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Raising the bar in publishing: the future of JOGECA

Alfred Murage

Aga Khan University, alfred.murage@aku.edu

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Raising the bar in publishing: the future of JOGECA

Excitement is in the air in Kenya, what with the looming elections and constitutional changes? JOGECA has not been left behind in these exciting times, we have a booming issue that readers will enjoy reading. And there are exciting developments in the pipeline to propel our journal into new heights.

For starters, we have a specially invited paper on Evidence Based Practice (EBP). The author, Dr Mukaindo Mwaniki, takes us through the historical beginnings of EBP, and how EBP has evolved over the years to what it is today. We can no longer rely on experience and intuition as the guiding tenets of our practice in Obstetrics and Gynecology. The best evidence is out there, and we have mobile tools to hand to aid in pulling up the evidence and applying it into daily practice. Mukaindo's paper shows us how and why we should uphold EBP, accruing benefits both in individual patients and for the greater public health. Readers can anticipate more exciting and specially invited papers on broad themes in our specialty in forthcoming issues.

The routes of human delivery are finite, it's either vaginal delivery or abdominal delivery by Caesarean Section (CS). For many reasons, CS deliveries continue to raise a lot of debate, mostly due to escalating rates in many institutions. (And not to forget there still exists very low and unsafe CS rates in some remote localities). Muteshi *et al*, in their paper on using the Robson criteria to classify CS deliveries, remind us of strategies that we can employ to mitigate against rising CS rates in our respective institutions. An ideal CS rate may not exist, and is difficult to define, but we don't want to go the way of some infamous institutions where CS rates border around 80% of all deliveries.

The Millennium Development Goals (MDGs) deadlines as defined by WHO are almost upon us. Our maternal and neonatal morbidity and mortality rates are still unacceptably high. We still have many strides to make if we are to achieve MDGs 4 and 5. We have two papers in

this issue that remind us of our dismal statistics, clearly more needs to be done.

We also have some rare case reports, serving to remind us to always expect the unexpected. They make good reflective reading.

And finally, where is our journal heading? JOGECA deserves its place as the main Obstetrics and Gynecology journal in our region. Our local academic institutions are world-class, providing enough research material to propel our journal into greater heights. But why do local authors seek to publish elsewhere? Surely, part of the answer must lie with the obvious fact that JOGECA is not formally rated, and does not have an Impact Factor. So what is an Impact Factor? It is simply the number of global citations of the papers published in a given journal within two years of their publication divided by the total number of papers published in the journal during that time. Put another way, an Impact Factor of 1.2 means that a paper published in JOGECA in 2010 was cited 1.2 times on average in 2011 and 2012. Thomson Reuters manages the Impact Factor process, and accepts only 10-12% of approximately 2000 journals evaluated each year. It may seem a big hurdle to climb, but we can aim to lift JOGECA into Impact Factor evaluations by widening our coverage, publishing issues on time, upgrading our editorial board and improving peer reviews. In this way, JOGECA will attract more authors, both locally and internationally, and transcend the heights of Impact Factors!

Murage, A., MMed, MRCOG (UK), Assistant Professor and Consultant in Reproductive Medicine, Department of Obstetrics and Gynecology, Aga Khan University Hospital, Nairobi.

Email: amurage@mygyno.co.ke

Invited editor