Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

Rebecca Gomperts

senior researcher LUMC

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

35	35	5	27
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.

88.6% independent of 35 classified citing papers

Citation type	Count
Independent	31
Self-citation	3
Co-author	1
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 pioneered telemedicine protocols for medical abortion, establishing a foundational framework for safe, remote reproductive care in underserved settings.

The researcher's core contribution rests on a seminal 2008 paper that introduced the use of telemedicine for termination of pregnancy using mifepristone and misoprostol in settings lacking access to safe services. This work appears to have established a critical methodological precedent for delivering reproductive healthcare remotely, addressing a significant gap in service availability for marginalized populations. By focusing on contexts where traditional safe services are inaccessible, the research suggests a novel approach to overcoming geographical and systemic barriers to care.

This line of work demonstrates sustained originality through subsequent publications that build upon the initial framework. A 2017 study published in The BMJ, which examines self-reported outcomes and adverse events from a population-based study in the Republic of Ireland and Northern Ireland, indicates that the researcher continued to refine and validate these telemedicine models. The progression from the initial 2008 proposal to the 2017 empirical evaluation suggests a comprehensive effort to assess the safety and efficacy of remote medical abortion over time.

The significance of this contribution is evidenced by its substantial uptake within the scientific community. The core 2008 paper has accumulated 217 citations, while the 2017 follow-up has garnered 207 citations, indicating that this specific line of inquiry remains highly relevant and widely referenced. Furthermore, analysis of citing papers reveals that 91.4% of citations originate from independent researchers, suggesting that the work has influenced a broad, external audience beyond the researcher's immediate circle and has become a standard reference point in the field of telemedicine and reproductive health.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

Using telemedicine for termination of pregnancy with mifepristone and misoprostol in settings where there is no access to safe services

2008 · 217 citations (GS)

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	—
2	Telemedicine medical abortion at home under 12 weeks' gestation: a prospective observational cohort study during the COVID-19 pandemic (2021)	Edinburgh Clinical Research Facility, NHS Lothian, Chalmers Centre, University of Edinburgh	United Kingdom	—
3	Self-managed medication abortion outcomes: results from a prospective pilot study (2020)	Generation Initiative for Women and Youth, Ibis Reproductive Health, La Revuelta Colectiva Feminista	Argentina, Indonesia, Nigeria	—

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).

FOLLOW-UP WORK

Self reported outcomes and adverse events after medical abortion through online telemedicine: population based study in the Republic of Ireland and Northern Ireland

2017 · The BMJ · 207 citations (GS)

Field-normalised: 147 Semantic Scholar citations place it in the top 5% of Medicine papers from 2017 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Telehealth Interventions to Improve Obstetric and Gynecologic Health Outcomes: A Systematic Review (2020)	American College of Obstetricians and Gynecologists, George Washington University, Kaiser Permanente	United States	—
2	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	—
3	Complications of Unsafe and Self-Managed Abortion (2020)	University of California, San Francisco, University of Michigan	United States	—
4	TelAbortion: evaluation of a direct to patient telemedicine abortion service in the United States (2019)	—	—	—

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 2

Claim — Contribution 2

The researcher established a foundational evidence base for telemedicine in medical abortion through a highly cited systematic review published in a leading obstetrics journal.

The researcher's primary contribution is the publication of a seminal systematic review titled 'Telemedicine for medical abortion' in BJOG: An International Journal of Obstetrics and Gynaecology in 2019. This work stands as the core piece of evidence in this line of inquiry, with no subsequent follow-up papers by the same author building directly upon it.

This line of work appears to address the need for rigorous synthesis of evidence regarding remote care models for medical abortion. By conducting a systematic review, the researcher likely consolidated scattered data to evaluate the safety and efficacy of telemedicine protocols, providing a critical resource for clinicians and policymakers navigating the integration of digital health technologies into reproductive care.

The significance of this contribution is underscored by its substantial impact, evidenced by 308 citations. Notably, 91.4% of the citing papers originate from independent researchers, indicating that the work has been widely adopted and utilized by the broader scientific community rather than just the author's immediate circle. This high degree of independent uptake suggests the review has become a standard reference point in the field.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

Telemedicine for medical abortion: a systematic review

2019 · BJOG: An International Journal of Obstetrics and Gynaecology · 308 citations (GS)

Field-normalised: 214 Semantic Scholar citations place it in the top 1% of Medicine papers from 2019 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Does Digital Literacy Empower Adolescent Girls in Low- and Middle-Income Countries: A Systematic Review (2021)	Aga Khan University, University of Alberta	Canada, Pakistan	—
2	Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: a national cohort study (2021)	British Pregnancy Advisory Service, LBJ School of Public Affairs, University of Texas at Austin, Mathematica Policy Research	United Kingdom, United States	—
3	Clinical Applications of Telemedicine in Gynecology and Women's Health (2020)	Mount Sinai Medical Center	United States	—
4	Commentary: No-test medication abortion: A sample protocol for increasing access during a pandemic and beyond (2020)	Albert Einstein College of Medicine, Gynuity Health Projects, Maine Family Planning	United States	—
5	Expansion of a direct-to-patient telemedicine abortion service in the United States and experience during the COVID-19 pandemic (2021)	carafem, Choices Women's Medical Center, Emma Goldman Clinic	United States	—
6	Medication Abortion Up to 70 Days of Gestation: ACOG Practice Bulletin, Number 225. (2020)	—	—	—
7	Abortion regulation in Europe in the era of COVID-19: a spectrum of policy responses (2021)	Johns Hopkins University Bloomberg School of Public Health, Karolinska Institute, NHS Lothian	Sweden, United Kingdom, United States	—
8	Exploring consumer sentiments in telemedicine and telehealth services: Towards an integrated framework for innovation (2025)	—	—	—

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 clinical evidence linking Zika virus exposure concerns to abortion requests in Latin America, published in the New England Journal of Medicine.

The researcher's contribution centers on a 2016 article in the New England Journal of Medicine titled 'Requests for Abortion in Latin America Related to Concern about Zika Virus Exposure.' This work stands as the core piece in this line of inquiry, with no subsequent follow-up papers by the same author identified in the provided data.

This line of work appears to address the urgent public health and ethical implications of the Zika outbreak in Latin America. By documenting the relationship between viral exposure concerns and reproductive decisions, the research likely filled a critical gap in understanding the immediate social and medical consequences of the epidemic in the region.

The significance of this contribution is evidenced by its 148 citations. Notably, 91.4% of the classified citing papers originate from independent researchers, indicating that the work has been widely adopted and utilized by the broader scientific community beyond the author's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

Requests for Abortion in Latin America Related to Concern about Zika Virus Exposure

2016 · New England Journal of Medicine · 148 citations (GS)

Field-normalised: 98 Semantic Scholar citations place it in the top 5% of Medicine papers from 2016 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Zika Virus Infection — After the Pandemic (2019)	Aix Marseille Université, Centre Hospitalier Universitaire Vaudois and University of Lausanne, Yale School of Public Health	France, Switzerland, United States	—
2	Zika Virus Infection as a Cause of Congenital Brain Abnormalities and Guillain–Barré Syndrome: Systematic Review (2017)	Pan American Health Organization, UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), University of Bern	Switzerland, United States	—
3	High Zika Virus Seroprevalence in Salvador, Northeastern Brazil Limits the Potential for Further Outbreaks (2017)	Charité – Universitätsmedizin Berlin, Universidade Federal da Bahia (UFBA), University of Bonn Medical Centre	Brazil, Germany	—
4	Live Births and Fertility Amid the Zika Epidemic in Brazil (2020)	Universidade Federal de Minas Gerais, University of Texas at Austin	Brazil, United States	—
5	Implications of Zika virus and congenital Zika syndrome for the number of live births in Brazil (2018)	Brazilian Ministry of Health, Federal University of Minas Gerais, Harvard T. H. Chan School of Public Health	Brazil, United States	—
6	Cross-Protection of Dengue Virus Infection against Congenital Zika Syndrome, Northeastern Brazil (2019)	Universidade Federal da Bahia, University of Bonn Medical Centre	Brazil, Germany	Background
7	Women's Reproductive Intentions and Behaviors during the Zika Epidemic in Brazil (2017)	Instituto Aggeu Magalhães (FIOCRUZ), Universidade Federal de Minas Gerais, University of Texas at Austin	Brazil, United States	—
8	Imaging of congenital Zika virus infection: the route to identification of prognostic factors (2016)	University Hospital, University of Lausanne and University Hospital	Switzerland	Background
9	Zika, abortion and health emergencies: a review of contemporary debates (2019)	ABIA, Sexuality Policy Watch, Federal University of Pernambuco, Instituto de Medicina Social-Universidade do Estado do Rio de Janeiro	Brazil, Colombia, United Kingdom	Background

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
University of California, San Francisco	United States	SCImago #98	4
University of Texas at Austin	United States	THE 50 · QS 68	4
University of Edinburgh	United Kingdom	SCImago #182 · THE 29 · QS 34	2
Princeton University	United States	SCImago #386 · THE =3 · QS =25	2
Maine Family Planning	United States	—	2
Ibis Reproductive Health	United States	—	2
Universidade Federal de Minas Gerais	Brazil	SCImago #739	2
Gynuity Health Projects	United States	—	2
University of Bonn Medical Centre	Germany	—	2
Plan C, National Women's Health Network	United States	—	1
Society of Family Planning; Montefiore Hospital and Albert Einstein College of Medicine	United States	—	1
Charité – Universitätsmedizin Berlin	Germany	SCImago #284 · THE 91	1
University of Hawaii John A. Burns School of Medicine	United States	—	1
carafem	United States	—	1
University of Pennsylvania	United States	SCImago #52 · THE 14 · QS 15	1

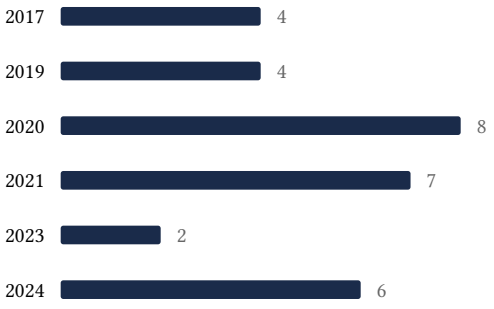
Geographic distribution of citing authors

Country	Citing papers
United States	25
Brazil	6
United Kingdom	4
Switzerland	3
Netherlands	2
Germany	2
Indonesia	1
Argentina	1
Nigeria	1
Pakistan	1
South Africa	1
Sweden	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	Using telemedicine for termination of pregnancy with mifepristone and misoprostol in settings where there is no access to safe services	7	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 2	Telemedicine for medical abortion: a systematic review	8	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 3	Requests for Abortion in Latin America Related to Concern about Zika Virus Exposure	9	8 CFR 204.5(h)(3)(v) — Criterion 5