As judged by any sentinel marker, ESHRE houses the most successful journals in reproductive health and disease, namely, Human Reproduction Update, Human Reproduction and Molecular Human Reproduction (MHR). This position has been achieved by continual publication of only the highest quality articles and constant innovation.

With the change in editorship of all three ESHRE journals in 2013, the opportunity arose to further broaden the appeal of the journals and clarify their publishing strategy. A number of changes were made, including publication of more narrative reviews on a wider range of topics in Human Reproduction Update. However, a key concern was the overlap in scope between the journals. It was of paramount importance to redefine each journal’s scope providing clear lines of demarcation between them. Human Reproduction Update publishes comprehensive and systematic reviews in basic and clinical reproductive science, whilst Human Reproduction and MHR primarily publish original research papers but may occasionally publish short state-of-the-art (mini)reviews of novel scientific or clinical developments. Feedback from authors and Associate Editors voiced concern that the difference in scope between Human Reproduction and MHR was unclear. We now address this issue.

MHR has always been a home for studies focussing on the basic science of reproductive health and disease. In contrast, Human Reproduction is primarily a clinical journal, focussing on the diagnosis, prevention and treatment of reproductive health disorders and the management of infertile patients. However, the overlap between the two journals is significant. To clarify the difference between the two journals, we have redefined their scope (see new instructions to authors for Human Reproduction and MHR). The most significant change for Human Reproduction is that the journal will only consider studies using animal models, or in vitro cellular models, of reproductive health and disease if they demonstrate clear relevance to the human. The most significant change for MHR is that original research articles must demonstrate mechanistic insight into reproductive processes, whether studies utilize cell lines, animal models or human tissues. MHR will consider basic science studies that increase biological understanding of, or have future—diagnostic or therapeutic—implications for, reproductive medicine. Moreover, as with all papers published in the ESHRE journals, novelty and scientific rigour will remain the criteria for acceptability.

So, what does this mean for our authors? Submissions to Human Reproduction in the first 3 months of 2015 were assessed for scope using the redefined criteria. Of 346 submissions, 5.6% were now considered more suited to the scope of MHR than Human Reproduction. Therefore, this change in strategy should not significantly influence the numbers of articles published in Human Reproduction. As we introduce these minor changes, manuscripts submitted to Human Reproduction and MHR will be assessed for scope, and transfer to MHR (or occasionally HR) will be offered to authors of those considered out of scope. The editorial office will provide a seamless service to authors, facilitating transfer of manuscripts (where author agreement has been obtained) between the ESHRE journals, as appropriate. Minor changes to MHR manuscript formatting are necessary. For example, an extended abstract will be required for all manuscripts submitted to MHR. These changes will take effect from 1 September 2015.

The ESHRE journals have been providing an outstanding and cutting-edge service for nearly 30 years. We believe that these changes will further improve the quality of the journals and clarify the aims and objectives of each of them for the benefit of our authors and readers alike.