Lars Ladfors

List of Publications by Year in descending order

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393982 42 1,862 19 citations h-index papers

38 g-index 42 42 42 1850 all docs docs citations times ranked citing authors

315357

#	Article	IF	Citations
1	Fetal scalp blood sampling during second stage of labor – analyzing lactate or pH? A secondary analysis of a randomized controlled trial. Journal of Maternal-Fetal and Neonatal Medicine, 2022, 35, 1100-1107.	0.7	5
2	Induction of labour at 41Âweeks of gestation versus expectant management and induction of labour at 42Âweeks of gestation: AÂcostâ€effectiveness analysis. BJOG: an International Journal of Obstetrics and Gynaecology, 2022, 129, 2157-2165.	1.1	9
3	Implementation of a revised classification for intrapartum fetal heart rate monitoring and association to birth outcome: AÂnational cohort study. Acta Obstetricia Et Gynecologica Scandinavica, 2022, 101, 183-192.	1.3	5
4	A step towards better audit: The Robson Ten Group classification system for outcomes other than cesarean section. Acta Obstetricia Et Gynecologica Scandinavica, 2022, , .	1.3	6
5	WHO's Robson platform for data-sharing on caesarean section rates. Bulletin of the World Health Organization, 2022, 100, 352-354.	1.5	5
6	Towards safer childbirth: a journey of a thousand miles. Acta Obstetricia Et Gynecologica Scandinavica, 2022, , .	1.3	0
7	Efficacy and safety of oral misoprostol vs transvaginal balloon catheter for labor induction: An observational study within the SWEdish Postterm Induction Study (SWEPIS). Acta Obstetricia Et Gynecologica Scandinavica, 2021, 100, 1463-1477.	1.3	5
8	Inter-hospital variations in health outcomes in childbirth care in Sweden: a register-based study. International Journal for Quality in Health Care, 2019, 31, 276-282.	0.9	4
9	Induction of labour at 41 weeks versus expectant management and induction of labour at 42 weeks (SWEdish Post-term Induction Study, SWEPIS): multicentre, open label, randomised, superiority trial. BMJ: British Medical Journal, 2019, 367, 16131.	2.4	87
10	Symptomatic recovery and pharmacological management in a clinical cohort with peripartum cardiomyopathy. Journal of Maternal-Fetal and Neonatal Medicine, 2018, 31, 1342-1349.	0.7	9
11	Heart Failure in Late Pregnancy and Postpartum: Incidence and Long-Term Mortality in Sweden From 1997 to 2010. Journal of Cardiac Failure, 2017, 23, 370-378.	0.7	40
12	Case mix adjusted variation in cesarean section rate in Sweden. Acta Obstetricia Et Gynecologica Scandinavica, 2017, 96, 597-606.	1.3	19
13	Perinatal complications in patients with unisutural craniosynostosis: An international multicentre retrospective cohort study. Journal of Cranio-Maxillo-Facial Surgery, 2017, 45, 1809-1814.	0.7	5
14	Case mix adjustment of health outcomes, resource use and process indicators in childbirth care: a register-based study. BMC Pregnancy and Childbirth, 2016, 16, 125.	0.9	16
15	Study protocol of SWEPIS a Swedish multicentre register based randomised controlled trial to compare induction of labour at 41 completed gestational weeks versus expectant management and induction at 42 completed gestational weeks. BMC Pregnancy and Childbirth, 2016, 16, 49.	0.9	20
16	Transvaginal sonographic evaluation of cervical length in the second trimester of asymptomatic singleton pregnancies, and the risk of preterm delivery. Acta Obstetricia Et Gynecologica Scandinavica, 2015, 94, 598-607.	1.3	40
17	Colposcopically directed cervical biopsy during pregnancy; minor surgical and obstetrical complications and high rates of persistence and regression. Acta Obstetricia Et Gynecologica Scandinavica, 2013, 92, 692-699.	1.3	15
18	Reply: Prospective studies to show possible benefits with tests for rupture of membranes (<scp>ROM</scp>) in equivocal <scp>ROM</scp> are still missing. Acta Obstetricia Et Gynecologica Scandinavica, 2013, 92, 1117-1118.	1.3	0

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19	Women's experiences after early versus postponed oxytocin treatment of slow progress in first childbirth – a randomized controlled trial. Sexual and Reproductive Healthcare, 2012, 3, 61-65.	0.5	16
20	Regression of pelvic girdle pain after delivery: followâ€up of a randomised single blind controlled trial with different treatment modalities. Acta Obstetricia Et Gynecologica Scandinavica, 2008, 87, 201-208.	1.3	44
21	Treatments of pelvic girdle pain in pregnant women: adverse effects of standard treatment, acupuncture and stabilising exercises on the pregnancy, mother, delivery and the fetus/neonate. BMC Complementary and Alternative Medicine, 2008, 8, 34.	3.7	61
22	Obstetric brachial plexus palsy: a prospective study on risk factors related to manual assistance during the second stage of labor. Acta Obstetricia Et Gynecologica Scandinavica, 2007, 86, 198-204.	1.3	50
23	Labor augmentation by means of oxytocin – women's experiences. American Journal of Obstetrics and Gynecology, 2006, 195, S104.	0.7	2
24	Risk Factors for Obstetric Brachial Plexus Palsy Among Neonates Delivered by Vacuum Extraction. Obstetrics and Gynecology, 2005, 106, 913-918.	1.2	62
25	High birthweight and shoulder dystocia: the strongest risk factors for obstetrical brachial plexus palsy in a Swedish population-based study. Acta Obstetricia Et Gynecologica Scandinavica, 2005, 84, 654-659.	1.3	138
26	Effects of acupuncture and stabilising exercises as adjunct to standard treatment in pregnant women with pelvic girdle pain: randomised single blind controlled trial. BMJ: British Medical Journal, 2005, 330, 761.	2.4	166
27	Advanced Maternal Age and Adverse Perinatal Outcome. Obstetrics and Gynecology, 2004, 104, 727-733.	1.2	515
28	Effects of acupuncture and specific stabilizing exercises among women with pregnancy-related pelvic pain: A randomised single blind controlled trial. American Journal of Obstetrics and Gynecology, 2004, 191, S77.	0.7	4
29	A population-based analysis of risk factors for obstetrical brachial plexus palsy in neonates delivered by vacuum extraction: an analysis based on 13,716 deliveries. American Journal of Obstetrics and Gynecology, 2003, 189, S136.	0.7	0
30	Influence of maternal, obstetric and fetal risk factors on the prevalence of birth asphyxia at term in a Swedish urban population. Acta Obstetricia Et Gynecologica Scandinavica, 2002, 81, 909-917.	1.3	64
31	Influence of maternal, obstetric and fetal risk factors on the prevalence of birth asphyxia at term in a Swedish urban population. Acta Obstetricia Et Gynecologica Scandinavica, 2002, 81, 909-917.	1.3	94
32	A prospective observational study on tears during vaginal delivery: occurrences and risk factors. Acta Obstetricia Et Gynecologica Scandinavica, 2002, 81, 44-49.	1.3	60
33	A population based study of Swedish women's opinions about antenatal, delivery and postpartum care. Acta Obstetricia Et Gynecologica Scandinavica, 2001, 80, 130-130.	1.3	15
34	A population based study of Swedish womenâ∈™s opinions about antenatal, delivery and postpartum care. Acta Obstetricia Et Gynecologica Scandinavica, 2001, 80, 130-136.	1.3	13
35	Anal sphincter tears: prospective study of obstetric risk factors. BJOG: an International Journal of Obstetrics and Gynaecology, 2000, 107, 926-931.	1.1	132
36	Risk factors for neonatal sepsis in offspring of women with prelabor rupture of the membranes at 34-42 weeks. Journal of Perinatal Medicine, 1998, 26, 94-101.	0.6	25

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37	Early or late bath during the first stage of labour: A randomised study of 200 women. Midwifery, 1997, 13, 146-148.	1.0	28
38	Early or late tub bath during the first stage of labor: A randomized study of 200 women. American Journal of Obstetrics and Gynecology, 1997, 176, S141.	0.7	3
39	Is a speculum examination sufficient for the diagnosis of ruptured fetal membranes?. American Journal of Obstetrics and Gynecology, 1997, 176, S148.	0.7	0
40	Is a speculum examination sufficient for excluding the diagnosis of ruptured fetal membranes?. Acta Obstetricia Et Gynecologica Scandinavica, 1997, 76, 739-742.	1.3	28
41	Warm tub bath during labor. A study of 1385 women with prelabor rupture of the membranes after 34 weeks of gestation. Acta Obstetricia Et Gynecologica Scandinavica, 1996, 75, 642-644.	1.3	13
42	A randomised trial of two expectant managements of prelabour rupture of the membranes at 34 to 42 weeks. BJOG: an International Journal of Obstetrics and Gynaecology, 1996, 103, 755-762.	1.1	39