format for all research manuscripts for several reasons, including consistency for our non-researcher readers and our international readers.

Key Messages: Change verbs to past tense

Abstract (300 words)

_____ No references in Abstracts

_____ Use only headings in the Author Directions

_____ Conclusion are only general statements, not results

Background

_____ Include international relevance in this section

_____ Aim(s) need to be stated as an aim, not objective or purpose, in both the abstract and this section

_____ Aim(s) need to use the same language in stated aim in both Abstract and text

Methods

Design

_____ Start this section with a statement of the research design using research terminology (e.g., prospective/retrospective, cross-sectional/longitudinal) according to a cited research text

_____ Second sentence needs to be a rationale for the design

_____ IRB approval belongs in this section

Setting

_____ The purpose of this section is to inform our international readers about the socio-

cultural and economic context of the study, along with how these affects breastfeeding.

Sample

- _____ Identify your target population in the first sentence
- _____ Must have inclusion and exclusion criteria
- _____ Sample size information belongs here (*not in the results section*)
- _____ A statement about the adequacy of the sample size here.

Measurement

- _____ All variables need theoretical and operational definitions (measurement method)
- _____ Provide a copy of the tools in the Supplemental Materials in *ScholarOne* and reference in manuscript
- _____ Include reliability and validity for every tools used
- _____ Report Cronbach alphas for all scales used calculated on this study sample

Data collection

- _____ Dates of the study belong here
- _____ Start this section with how informed consent was obtained
- _____ Describe how data were collected, by whom and when
- _____ Include how participants' confidentiality was maintained and how data were kept secure

Data Analysis

- _____ Organize this section according to study aims if there are multiple aims.
- _____ Need full citation in th text and in the reference list for statistical software program

Results

- _____ Do not repeat results displayed in tables and figures in the Results narrative.
- _____ Organized this section according to each study aim
- _____ Once women enter the study (have been consented) refer to them as participants
- _____ In a research manuscript, every time you report a percent or a frequency (n) – you must report both
- _____ In a research manuscript, every time you report a mean you need to also report the standard deviation
- _____ Statistical symbols, other than vectors and matrices (N , n , p , t -test, etc.) are italicized in

APA format

_____ APA notation for total sample size = N ; notation for sub-sample = n

Discussion

_____ Do not restate or repeat results in the Discussion section

_____ Provide possible directions for future research

_____ Include international relevance in this section

_____ Avoid redundancy _____ Do not report or repeat statistics of your study in this section

Limitations

_____ Must include limitations of design, implementation and interpretation

_____ Any statement about generalizability must not overstep.

Conclusions

_____ Do not repeat results in this section

_____ Only broad general statements belong in this section

Conflict of interest statement (see Author Directions)

Funding statement

References: per APA format

Tables

_____ Every table needs to be able to be understood separate and apart from the text. This means that all the information a reader needs to understand the table needs to be on the table (e.g., title, table, footnotes).

_____ Do not report frequencies (%) and means (SD) in the same table

_____ Include the test statistic value within a separate column and the exact p -value in a separate column

_____ Center numbers in columns

_____ Footnote explanations for all abbreviations used in the table – see APA formatting

_____ Footnote exact missing values for each variable in the table – see APA formatting

Figures

_____ Figures need to be 300x300 dpi or higher

_____ The font needs to be Times New Roman 12-point throughout

_____ Color figures will only be published in color online, unless you are able to pay the printing fees

Photographs

_____ Need to be 300x300 dpi or higher (dimensions of 1000x1000)

_____ Color photos will only be published in color online, unless you are able to pay the printing fees