

# Carol Kingdon

## List of Publications by Year in descending order

Source: <https://exaly.com/author-pdf/5247855/publications.pdf>

Version: 2024-02-01

35  
papers

1,417  
citations

394421

19  
h-index

395702

33  
g-index

36  
all docs

36  
docs citations

36  
times ranked

1476  
citing authors

#	ARTICLE	IF	CITATIONS
1	Interventions to reduce unnecessary caesarean sections in healthy women and babies. Lancet, The, 2018, 392, 1358-1368.	13.7	345
2	Caesarean section for non-medical reasons at term. The Cochrane Library, 2012, , CD004660.	2.8	116
3	Bereaved parents's experience of stillbirth in UK hospitals: a qualitative interview study. BMJ Open, 2013, 3, e002237.	1.9	86
4	Choice and birth method: mixed-method study of caesarean delivery for maternal request. BJOG: an International Journal of Obstetrics and Gynaecology, 2009, 116, 886-895.	2.3	82
5	Prevalence of and reasons for women's, family members', and health professionals' preferences for cesarean section in China: A mixed-methods systematic review. PLoS Medicine, 2018, 15, e1002672.	8.4	82
6	Prevalence of and reasons for women's, family members', and health professionals' preferences for cesarean section in Iran: a mixed-methods systematic review. Reproductive Health, 2021, 18, 3.	3.1	62
7	Systematic Review of Nulliparous Women's Views of Planned Cesarean Birth: The Missing Component in the Debate about a Term Cephalic Trial. Birth, 2006, 33, 229-237.	2.2	46
8	Maternal obesity and pregnancy: a retrospective study. Midwifery, 2010, 26, 138-146.	2.3	46
9	Seeing and Holding Baby: Systematic Review of Clinical Management and Parental Outcomes After Stillbirth. Birth, 2015, 42, 206-218.	2.2	44
10	Non-clinical interventions to reduce unnecessary caesarean section targeted at organisations, facilities and systems: Systematic review of qualitative studies. PLoS ONE, 2018, 13, e0203274.	2.5	43
11	Caesarean section for non-medical reasons at term. , 2006, , CD004660.		41
12	Non-clinical interventions to reduce unnecessary caesarean sections: WHO recommendations. Bulletin of the World Health Organization, 2020, 98, 66-68.	3.3	41
13	Women's and communities' views of targeted educational interventions to reduce unnecessary caesarean section: a qualitative evidence synthesis. Reproductive Health, 2018, 15, 130.	3.1	36
14	Could a randomised trial answer the controversy relating to elective caesarean section? National survey of consultant obstetricians and heads of midwifery. BMJ: British Medical Journal, 2005, 331, 490-491.	2.3	34
15	The Role of Healthcare Professionals in Encouraging Parents to See and Hold Their Stillborn Baby: A Meta-Synthesis of Qualitative Studies. PLoS ONE, 2015, 10, e0130059.	2.5	32
16	Systematic mixed-methods review of interventions, outcomes and experiences for imprisoned pregnant women. Journal of Advanced Nursing, 2015, 71, 1451-1463.	3.3	32
17	Post-mortem examination after stillbirth: views of UK-based practitioners. European Journal of Obstetrics, Gynecology and Reproductive Biology, 2012, 162, 33-37.	1.1	31
18	Reflexivity: Not just a qualitative methodological research tool. British Journal of Midwifery, 2005, 13, 622-627.	0.4	30

#	ARTICLE	IF	CITATIONS
19	Do women prefer caesarean sections? A qualitative evidence synthesis of their views and experiences. PLoS ONE, 2021, 16, e0251072.	2.5	22
20	Interventions targeted at health professionals to reduce unnecessary caesarean sections: a qualitative evidence synthesis. BMJ Open, 2018, 8, e025073.	1.9	21
21	Inequalities and stillbirth in the UK: a meta-narrative review. BMJ Open, 2019, 9, e029672.	1.9	18
22	“We make them feel special”: The experiences of voluntary sector workers supporting asylum seeking and refugee women during pregnancy and early motherhood. Midwifery, 2016, 34, 133-140.	2.3	17
23	Primigravid Women's Views of Being Approached to Participate in a Hypothetical Term Cephalic Trial of Planned Vaginal Birth versus Planned Cesarean Birth. Birth, 2009, 36, 213-219.	2.2	14
24	Obesity and normal birth: A qualitative study of clinician's management of obese pregnant women during labour. BMC Pregnancy and Childbirth, 2015, 15, 256.	2.4	14
25	Women's, partners' and healthcare providers' views and experiences of assisted vaginal birth: a systematic mixed methods review. Reproductive Health, 2020, 17, 83.	3.1	13
26	Physician-patient communication in decision-making about Caesarean sections in eight district hospitals in Bangladesh: a mixed-method study. Reproductive Health, 2021, 18, 34.	3.1	13
27	Optimising the use of caesarean section: a generic formative research protocol for implementation preparation. Reproductive Health, 2019, 16, 170.	3.1	11
28	“Never waste a crisis”: a commentary on the COVID-19 pandemic as a driver for innovation in maternity care. BJOG: an International Journal of Obstetrics and Gynaecology, 2022, 129, 3-8.	2.3	10
29	A Systematic Review of Perinatal Social Support Interventions for Asylum-seeking and Refugee Women Residing in Europe. Journal of Immigrant and Minority Health, 2022, 24, 741-758.	1.6	9
30	Training and expertise in undertaking assisted vaginal delivery (AVD): a mixed methods systematic review of practitioners views and experiences. Reproductive Health, 2021, 18, 92.	3.1	8
31	Birth method: trial and error?. Practising Midwife, 2006, 9, 12-6.	0.0	7
32	Changes in caesarean section rates in China during the period of transition from the one-child to two-child policy era: cross-sectional National Household Health Services Surveys. BMJ Open, 2022, 12, e059208.	1.9	6
33	Caesarean delivery at maternal request: Why we should promote normal birth. British Journal of Midwifery, 2006, 14, 302-303.	0.4	4
34	One to One midwives: First-year outcomes of a midwifery-led model. British Journal of Midwifery, 2014, 22, 15-21.	0.4	1
35	Cochrane reviews with no trials: pointless or pragmatic?. British Journal of Midwifery, 2008, 16, 8-11.	0.4	0