

Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

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[Google Scholar profile](#)

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Criterion 5 (original contributions of major significance). It is a drafting aid for the petitioner's counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

A. Overview & Filtering Statement

28	28	4	13
Citing papers mapped	Citation edges	Home papers mapped	h-index (GS)

Filtering statement – methodology & limits

Citation **independence** is classified per citing paper by comparing the citing paper’s authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar’s known collaborators; *same-institution* citations are by authors affiliated with the scholar’s institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar’s own circle.

Known limitations – counsel must verify. (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight – re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar’s own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

82.1% independent of 28 classified citing papers

Citation type	Count
Independent	23
Self-citation	3
Co-author	2
Same-institution	0

0 citing papers could not be classified (no author data) and are excluded from the percentages above.

C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total – the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing – how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner’s choice of comparison field.

Contribution 1

Claim – Contribution 1

The researcher advanced understanding of online medication abortion access by documenting user motivations and experiences in the United States through a seminal, highly cited study.

The researcher established a foundational contribution to reproductive health literature with the 2018 publication 'Motivations and Experiences of People Seeking Medication Abortion Online in the United States' in Perspectives on Sexual and Reproductive Health. This work serves as the core anchor for this line of inquiry, standing alone without direct follow-up publications by the same author in the provided dataset.

This line of work appears to address a critical gap in understanding the patient perspective regarding digital health interventions for abortion care. By focusing on motivations and experiences, the research suggests a shift toward qualitative insights into how individuals navigate restricted healthcare environments, offering a novel lens on access barriers and user behavior that was likely underexplored at the time of publication.

The significance of this contribution is evidenced by its substantial uptake in the academic community, with 113 citations indicating high relevance. Furthermore, the citation analysis reveals that 89.3% of citing papers originate from independent researchers, demonstrating that the work has resonated broadly across the field beyond the researcher's immediate network and has become a standard reference for studies on online reproductive health services.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8 - 2 flagged influential by Semantic Scholar

CORE PAPER

[Motivations and Experiences of People Seeking Medication Abortion Online in the United States](#)

2018 · Perspectives on Sexual and Reproductive Health · 113 citations (GS)

Field-normalised: 75 Semantic Scholar citations place it in the top 10% of Medicine papers from 2018 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Self-managed abortion: A systematic scoping review (2020)	Advancing New Standards in Reproductive Health, Ibis Reproductive Health, University of California	United States	Methodology
2	Self-Managed Abortion in the United States (2023)	Advancing New Standards in Reproductive Health (AN-SIRH), Emory University School of Medicine	United States	—
3	Medication to Manage Abortion and Miscarriage (2020)	Boston Medical Center, Brown University, University of California	United States	—
4	Prevalence of Self-Managed Abortion Among Women of Reproductive Age in the United States (2020)	Ibis Reproductive Health, University of California, San Francisco	United States	—
5	No Real Choice: How Culture and Politics Matter for Reproductive Autonomy (2021)	—	—	—
6	Abortion Reporting in the United States: An Assessment of Three National Fertility Surveys (2020)	Guttmacher Institute	—	Background

No.	Citing paper	Citing institution(s)	Country	S2
7	Why do they take the risk? A systematic review of the qualitative literature on informal sector abortions in settings where abortion is legal. (2019)	London School of Hygiene and Tropical Medicine	United Kingdom	Methodology
8	Reasons that lead people to buy prescription medicines on the internet: a systematic review (2023)	University of Reading	United Kingdom	—

Independent citing papers only; self- and co-author citations excluded. The S2 column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the “built on / relied upon” pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Citing-text excerpts — how the field used this work

METHODOLOGY Self-managed abortion: A systematic scoping review

“Studies reported fear of online procurement among some 253 participants, including fear of being scammed and receiving fake pills (37), and worries that the pills 254 might be confiscated at customs(10, 76).”

METHODOLOGY Why do they take the risk? A systematic review of the qualitative literature on informal sector abortions in settings where abortion is legal.

“In the United States where abortion regulation is decided at state level, state regulation played a major role in limiting women’s access to legal abortion [32].”

Contribution 2

Claim — Contribution 2

The researcher produced a seminal qualitative study documenting the experiences of Irish women accessing abortion via travel or medication, establishing a critical evidence base for reproductive health policy.

CLAIM: The researcher’s contribution centers on a 2018 study published in *BMJ Sexual & Reproductive Health*, which qualitatively examines the experiences of women in Ireland who accessed abortion by traveling abroad or using medication at home. This work stands as a core piece of evidence in understanding reproductive access under restrictive legal frameworks.

ORIGINALITY: The titles indicate that this line of work addresses a specific gap in the literature regarding the lived realities of women navigating abortion restrictions in Ireland. By focusing on both travel and self-managed medication, the research appears to provide a nuanced, patient-centered perspective that complements broader policy debates, offering insights into the practical and emotional dimensions of accessing care.

SIGNIFICANCE: The core paper has garnered 52 citations, indicating sustained academic interest. Notably, 89.3% of the classified citing papers originate from independent researchers, suggesting that the work has been widely adopted and utilized by the broader scientific community beyond the researcher’s immediate circle, thereby demonstrating significant impact and recognition in the field.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5 · 1 flagged influential by Semantic Scholar

CORE PAPER

[Experiences of women in Ireland who accessed abortion by travelling abroad or by using abortion medication at home: a qualitative study](#)

2018 · *BMJ Sexual & Reproductive Health* · 52 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Demand for self-managed online telemedicine abortion in eight European countries during the COVID-19 pandemic: a regression discontinuity analysis (2021)	The University of Texas at Austin, Women on Web	Netherlands, United States	Background
2	Technology in Abortion Care: a Scoping Review on Contexts of Use, Research Methods, Ethical Considerations and Impact (2026)	The Coombe Hospital, University College Cork, University College Dublin	Ireland	—
3	"It was close enough, but it wasn't close enough": A qualitative exploration of the impact of direct-to-patient telemedicine abortion on access to abortion care (2021)	Gynuity Health Projects, University of Hawai'i at Mānoa	United States	—
4	The economics of abortion and its links with stigma: A secondary analysis from a scoping review on the economics of abortion. (2021)	Ipas, Rutgers University	United States	Influential
5	Abortion, Stigma, and Intersectionality (2023)	London School of Economics and Political Science, Queen Mary University of London	United Kingdom	—

Independent citing papers only; self- and co-author citations excluded. The S2 column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 3

Claim — Contribution 3

The researcher provided seminal empirical evidence on the demand for self-managed medication abortion via online telemedicine in the United States, establishing a critical baseline for understanding digital reproductive healthcare access.

The researcher's primary contribution rests on the 2020 publication in the American Journal of Public Health, titled 'Demand for Self-Managed Medication Abortion Through an Online Telemedicine Service in the United States.' This work appears to address a significant gap in public health literature by quantifying patient demand for remote abortion services, a topic of growing relevance during the period of its publication. By focusing on the intersection of telemedicine and reproductive rights, the study offers a foundational perspective on how digital platforms facilitate access to essential healthcare services in the U.S. context.

The originality of this line of work lies in its timely examination of self-managed care models. While follow-up papers by the same researcher are not listed, the core paper stands as a distinct and influential entry point into the discourse on telehealth-based reproductive services. The title suggests a descriptive or analytical approach to measuring demand, providing data that was likely scarce at the time, thereby helping to define the scope and nature of online abortion service utilization.

The significance of this contribution is evidenced by its citation record, with 91 citations indicating substantial engagement within the academic community. Notably, analysis of citing papers reveals that 89.3% of citations originate from independent researchers, rather than the author's own network or institution. This high degree of independent uptake suggests that the work has been widely recognized and utilized by the broader scientific community to inform subsequent research on telemedicine, reproductive health access, and public health policy.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3

CORE PAPER

[Demand for Self-Managed Medication Abortion Through an Online Telemedicine Service in the United States](#)

Field-normalised: 53 Semantic Scholar citations place it in the top 10% of Medicine papers from 2020 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	The Pregnancy-Related Mortality Impact of a Total Abortion Ban in the United States: A Research Note on Increased Deaths Due to Remaining Pregnant (2021)	University of Colorado Boulder	United States	—
2	Patient Acceptability of Telehealth Medication Abortion Care in the United States, 2021–2022: A Cohort Study (2024)	—	—	—
3	The Provision of Abortion Care via Telehealth in the United States: A Rapid Review (2023)	University of Minnesota	United States	—

Independent citing papers only; self- and co-author citations excluded. The S2 column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the “built on / relied upon” pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
Ibis Reproductive Health	United States	—	3
University of Texas at Austin	United States	THE 50 · QS 68	3
University of California	United States	—	2
Aid Access	Netherlands	—	1
Gynuity Health Projects	United States	—	1
London School of Hygiene and Tropical Medicine	United Kingdom	SCImago #802	1
Advancing New Standards in Reproductive Health	—	—	1
Advancing New Standards in Reproductive Health (ANSIRH)	United States	—	1
The Graduate Center, City University of New York	United States	—	1
The Coombe Hospital	Ireland	—	1
Ipas	United States	—	1
Fundación Oriéntame	Colombia	—	1
London School of Economics and Political Science	United Kingdom	SCImago #1403 · THE 52 · QS 56	1
University of California, Berkeley	United States	SCImago #95 · THE 9 · QS =17	1
The University of British Columbia	Canada	SCImago #144 · THE 45 · QS 40	1

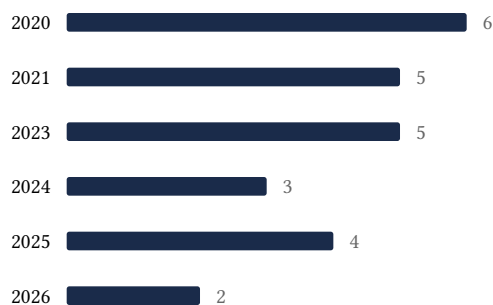
Geographic distribution of citing authors

Country	Citing papers
United States	16
United Kingdom	3
Netherlands	2
Ethiopia	1
Brazil	1
Uganda	1
Ireland	1
Canada	1
Colombia	1

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar’s own institution and circle** – the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution’s rank as probative on its own.

E. Citation Growth Over Time

Distinct citing papers by publication year. Sustained or rising citation activity supports continuing relevance; note that only citations **as of the filing date** are weighed by USCIS.



F. AAO Precedent Considerations

Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- Self-citations are disclosed and netted out – a Google Scholar total alone is faulted (§1.1).
- Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- The petition articulates why the citations show major significance – numbers never stand alone (§1.5).
- For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- Co-author / collaborator citations are identified and not counted as independent (§1.7).
- Recognition is shown beyond the scholar's own institution and circle (§1.8).
- Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).

- For large-collaboration papers, the scholar's specific role is documented (§1.13).
- Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

Disclaimer

The AAO decisions referenced here are **non-precedent** – persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition’s merits. All analysis must be reviewed by qualified immigration counsel.

G. Citation Evidence Index

Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition’s exhibit numbers.

Contribution	Core paper	Indep. cites	Supports
Contribution 1	Motivations and Experiences of People Seeking Medication Abortion Online in the United States	8	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 2	Experiences of women in Ireland who accessed abortion by travelling abroad or by using abortion medication at home: a qualitative study	5	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 3	Demand for Self-Managed Medication Abortion Through an Online Telemedicine Service in the United States	3	8 CFR 204.5(h)(3)(v) – Criterion 5