

# References

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## Fetal Development

### Annotated reference list for SB30 Sec 18.05.032(a)(6)

#### Fetal Development

- Bobak, I., Jensen, M., & Zalar, M. (1989). Chapter 9: Genetics, Conception & Fetal Development. In *Maternity and gynecologic care: The nurse and the family, 4th Ed.* C.V. Mosby Co, St Louis/Baltimore/Toronto.  
Standard nursing school textbook (not most current edition).
- Blackburn, S., & Loper, D. (1992). Chapter 2: The Prenatal Period and Placental Physiology. In *Maternal, fetal, and neonatal physiology: A clinical perspective.* W.B. Saunders, Philadelphia PA.  
Text in current use for medical and midwifery students.
- Cunningham, F.G., et al. (1997). Chapter 7: The morphological and functional development of the fetus. In *Williams Obstetrics, 20th Ed.* Appleton & Lange, U.S.  
Recent edition of medical school textbook with long-standing recognition as a respected teaching resource for clinicians. This text is used world-wide, translated into numerous languages, and has been in general use for obstetrics training since 1930.
- England, M. (1990). A colour atlas of life before birth: Normal fetal development. Hazell Books, Aylesbury, Bucks, England. Jirasek, Jan. (2004). An atlas of human prenatal developmental mechanics: Anatomy and staging. Taylor & Francis, London and New York.  
Illustrated textbook of embryology for medical students. Extensively documents the early stages of development with dense text and electron micrograph photos.
- Johnson, R. & Niebyl, J. (2002). Chapter 6: Preconception and prenatal care: Part of the continuum. In *Obstetrics: Normal and problem pregnancies, 4th Ed.* Gabbe, Niebyl, & Simpson, Eds., Churchill Livingstone, Philadelphia PA.  
Current medical school textbook
- March of Dimes Birth Defects Foundation. (2001). How your baby grows. March of Dimes Foundation, Wilkes-Barre PA.  
Most recent edition of illustrated chart showing month-by-month maternal changes and fetal growth & development.
- Nilsson, L. (1990). A child is born. Dell Publishing, New York.  
Classic photographs of fetal development by Swedish medical photographer, Lennart Nilsson. Accompanying medical notes by Lars Hamberger, MD, Professor and Chairman of Obstetrics & Gynecology at Gothenburg University, Sweden.
- Personal communication, Jack Jacob, Alaska Neonatology Associates, to Stephanie Birch, Acting Manager, Women's, Children's and Family Health Unit, Alaska DHSS, 02/01/05.  
Gestational age (rounded weeks) survival percentages of Alaska Providence NICU patients, by birth year groups.
- Ross, M., Ervin, M.G., & Novak, D. (2002). Chapter 2: Placental and Fetal Physiology. In *Obstetrics: Normal and problem pregnancies, 4th Ed.* Gabbe, Niebyl, & Simpson, Eds., Churchill Livingstone, Philadelphia PA. Current medical school textbook

## Fetal Pain

### Annotated reference list for SB30 Sec 18.05.032(a)(6)

#### Fetal Development

- American College of Obstetricians & Gynecologists. (February 13, 1984). Statement on pain of the fetus. ACOG, Washington DC.  
Policy statement: There is no evidence to support the assertion that a fetus experiences pain early in pregnancy. Neurological developments occurring after the 20th week of pregnancy are necessary for the fetus to experience pain.
- Benatar D. (2001). A pain in the fetus: toward ending confusion about fetal pain. *Bioethics*, 15(1):57-76.  
Argues that available data tends to support the claim that fetuses of "around 28-30 weeks' gestation" are capable of feeling pain.
- Drife, J. (August 1985). Can the fetus listen and learn? *British Journal of Obstetrics & Gynecology*, 92:777-779.  
Review of fetal sensate development and implications for practice, especially for surgical procedures in the last trimester. Confirms third trimester as the period of neurologic maturity necessary to pain awareness as opposed to reflex.
- Richards, T. (2 November, 1985). Commentary: Can a fetus feel pain? *British Medical Journal*, 291:1220.  
Comments on Ciba Foundation invitational meeting presenting animal research, unpublished studies, and research on neonates undergoing surgical procedures. Recommendations focused on pain control for neonates.
- Royal College of Obstetricians & Gynecologists. (October, 1997). Fetal awareness: Report of a working party. RCOG Press, London.  
Report of an expert panel of Ob/Gyn physicians, anesthesiologists, bioethicists, and fetal medicine specialists, convened to consider issues of fetal awareness and pain.  
Conclusions reported: The minimum stage of structural development necessary to experience pain has not begun before 26 weeks' gestation; stress responses/reflexive responses can be noted before the fetus' central nervous system is capable of conferring awareness.
- Vanhatalo, S. (2000). Fetal pain? *Brain and Development*, 22(3):145-150.  
Reviews literature on the development of pain system in the fetus and explores the relationship between "sensing" and "feeling". Concludes it is not reasonable to speculate on the possible emotional experiences of pain in fetuses and premature babies.
- White MC. (2004). Pain and stress in the human fetus. *Best Practices & Research in Clinical Anesthesiology*, 18(2):205-220.  
Focuses on need to understand the potential for fetal pain perception to advance the clinical practice of fetal surgery.

## **Pregnancy & drug/alcohol use in pregnancy**

### **Annotated reference list for SB30 Sec 18.05.032(a)(8) and (9)**

#### **Pregnancy & drug/alcohol use in pregnancy**

- Schoellhorn KJ, Perham-Hester KA, Goldsmith YW. Alaska Maternal and Child Health Data Book 2008: Health Status Edition. Anchorage, AK. Maternal and Child Health Epidemiology Unit, Section of Women's, Children's and Family Health, Division of Public Health, Alaska Department of Health and Social Services. December 2008.
- Alaska Division of Public Health, Section of Maternal Child and Family Health. (2003). Data book, birth outcomes.  
Data compiled from Alaska MCFH Programs and databases, including Pregnancy Risk Assessment Monitoring Systems for 2000.
- Alaska Division of Public Health, Bureau of Vital Statistics. Method of delivery by census area or borough for 2003.
- American Academy of Pediatrics. (2001). Policy statement. Tobacco's toll: Implications for the pediatrician. Committee on Substance Abuse.

- American College of Obstetricians & Gynecologists (ACOG). (December, 1998). Medical management of ectopic pregnancy. Practice Bulletin Number 3, ACOG, Washington DC. Information on the causes and consequences of ectopic pregnancy, cited as the leading cause of pregnancy-related death in the first trimester.
- American College of Obstetricians & Gynecologists (ACOG). (January, 2000). Intrauterine growth restriction. Practice Bulletin Number 12, ACOG, Washington DC. Clinical management guidelines for obstetrician/gynecologists from their primary professional specialty practice organization. Information on cocaine, alcohol, smoking, prescription drugs, and other substances and influences on fetal growth and development.
- American College of Obstetricians & Gynecologists (ACOG). (September 2002). Perinatal viral and parasitic infections. Practice Bulletin Number 20, ACOG, Washington DC. Information for Ob/Gyn physicians on maternal and fetal consequences of perinatal infections.
- American College of Obstetricians & Gynecologists (ACOG). (February 2001). Management of recurrent early pregnancy loss. Practice Bulletin Number 24, ACOG, Washington DC. Information on possible reasons for recurrent pregnancy loss, e.g., infection, metabolic, genetic causes.
- American College of Obstetricians & Gynecologists (ACOG). (September, 2001). Gestational diabetes. Practice Bulletin Number 30, ACOG, Washington DC. Maternal and fetal consequences of gestational diabetes.
- American College of Obstetricians & Gynecologists (ACOG). (October, 2001). Assessment of risk factors for preterm birth. Practice Bulletin Number 31, ACOG, Washington DC. Information for Ob/Gyn physicians on risk factors for preterm birth, cited as the second leading cause of neonatal mortality in the US.
- American College of Obstetricians & Gynecologists (ACOG). (January, 2002). Diagnosis and management of preeclampsia and eclampsia. Practice Bulletin Number 33, ACOG, Washington DC. Clinical management guidelines for obstetrician/gynecologists from their primary professional specialty practice organization. Information on hypertensive disorders unique to pregnancy and various associated complications.
- Cunningham, F.G., et al. (1997). Chapter 32: Obstetrical hemorrhage. *In Williams Obstetrics, 20th Ed.* Appleton & Lange, U.S. Recent edition of medical school textbook with long-standing recognition as a respected teaching resource for clinicians. This text is used world-wide, translated into numerous languages, and has been in general use for the training of obstetrics since 1930.
- Blackburn, S. & Loper, D. (1992). Maternal, Fetal, and neonatal Physiology: A clinical perspective. W.B. Saunders Co., Philadelphia. Current medical and midwifery textbook. Citations for: fetal effects of maternal smoking (pp.274) and cocaine (p.572).
- Bobak, I., Jensen, M., & Zalar, M. (1989). Chapter 33: Labor & Delivery at risk. *In Maternity and gynecologic care: The nurse and the family, 4th Ed.* C.V. Mosby Co, St Louis/Baltimore/Toronto. Standard nursing school textbook (not most current edition).
- Cunningham, F.G., et al. (1997). Chapter 52: Diabetes. *In Williams Obstetrics, 20th Ed.* Appleton & Lange, U.S. Covers both preexisting maternal diabetes as well as gestational diabetes. Diabetes is cited as the most common medical complication of pregnancy.
- March of Dimes Birth Defects Foundation. (2004). Quick reference and fact sheets for professionals and researchers. Smoking during pregnancy

- Cocaine use during pregnancy
- Drinking alcohol during pregnancy
- Risk factors for preterm labor and birth
- National Center for Health Statistics, final natality data.  
Alaska preterm birth data.
- National Office on Women's Health, Department of Health and Human Services. (2004). National Women's Health Information Center, Frequently asked questions about postpartum depression.
- Personal communication, Janine Schoellhorn, 9/22/04. Alaska DHSS, Div. of Public Health, Maternal-Child Health Epidemiologist.  
Most recent statistical data on pregnancy-related deaths in Alaska.
- CDC National Vital Statistics Report, Volume 61, Number 4 "Deaths: Final Data for 2010." (May 8, 2013)
- State of Alaska Epidemiology Bulletin, #18, July 9, 2013
- CDC Volume 11 – June 19, 2014. "Prevalence Estimates of Gestational Diabetes in the United States, Pregnancy Risk Assessment Monitoring System (PRAMS) 2007-2010.",
- March of Dimes U.S. Preterm Birth Rate Drops to 15-Year Low.
- CDC NCHS, Births: Final Data for 2010

## Adoption

### Annotated reference list for SB30 Sec 18.05.032(a)(8) and (9)

#### Adoption

- Infant Adoption Awareness Training Program. (2003). Consider the possibilities: Adoption specialist handbook. National Council for Adoption, Washington DC.
- Phillips, F. (1999). Counseling teen birthparents. In *Adoption Factbook III*, Connaught Marshner, ed., pp. 314-315. Park Press Quality Printing, Waite Park MN.
- Pierce, W. (1999). Removing privacy and its impact on adoption: An analysis of data from Kansas and Alaska as compared with other states. In *Adoption Factbook III*, Connaught Marshner, ed., pp. 213-218. Park Press Quality Printing, Waite Park MN.
- Pierce, W. (1999). Open adoption: A review of the research. In *Adoption Factbook III*, Connaught Marshner, ed., pp. 233-2238. Park Press Quality Printing, Waite Park MN.
- Style, M. (1999). Counseling birthmothers. In *Adoption Factbook III*, Connaught Marshner, ed., pp. 308-313. Park Press Quality Printing, Waite Park MN.
- Style, M. (1999). Contact between birthparents and adoptive families. In *Adoption Factbook III*, Connaught Marshner, ed., pp. 334-337. Park Press Quality Printing, Waite Park MN.

## Abortion practice, procedures, risks

### Annotated reference list for SB30 Sec 18.05.032(a)(6)

#### Abortion procedures

- American College of Obstetricians & Gynecologists (ACOG). (April, 2001). Medical management of abortion. Practice Bulletin Number 26, ACOG, Washington DC.  
Clinical management guidelines for obstetrician/gynecologists from their primary professional specialty practice organization. Special issue on medical abortion.
- Cates, W. & Grimes, D. (1981). Chapter 7: Morbidity and mortality of abortion in the United States. In *Abortion & Sterilization: Medical and Social Aspects*, Jane Hodgson, Ed., pp. 155-180, Academic Press Grune & Stratton, New York.
- Cunningham, F.G., et al. (1997). Chapter 26: Abortion. In *Williams Obstetrics, 20th Ed.* Appleton & Lange, U.S.  
Recent edition of medical school textbook with long-standing recognition as a respected

teaching resource for clinicians. This text is used world-wide, translated into numerous languages, and has been in general use for the training of obstetrics since 1930.

- Ludmir, J. & Sutcliffe, P. (2002). Chapter 19: Surgical procedures in pregnancy. In *Obstetrics: Normal and problem pregnancies, 4th Ed.* Gabbe, Niebyl, & Simpson, Eds., Churchill Livingstone, Philadelphia PA.  
Current medical school textbook
- Mishell, D. (2001). Chapter 13: Family planning. In *Comprehensive Gynecology, 4th Ed.*, Stenchever, Droegemueller, Herbst & Mishell, eds., pp. 347-349, Mosby, St. Louis MO.  
Mainstream medical school text on Obstetrics and Gynecology. Dr. Mishell is a respected and well-known reproductive health researcher, professor and author.
- Paul, M., et al., Eds., (1998). *A Clinician's Guide to Medical and Surgical Abortion*, Chapters 15 (Abortion complications) & 16 (Answering questions about long-term outcomes); Harcourt Brace & Company, New York.  
Medical textbook on abortion practice, selected chapters.
- Stewart, F., Wells, E., Flinn, S., & Weitz, T. (2001). Early medical abortion: Issues for practice. UCSF Center for Reproductive Health Research & Policy, San Francisco CA.  
Monograph on medical abortion by UCSF policy "think-tank". Authors are clinical professors and researchers with long-standing ob/gyn practices, domestic as well as international family planning experience, and many publications to their credit.
- Stubblefield, P., Carr-Ellis, S., & Borgatta, L. (2004). Methods for induced abortion. *Obstetrics & Gynecology*, 104(1):174-185.  
Review article of methods of induced abortion in the U.S. and associated complications.
- Alaska Department of Health and Social Services, Division of Public Health, Bureau of Vital Statistics. Induced Termination of Pregnancy Statistics 2013.

## Psychological factors associated with abortion

- Adler, N. E., et al. (1992). Psychological factors in abortion. *American Psychologist (Journal of the American Psychological Association)*, 47(10): 1194-1204.  
Presents evidence that psychological harm is not likely to result from abortion but is associated with prior mental health problems, anxiety, poor coping skills. The period of greatest psychological distress is present prior to abortion.
- Adler, N.E. & Tschann. (2002). Abortion among adolescents. *American Psychologist (Journal of the American Psychological Association)*, 58(3):211-217.  
Review article on available literature on the risk of psychological harm to adolescents related to abortion and the effect of parental involvement laws on adolescents seeking abortions; a discussion of national and international policy on parental consent.
- American Psychological Association (APA). Briefing paper on the impact of abortion on women: What does the psychological research say?  
Official position of the organization and its recommendations re: emotional and mental health of women following induced abortion.
- Elliot Institute Press Release. (August 23, 2000). New study: Over 500,000 women affected by post-abortion syndrome.  
Study cites findings of diagnosed "post-abortion syndrome" in 1.4% of a sample of women having abortion in previous 2 years. American Association of Pro-Life Obstetricians & Gynecologists (AAPLOG) headline extrapolates over 500,000 cases over the past 32 years at 1.4% rate.
- Figa-Talamanca, I. (1981). Chapter 8: Abortion and mental health. In *Abortion & Sterilization: Medical and Social Aspects*, Jane Hodgson, Ed., pp. 181-208, Academic Press Grune & Stratton, New York.
- Reardon, D. (2003). Psychiatric admissions of low-income women following abortion and childbirth. *Canadian Medical Association Journal*, 168(10): 1253-1256. AND commentary

by Brenda Major, Psychological implications of abortion — highly charged and rife with misleading research. *CMAJ*, 168(10):1257-1258.  
Commentary cites flaws in research findings of increased psychiatric admissions among women having had abortions.

- Thorpe, J, Hartmann, K., & Shadigian, E. (2002). Long-term physical and psychological health consequences of induced abortion: Review of the evidence. *Obstetrical and Gynecological Survey*, 58(1): 67-79.  
Meta-analysis with mixed findings re: long term health consequences of abortion. Authors cite the many difficulties and confounding factors in adequately investigating post-abortion medical or psychological effects.

## **Abortion data — incidence/morbidity/mortality**

- Bartlett, L. (2004). Risk factors for legal induced abortion-related mortality in the United States. *Obstetrics & Gynecology*, 103(4):729-37.  
Trend analysis of abortion mortality compiled by the CDC from 1988-1997 indicating overall death rate of 0.7 per 100,000 legal abortions. The lowest rate occurs among women having abortions at <8 weeks gestation. Risk increases exponentially by 38% for each additional week of gestation.
- Centers for Disease Control & Prevention (CDC). ( Nov. 28, 2003). Abortion surveillance — United States, 2000. *Monthly Morbidity and Mortality Report*, 52(SS12);1-32.  
Compilation of abortion data reported from all 50 states; analysis and trends from 1973 to 2000.
- Goldberg, A., Dean, G., Kang, M., Youssof, S., & Darney, P. (2004). Manual versus electric vacuum aspiration for early first-trimester abortion: A controlled study of complication rates. *Obstetrics & Gynecology*, 103(1): 101-107.  
Investigation of the rates of complications of early abortion by similar methods. Complication rates were low; no differences were demonstrated in overall complications or reaspiration rates.
- Personal communication, Janine Schoellhorn, 9/22/04, Alaska DHSS, Div. of Public Health, Maternal-Child Health Epidemiologist.  
Alaska death rate for induced abortion, 1990-1999. Unpublished data.
- State of Alaska, (April, 2004). Induced abortion statistics, 2003. Department of Health and Social Services, Bureau of Vital Statistics, Anchorage AK.  
Annual compilation of reported abortions in Alaska for the calendar year 2003. Data from abortion providers as reported on BVS forms.
- Washington State Department of Health, Center for Health Statistics. (Dec. 2003). Annual report: Abortion and pregnancy data.  
Comparative data on abortion rates, complications.

## **Abortion and Breast Cancer**

### **Annotated reference list for SB30 Sec 18.05.032(a)(6)**

#### **Abortion and Breast Cancer**

- American College of Obstetricians & Gynecologists. (June 2009). Committee Opinion: Induced Abortion and Breast Cancer Risk, Washington DC.
- American Association of Pro-Life Obstetricians & Gynecologists (AAPLOG). (24 April 2002). Induced abortion and the subsequent risk of breast cancer.  
The position statement of the AAPLOG (an interest group of the American College of Obstetricians & Gynecologists) questioning the assembled evidence and in opposition to the official position of ACOG on any potential link between induced abortion and subsequent breast cancer.

- American Association of Pro-Life Obstetricians & Gynecologists (AAPLOG). (3 July 2002). Letter to ACOG regarding abortion and breast cancer.  
Letter to Charles Hammond, Pres of ACOG, urging review of the ACOG 2002 statement on breast cancer risk. Despite this, the ACOG statement was subsequently revised (see citation above) to reflect the Committee on Gynecologic Practice's opinion that there is no link between induced abortion and subsequent breast cancer.
- American Cancer Society. (12 October 2001). Can having an abortion cause or contribute to breast cancer? Cancer Reference
- American College of Obstetricians & Gynecologists. (August 2003). Committee opinion: Induced abortion & breast cancer risk. ACOG, Washington DC.  
Provides a review of recent studies re: potential relationship between abortion and subsequent breast cancer and concludes recent, more rigorous studies argue against a causal relationship.
- Collaborative Group on Hormonal Factors in Breast Cancer. (27 March 2004). Breast cancer and abortion: Collaborative reanalysis of data from 53 epidemiological studies, including 83,000 women with breast cancer from 16 countries. *The Lancet*, 363:1007-1016.  
Meta-analysis conducted by panel of experts convened by UK Epidemiology Unit, this Collaborative Group was analogous to the U.S. "NCI Workshop" convened to examine this topic in 2003. Concludes spontaneous or induced abortion has no overall effect on breast cancer risk.
- Daily Reproductive Health Report. (11 November 2004). State politics & policy: Louisiana to change state literature linking abortion, increased risk of breast cancer. Henry J Kaiser Family Foundation, NYC.  
News item on health policy in the states as reported by Associated Press. Louisiana removes information suggesting a link between abortion and cancer from its state abortion information website because of poor scientific evidence.
- National Cancer Institute. (25 March 2003). Summary report: Early reproductive events and breast cancer workshop. U.S. Institutes of Health.  
The "Workshop" was convened at the direction of Pres. Bush to review amassed world-wide scientific evidence and provide an assessment of the association between reproductive events and the subsequent risk of breast cancer. Participants represented a diversity of breast cancer expertise: clinicians, researchers, advocates, epidemiologists. Among the consensus findings of the group: "Induced abortion is not associated with an increase in breast cancer risk; spontaneous abortion is not associated with an increase in breast cancer risk"; and, "Breast cancer risk is transiently increased after a term pregnancy".
- National Cancer Institute. (5/30/03 ed.). Cancer facts: Abortion, miscarriage, and breast cancer risk. U.S. Institutes of Health.  
Fact sheet for consumers. States, "newer studies consistently showed no association between induced and spontaneous abortions and breast cancer risk."
- World Health Organization. (June 2000). Fact sheet No. 240: Induced abortion does not increase breast cancer risk.  
Official statement of the World Health Organization on the alleged link between abortion and later development of breast cancer. Recommends 10 additional epidemiologic studies on the topic.

## Family Planning

### Annotated reference list for SB30 Sec 18.05.032(a)(10)

#### Family Planning

#### General References

- Hatcher, RA, et al. (2007). *Contraceptive Technology, 19th Revised Edition*. Ardent Media, Inc., NY.
- Hatcher, RA, et al. (1998). *Contraceptive Technology, 17th Revised Edition*. Ardent Media, Inc., NY.  
This is the recognized authoritative reference on current contraception. It has become the primary textbook for teaching about contraception in medical and nursing schools throughout the United States. The authors are recognized obstetric/gynecologic specialists, statisticians, and researchers.
- Hatcher, RA, et al. (2004). *Contraceptive Technology, 18th Revised Edition*. Ardent Media, Inc., NY.  
This is the recently released update of the recognized authoritative reference on current contraception as described above.
- Mishell, D (2001). Chapter 13: Family planning. In *Comprehensive Gynecology, 4th Edition*. Stenchever, Droegemueller, Herbst & Mishell, Editors. Mosby, St. Louis MO. Mainstream medical school text on Obstetrics and Gynecology. Dr. Mishell is a respected and well-known reproductive health researcher, professor and author.
- Improving access to quality care in family planning: Medical eligibility criteria for contraceptive use, 2nd Edition. (2000). World Health Organization, Reproductive Health and Research Department. Geneva.  
Published results of a consensus meeting of international reproductive health medical experts and researchers.
- Family planning method fact sheets. (2003 rev.). Staff of the Center for Health Training, Seattle, Washington.  
Fact sheets intended for consumers covering a wide variety of contraceptive methods. Originally developed under contract for the Washington Department of Social and Health Services, family planning Medicaid waiver program. The Center for Health Training has been a grantee of the federal Office of Population Affairs to provide health training in USPHS Region X for the past 20 years.

## References on Specific Contraceptive Methods

- Hatcher, RA, et al. (2007). *Contraceptive Technology, 19th Revised Edition*. Ardent Media, Inc., NY.
- American College of Obstetricians and Gynecologists. (January 2005). ACOG practice bulletin Number 59: Intrauterine device. ACOG, Washington DC.  
Supports pre-fertilization mechanism of action as the primary mechanism of action of the IUD; post-fertilization effects may also occur. Endometrial effects occur with the progesterone intrauterine system. All effects, pre- and post-fertilization, occur pre-implantation.
- Alvarez, F, et al. (1988). New insights on the mode of action of intrauterine contraceptive devices in women. *Fertility and Sterility*, 49(5):768-773.  
Seminal research into the mechanism of action of the IUD.
- ARHP staff. (Sept. 2004). Clinical proceedings: New developments in intrauterine contraception. Association of Reproductive Health Professionals, Washington DC.  
Continuing education monograph for physicians and other health professionals on intrauterine contraception. Proceedings of a consensus panel held in Feb. '04.
- Faculty. (2004). Guidance: The copper intrauterine device as long-term contraception. *Journal of Family Planning and Reproductive Health Care*, 30(1):29-42.  
Procedural and management guidance related to safe IUD use.
- Schnare, SM & Arias, RD. (2004). Intrauterine device update. *Dialogues in Contraception*, 8(5):5-8. Keck School of Medicine, University of Southern California. Produced by Health Learning Systems.  
Update article with most recent research findings on mechanism of action of IUD/IUS, associated advantages, disadvantages and risks.



- Staff. (2001). ACOG Practice Bulletin Number 25: Emergency contraception. The American College of Obstetricians and Gynecologists, Washington DC. The ACOG clinical management guidelines statement expressing expectations for obstetricians & gynecologists' provision of emergency contraception.
- Vasilakis, C, Jick, S, & Jick, H. (1999). The risk of venous thromboembolism in users of postcoital contraceptive pills. *Contraception*, 59(2):79-83. A population-based cohort study of women from a general practice database. There were no women with an outcome of idiopathic VTE with current exposure to postcoital contraceptive pills.
- U.S. Medical Eligibility Criteria for Contraceptive Use, June 2012
- Contraceptive Technology 20th addition.