

# Elisabet Clua

## List of Publications by Year in descending order

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17  
papers

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citations

1163117

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19  
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docs citations

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times ranked

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#	ARTICLE	IF	CITATIONS
1	Recipient outcomes in an oocyte donation programme: should very young donors be excluded?. Reproductive BioMedicine Online, 2022, 44, 867-873.	2.4	1
2	Progesterone-primed ovarian stimulation in oocyte donation: a model for elective fertility preservation?. Reproductive BioMedicine Online, 2022, 44, 1015-1022.	2.4	4
3	Single or double embryo transfer? Decision-making process in patients participating in an oocyte donation program. Gynecological Endocrinology, 2020, 36, 365-369.	1.7	3
4	Does LH suppression by progesterone-primed ovarian stimulation compared with GnRH antagonist affect live birth rate among oocyte recipients?. Reproductive BioMedicine Online, 2020, 40, 661-667.	2.4	8
5	Reproductive outcomes in recipients are not associated with oocyte donor body mass index up to 28 kg/m <sup>2</sup> : a cohort study of 2722 cycles. Reproductive BioMedicine Online, 2017, 35, 739-746.	2.4	9
6	Obstetric and perinatal complications in an oocyte donation programme. Is it time to limit the number of embryos to transfer?. Gynecological Endocrinology, 2016, 32, 267-271.	1.7	7
7	Is it justified to transfer two embryos in oocyte donation? A pilot randomized clinical trial. Reproductive BioMedicine Online, 2015, 31, 154-161.	2.4	15
8	Investigations into implantation failure in oocyte-donation recipients. Reproductive BioMedicine Online, 2014, 28, 99-105.	2.4	18
9	Comparison of starting ovarian stimulation on day 2 versus day 15 of the menstrual cycle in the same oocyte donor and pregnancy rates among the corresponding recipients of vitrified oocytes. Fertility and Sterility, 2014, 102, 1307-1311.	1.0	54
10	Is AMH useful to reduce low ovarian response to GnRH antagonist protocol in oocyte donors?. Gynecological Endocrinology, 2013, 29, 754-757.	1.7	7
11	Triggering ovulation with 250 µg or 500 µg of r-hCG in oocyte donors treated with antagonist protocol has no effect on the number of mature oocytes retrieved: a randomized clinical trial. Gynecological Endocrinology, 2012, 28, 678-681.	1.7	5
12	Elective single-embryo transfer in oocyte donation programmes: should it be the rule?. Reproductive BioMedicine Online, 2012, 25, 642-648.	2.4	31
13	Heterotopic pregnancy in a cross border oocyte donation patient: the importance of cooperation between centers. Fertility and Sterility, 2011, 95, 2432.e13-2432.e15.	1.0	8
14	Replacing GnRH agonists with GnRH antagonists in oocyte recipient cycle did not adversely affect the pregnancy rates. European Journal of Obstetrics, Gynecology and Reproductive Biology, 2011, 159, 355-358.	1.1	16
15	Analysis of factors associated with multiple pregnancy in an oocyte donation programme. Reproductive BioMedicine Online, 2010, 21, 694-699.	2.4	19
16	Prospective, randomized, comparative study of leuprorelin + human menopausal gonadotropins versus ganirelix + recombinant follicle-stimulating hormone in oocyte donors and pregnancy rates among the corresponding recipients. Gynecological Endocrinology, 2008, 24, 188-193.	1.7	22
17	Using donor oocytes. , 0, , 158-165.		0