



### **Clinical Case Report Template**

Use this template for educational clinical case reports relevant to midwifery, maternal and neonatal health, reproductive health, and related fields. Follow the CARE reporting checklist (<https://www.care-statement.org/checklist>). Replace bracketed placeholders and delete instructional text, examples, and unused rows before submission. The headings below provide the manuscript structure; this is not a completed case report.

Write in English using Times New Roman, 11 pt, single spacing, and justified alignment. Use a 0.5 cm first-line indent for body paragraphs, set through paragraph formatting. Use A4 paper with 2.5 cm side margins and 2 cm top and bottom margins. Main headings should be bold uppercase; subheadings should be bold sentence case. Keep automatic page numbering. Remove the fixed page breaks used to organize these instructions when preparing your manuscript.

Protect patient confidentiality throughout the text, images, tables, and supplementary files. Use relative dates where possible. Do not include names, initials, record numbers, or unnecessary identifying details. Obtain written consent for publication and report it in the declaration below. Consent for clinical care is not a substitute for consent to publish.

### **[Concise title identifying the clinical focus and ending with “a case report”]**

Use sentence case, bold, 14 pt, centered. Aim for 12–18 words; allow additional words when necessary for clarity.

#### **Author Information**

##### **Author One<sup>1\*</sup>, Author Two<sup>2</sup>, Author Three<sup>3</sup>**

Without academic or professional titles. Use superscript numbers to link authors to their affiliations and an asterisk to identify the corresponding author. Format author names in bold, 11 pt.

<sup>1</sup>*Department, Institution, City, Country (10 pt, italic)*

<sup>2</sup>*Department, Institution, City, Country (10 pt, italic)*

##### **\*Corresponding Author: Full name, Email Address**

Please provide phone number contact (Not for publication, will be store as administration matters)

#### **ABSTRACT**

##### **Keywords:**

Provide 3–5 keywords or phrases, including “case report”; use MeSH terms where suitable. Separate entries with semicolons (;). Format the keyword entries in regular Times New Roman, 11 pt.

Write a single paragraph of no more than 300 words covering Background, Case presentation, and Conclusion. Explain why the case is educational, summarize the main presentation, relevant assessment, intervention and outcome, and state the main lesson. Include clinically relevant maternal and neonatal outcomes where applicable. Do not include citations or undefined abbreviations. Separate subheadings are not required.

## GENERAL MANUSCRIPT FORMAT

Write the manuscript in English using Times New Roman, 11 pt, single spacing, and justified alignment. Set first-line paragraph indentation to 0.5 cm using paragraph settings rather than spaces or tabs. Do not indent headings, the abstract, captions, or reference entries.

Use bold uppercase main headings and bold sentence-case subheadings, aligned left and without numbering.

Use Vancouver referencing with superscript Arabic numerals, without brackets. Number references consecutively in the order of first citation and use the same number whenever a source is cited again. Reference management software such as Mendeley, EndNote, Zotero, etc. may be used to maintain consistency. Example: Breastfeeding has many benefits<sup>1</sup>. Previous studies showed similar results<sup>2, 3</sup>.

Apply the journal's specified page size and margins consistently throughout the manuscript.

## INTRODUCTION

Briefly describe the clinical context and relevant literature. Explain the educational value of the case, the gap or challenge it addresses, and its relevance to midwifery care. End with the purpose of the report. Avoid unsupported claims that the case is the first or unique.

## CASE PRESENTATION

Present the case chronologically. Use the following subheadings and adapt them to the clinical context. Report only information relevant to understanding the case; do not invent missing findings.

### Patient Information

Describe relevant de-identified demographic information, presenting concerns, symptoms and duration. Include relevant medical, obstetric, gynecological, family and psychosocial history, previous interventions, and relevant patient preferences. Report gestational or postnatal age where applicable. Describe maternal and neonatal information separately when both are subjects of the report.

### Clinical Findings

Report relevant physical examination and clinical observations, including vital signs and obstetric or neonatal findings where applicable. Use standard units and distinguish observed findings from patient-reported information.

### Timeline

Summarize key assessments, decisions, interventions and outcomes in a table or figure. Use relative dates or intervals to reduce identification risk. Ensure that the timeline agrees with the narrative.

Table 1. Timeline of the clinical course

| Time or interval       | Assessment or event              | Management and outcome              |
|------------------------|----------------------------------|-------------------------------------|
| [Initial presentation] | [Symptoms and key findings]      | [Assessment and initial management] |
| [Subsequent interval]  | [Investigations or reassessment] | [Intervention or referral]          |
| [Follow-up interval]   | [Follow-up findings]             | [Outcome and ongoing care]          |

**Diagnostic Assessment**

Describe relevant investigations, findings, differential diagnoses and the reasoning supporting the final diagnosis or clinical assessment. Explain diagnostic uncertainty, limitations, and barriers such as resource availability or access to care. Include prognostic information where relevant. For reports focused on midwifery care, explain the assessment of care needs and indications for referral or escalation.

**Therapeutic interventions and midwifery care**

Describe pharmacological and non-pharmacological management, supportive care, counseling, monitoring, shared decisions and referrals as applicable. Give medication names, doses, routes, frequency and duration where relevant. Explain the rationale for management choices and any changes. Identify the roles of the midwife and other professionals accurately.

**Follow-up and outcomes**

Describe the duration and methods of follow-up, clinician-assessed and patient-reported outcomes, relevant repeat investigations, adherence and tolerability, and adverse or unexpected events. Report maternal and neonatal outcomes separately where applicable. State if follow-up was incomplete or unavailable and explain how this limits interpretation.

**DISCUSSION**

Explain the main clinical and educational lessons. Compare the presentation, assessment, management and outcomes with relevant evidence and guidance. Discuss the rationale for decisions, alternative explanations for outcomes, and strengths and limitations of the report. Address implications for midwifery practice and referral or multidisciplinary care where relevant. Do not infer treatment effectiveness or causation from a single case, or generalize beyond the available evidence.

**PATIENT PERSPECTIVE**

Where feasible, include the patient's own account of the experience of care and its impact, with permission to publish. For a neonatal case, a parent or authorized representative may provide a perspective. Distinguish direct quotations from author summaries. If a perspective could not be obtained, briefly state this and the reason without disclosing unnecessary personal information.

**CONCLUSION**

Provide a concise paragraph stating the principal lesson and its relevance to practice. Keep conclusions consistent with the reported observations. Do not introduce new data or unsupported recommendations.

**TABLES AND FIGURES**

Number tables and figures separately in order of first citation. Place table titles above tables and figure captions below figures. Define abbreviations, symbols and units. Include no more than six tables and figures combined in the main manuscript, including the timeline. Submit additional relevant material as supplementary files. Use decimal points and clear, legible labels. Cite adapted or reproduced material and obtain permission where required. Remove identifying information and image metadata; check that consent covers any images to be published.

**ACKNOWLEDGMENTS**

Acknowledge assistance from people who do not meet authorship criteria and obtain permission before naming them. Omit this section if there are no acknowledgments.

## **ETHICS APPROVAL**

State whether ethics approval was required under the applicable institutional requirements. If approved, provide the committee name, approval number and date where available. If approval was waived or not required, explain the basis and identify the responsible institution or committee where applicable. Do not assume that every case report is exempt.

## **CONSENT FOR PUBLICATION**

Confirm written informed consent for publication of the case details and any accompanying images from the patient or an authorized representative, as applicable. For reports involving both mother and infant, ensure that consent covers each individual whose information is reported. Do not include patient names or signatures in the manuscript.

Example — use only if accurate: “Written informed consent for publication of the clinical details and accompanying images was obtained from the patient [or authorized representative, as applicable].”

Retain the signed consent securely in accordance with institutional requirements and provide evidence through a secure editorial process if requested. Do not upload identifiable consent forms as publicly accessible supplementary material. The Statement of Manuscript Authenticity does not replace patient consent for publication.

## **CONFLICT OF INTEREST**

Disclose financial and non-financial relationships that could reasonably be perceived as influencing the report. If none exist, state: “The authors declare no conflicts of interest.”

## **FUNDING**

Identify funding sources and grant numbers where applicable, and explain the funder’s role. If no specific grant was received, state: “This work received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.”

## **DATA AVAILABILITY**

Describe the availability of materials supporting the report while protecting confidentiality and complying with consent and institutional requirements. Do not promise access to patient records unless such access is permitted.

Example — use only if accurate: “Relevant clinical information is presented in the article. Additional patient-level records are not publicly available because of privacy and consent restrictions.”

## **DECLARATION OF ARTIFICIAL INTELLIGENCE USE**

Disclose generative AI or AI-assisted tools used in preparing this report. Identify the tool, provider, model or version where available, purpose, and how outputs were verified. Describe any use affecting clinical data processing or analysis in the relevant section. Authors remain responsible for accuracy, originality, references and confidentiality. AI tools must not be listed as authors.

If none were used: “No generative artificial intelligence or AI-assisted tools were used in preparing this case report.”

## **AUTHOR CONTRIBUTIONS**

State each author's actual contributions using initials and relevant CRediT roles. Identify contributions to clinical information collection, interpretation, and writing where applicable. Include a statement for single-author reports. All authors must approve the final manuscript and agree to be accountable for the work.

## **REFERENCES**

Include a minimum of 15 references. At least 80% of all references must be scientific journal articles published within the 10 years preceding submission. Relevant foundational studies and other sources may be included within the remaining proportion. Prioritize relevant journals indexed in Scopus, Web of Science, DOAJ, or SINTA, while assessing the relevance and quality of each source.

Use Vancouver style with superscript Arabic numerals without brackets. Number references in order of first citation and reuse the same number for repeat citations. Include every cited source in the reference list and cite every listed reference in the text. Add a DOI when available and verify bibliographic details. Use Times New Roman, 11 pt, with a 0.5 cm hanging indent. Reference management software is recommended.

## **REFERENCE FORMAT EXAMPLES**

The entries below illustrate reference formats only. Replace all bracketed fields with verified bibliographic information and delete unused examples.

- 1. Book**  
Author AA. Book title. Edition, if not the first. Place of publication: Publisher; year.
- 2. Institutional report**  
Organization name. Report title. Place of publication: Publisher; year.
- 3. Website or online report**  
Author or organization. Title [Internet]. Place of publication: Publisher; year [cited YYYY Mon DD]. Available from: [URL]
- 4. Thesis or dissertation**  
Author AA. Title [thesis or dissertation]. Place: Institution; year.
- 5. Conference paper**  
Author AA. Paper title. In: Editor AA, editor. Proceedings title; conference dates; conference location. Place of publication: Publisher; year. p. [page range].

## **SUPPLEMENTARY MATERIAL**

List supplementary files with descriptive titles and cite them in the manuscript. A completed CARE checklist may be provided to help demonstrate reporting completeness. Exclude identifiable patient information and signed patient consent forms from public supplementary files. Omit this section if no supplementary material is submitted.