

# **Exhibit 5**

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEBRASKA

PLANNED PARENTHOOD OF THE )  
HEARTLAND, )  
) )  
Plaintiff, )  
) )  
v. )  
) )  
DAVE HEINEMAN, Governor of Nebraska, )  
in his official capacity; )  
) )  
JON BRUNING, Attorney General of Nebraska; )  
in his official capacity; )  
) )  
KERRY WINTERER, Chief Executive Officer, )  
and DR. JOANN SCHAEFER, Director of the )  
Division of Public Health, Nebraska Department )  
of Health and Human Services, in their official )  
capacities; and )  
) )  
CRYSTAL HIGGINS, President, Nebraska Board )  
of Nursing, and BRENDA BERGMAN-EVANS, )  
President, Nebraska Board of Advanced Practice )  
Registered Nurses, in their official capacities; )  
) )  
Defendants. )  
\_\_\_\_\_ )

Case No. 4:10-cv-3122

**AFFIDAVIT OF KELLY BLANCHARD**

STATE OF MASSACHUSETTS )  
) ss.  
COUNTY OF MIDDLESEX )

I, KELLY BLANCHARD, being first duly sworn upon oath, depose and state as follows:

1. I am over 18 years of age and competent to provide this affidavit.
2. I hold a Masters of Science in Population and International Health from the

Harvard School of Public Health and a Bachelor's degree in Social Studies from Harvard  
University. I am currently the President of Ibis Reproductive Health, an organization directed at

improving women's reproductive autonomy, choices, and health worldwide through, above all, engaging in original clinical and social science research and leveraging existing research. I also teach in the Global Health and Population Department at the Harvard School of Public Health.

3. My most recent research has focused on contraception, medical and surgical abortion, microbicides, and cervical barriers for HIV/STI prevention. I have authored or co-authored over forty articles published in peer-reviewed journals on reproductive health topics in developed and developing countries and am currently the principal investigator or co-principal investigator on a number of research projects related to abortion and reproductive health.

4. I serve as a reviewer for a number of peer-reviewed journals related to medicine and reproductive health, including the New England Journal of Medicine, and the BJOG: An International Journal of Obstetrics and Gynaecology.

5. In 2009, I received the Guttmacher Institute's Darroch Award for Excellence in Sexual and Reproductive Health Research. In 2006, I won the Outstanding Young Professional Award from the American Public Health Association's Population, Family Planning and Reproductive Health Section. A copy of my Curriculum Vitae is attached as Exhibit A to this affidavit.

6. I have reviewed Nebraska LB 594 ("Act") and submit this affidavit in support of Plaintiffs' Motion for Preliminary Injunction and Temporary Restraining Order preventing the Act from taking effect. I provide this affidavit as an expert in medical and social science research, particularly in the area of reproductive health.

7. In my expert opinion, it would be impossible to fully comply with the requirements of the Act. I base this opinion not only on my extensive experience conducting medical and social science literature searches, but also on the extensive work that my research

associate and I did over the past few months, at the request of Plaintiffs' attorneys, to determine as precisely as possible what it would take, from a research perspective, to meet the requirements of the Act. As part of this work, my research associate and I not only reviewed detailed information available through PubMed/MEDLINE and Thomson Reuters, but we also consulted with colleagues, research librarians, and customer service contacts at PubMed (U.S. National Library of Medicine) and Thomson Reuters.

### The Act's Requirements

8. The Act states that abortion providers must "[e]valuate[] the pregnant woman to identify the presence of any risk factors associated with abortion" prior to performing the abortion.

9. The Act further provides that "[i]f any risk factors associated with abortion were identified" the pregnant woman must be informed of "[e]ach complication associated with each identified risk factor" and "[a]ny quantifiable risk rates whenever such relevant data exists."

10. "Risk factor associated with abortion" is defined as "any factor, including any physical, psychological, emotional, demographic, or situational factor, for which there is a statistical association with one or more complications associated with abortion such that there is less than a five percent probability ( $P < .05$ ) that such statistical association is due to chance." The Act specifies that "[s]uch information on risk factors shall have been published in any peer-reviewed journals indexed by the United States National Library of Medicine's search services (PubMed or MEDLINE) or in any journal included in the Thomson Reuters Scientific Master Journal List not less than twelve months prior to the day preabortion screening was provided."

11. "Complications associated with abortion" is defined as "any adverse physical, psychological, or emotional reaction that is reported in a peer-reviewed journal to be statistically

associated with abortion such that there is less than a five percent probability ( $P < .05$ ) that the result is due to chance.”

What are “PubMed,” “MEDLINE,” and the “Thomson Reuters Scientific Master Journal List?”

12. PubMed is an online, searchable database of biomedical journal article citations and abstracts (*i.e.*, summaries) maintained by the National Center for Biotechnology Information at the U.S. National Library of Medicine. It comprises approximately 20 million citations for articles in the biomedical literature from MEDLINE, life science journals, and online books. MEDLINE is the largest component of PubMed and contains over 18 million article citations from approximately 5,400 worldwide journals in approximately 40 different languages. (Hereafter, I will refer only to “PubMed” as it includes MEDLINE.)

13. The Thomson Reuters Scientific Master Journal List (which is actually called the Thomson Reuters “Master Journal List”) (“MJL”) is a list of journal titles created and maintained by Thomson Reuters. The MJL includes approximately 16,500 journals from the natural sciences, social sciences, and arts and humanities in different languages. Thomson Reuters has a proprietary search engine called “Web of Science” that is designed to allow users to search electronically for some of the article citations published in the journals included in the MJL. Web of Science is marketed to large universities and institutions (as opposed to the general public) and Thomson Reuters charges an annual fee in the tens of thousands of dollars to use this service.

14. While there is some overlap between the journals included on PubMed and the MJL, there are many differences. Likewise, there are many differences between the articles that can be searched electronically through PubMed and Web of Science.

Limitations on Searching PubMed and the MJL

15. The Act covers information on risk factors published in “any peer-reviewed journals indexed by [PubMed]” or in “any journal included in the [MJL].” In other words, one must search every article ever published in any of the journals included in PubMed or the MJL for information required by the Act. But it is impossible to conduct this search using PubMed or Web of Science because both PubMed and the MJL include journals for which not every article published in those journals is included on PubMed or Web of Science. For example, PubMed and the MJL include the “International Journal of Qualitative Studies on Health and Well-Being.” That journal has been published since 2006, but only articles since 2009 can be searched using PubMed or Web of Science. Another example is “Psychology, Health & Medicine,” which was first published in 1996, but which can only be searched from 2006 on PubMed (with the exception of one article appearing from 2002) and from 2009 on Web of Science. Even a medical journal as well-known as “The Lancet” cannot be searched electronically in its entirety through either PubMed or Web of Science. I understand that, with respect to PubMed at least, it is up to each journal whether to include articles from volumes published before the journal was added to the database.

16. Thus, to access all the articles published in every journal included on PubMed or the MJL, one would not only have to figure out which journals are not fully searchable on PubMed or Web of Science (that is, which journals have some but not all of the articles ever published in those journals on PubMed or Web of Science), but then also find some other means to access and search those journals and articles. I am not aware of any other electronic database that would allow such a search to be carried out in a comprehensive manner; thus, one may have

to search each of the individual journals either online, if available, or through a library or the publisher.

17. In addition, neither PubMed nor Web of Science searches the full text of articles. PubMed searches a series of fields, including article title, abstract, author, and “MeSH” terms (“MeSH” stands for “Medical Subject Headings”).

18. MeSH is the U.S. National Library of Medicine’s controlled vocabulary thesaurus of terms used to describe the subject content of an article on MEDLINE. The purpose of MeSH is to facilitate search retrieval by eliminating the use of different terminology by different authors for the same concept. There are more than 25,000 descriptors (or terms) in MeSH. “Abortion, Induced,” for example, is a MeSH term that is defined as the “[i]ntentional removal of a fetus from the uterus by any of a number of techniques.” The subject content of an article is determined by a team of professionals at the National Library of Medicine, by reading the title and the introduction; scanning the body of the article, the abstract, the author’s own keywords, and the bibliographic references; and reading the summary or conclusions of the author. MeSH terms are used only for those subjects that are substantially discussed as opposed to those subjects merely mentioned in an article.

19. Some journal articles appearing on PubMed are not assigned MeSH terms, including articles on PubMed that are not on MEDLINE (only MEDLINE articles are assigned MeSH terms) and articles that have been recently added to MEDLINE but have not yet been assigned MeSH terms. Also, if a journal is in its fourth year or more when it is added, assigning MeSH terms will begin with the current year (in other words, articles in earlier volumes may be included in the database but will not be assigned MeSH terms).

20. Likewise, Web of Science searches a series of fields, including title, abstract, author-assigned keywords, and “KeyWords Plus®,” which are “index terms created by Thomson Reuters from significant, frequently occurring words in the titles of an article’s cited references.” Therefore, in either PubMed or Web of Science, unless the article contains the relevant search term or terms in one of the search fields, it would not turn up in a search.

21. To illustrate, take, for example, a search for the term “abortion.” PubMed automatically expands a search for the term “abortion” to include a search for the MeSH term “abortion, induced” as well as a search for [abortion and induced] and “induced abortion”—and yields more than 66,000 results dating as far back as the early 1900s. A similar search on Web of Science yields more than 30,000 results, dating back to the year 1900. But even using this incredibly broad search, one cannot guarantee that one would be able to retrieve every responsive article included in journals included in PubMed or the MJL. For example, of the articles that are not assigned MeSH terms on PubMed, an article that discusses induced abortion in the text (and contains information that would be responsive under the Act), but does not contain the search terms in the title or abstract (if an abstract is available), would likely be missed. Of the articles that are assigned MeSH terms, an article that is focused on miscarriage or labor and delivery, for example, but that mentions induced abortion (and contains responsive information), would also likely be missed because, as explained above, MeSH terms are used only for subjects that are substantially discussed in an article. And, on Web of Science, unless the term “abortion” is an author-assigned keyword or a “KeyWords Plus®” assigned by Thomson Reuters, an article containing responsive information could very well not turn up even in such a broad search if “abortion” is not used in its title or abstract. Of course, even if you ignore the fact that some responsive articles will be missed in a search for the term “abortion,” it



would be impossible for anyone to review the more than 66,000 and 30,000 articles that such a search yields on PubMed and the Web of Science, respectively, even accounting for overlap between the two sets of articles.

Limitations on Crafting a Comprehensive Search that Efficiently Retrieves Responsive Articles

22. Even if the above limitations on searching article citations and content on PubMed and the MJL did not exist, it would be impossible to craft a search that is both comprehensive and efficiently retrieves responsive articles. For example, even if we (1) narrow the search from “abortion” to “induced abortion” (including the MeSH term “abortion, induced” and one synonym sometimes used to describe induced abortions, “elective abortion”) and (2) limit the results further by using “risk factors” or “complications,” or potential synonyms of those terms, or other terms that may capture responsive information (including “counseling” or “informed consent”),<sup>1</sup> we still get more than 19,000 results, dating back to 1950, on PubMed alone.

23. Taking these more than 19,000 results, we generated a random sample of 100 articles using the statistical software program SPSS. (We only generated one sample, and the following discussion is based on that sample.) Looking only at the titles and abstracts (where available; it appeared abstracts were not available for 43 out of the 100 articles), my research associate and I independently reached a conservative estimate that approximately 35-40 of the

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<sup>1</sup> Specifically, the terms we included in this aspect of the search were: factor(s), predictor(s), antecedent(s), predictive, predicting, pre-existing, pre-abortion, post abortion, counseling, counselling, counselor, counsellor, “informed consent”, crisis, risk, risks, complication, complications, reaction, reactions, sequela, sequelae, consequence, consequences, syndrome, syndromes, characteristics, demographic, demographics, peri-abortion, “risk factor”, risk factor [MESH], “pregnancy complication”, pregnancy complication [MESH], or informed consent [MESH].

100 articles may contain responsive information. This total includes examples that seem fairly likely to contain responsive information, such as:

- Y. Sun., et al., *Induced abortion and risk of subsequent miscarriage*, 32 Int. J. Epidemiology 449 (2003);
- J.E. Darroch, et al., *A history of induced abortion in relation to substance abuse during subsequent pregnancies carried to term*, 189 Am. J. Obstetrics & Gynecology 617 (2003) (no abstract);
- B. Major, et al., *Psychological responses of women after first-trimester abortion*, 57 Archives Gen. Psychiatry 777 (2000); and
- H. Houston H. & L. Jacobson, *Overdose and termination of pregnancy: an important association?* 46 Brit. J. Gen. Prac. 737 (1996).

It also includes examples that I am less certain will contain responsive information, but that, in my opinion, would need to be retrieved and reviewed before a final determination could be made, such as:

- S. Gamanagatti, et al., *Acute abdomen after termination of pregnancy*, 81 Brit. J. Radiology 758 (2008) (no abstract);
- U. Mahadevan, et al., *Pregnancy outcomes in women with inflammatory bowel disease: a large community-based study from Northern California*, 133 Gastroenterology 1106 (2007)
- P.I. Carter & J.S. St. Lawrence, *Adolescents' competency to make informed birth control and pregnancy decisions: an interface for psychology and the law*, 3 Behav. Sci. L., 309 (1985) (no abstract);
- F.J. Shoeneck, F.J., *Fatalities Associated With Abortions*, N.Y. St. J. Med. 1216 (1964) (no abstract); and
- O. Kolarova, *Complications after artificial interruption of pregnancy*, 25 Česká Gynekologie [Czech. Rep.] 694 (1960) (no abstract).

Thus—not including additional results from the Web of Science—this means one would have to retrieve, read, and analyze, at a minimum, close to 7,000 articles (35 percent of 19,000) to determine if they contain information that would trigger an obligation under the Act.

24. And, of course, even this search would not be comprehensive. Searching only for “induced abortion” (as opposed to “abortion”) eliminates some potentially responsive results, including articles that use the phrase “termination of pregnancy” instead of abortion, which is common. In addition, because “risk factors” and “complications” are defined so broadly in the Act, they include matters that would not necessarily be identified in medical and scientific articles using these terms or their synonyms. Moreover, there are other synonyms for “risk factors” or “complications” and other terms that could capture additional responsive material under the Act that we missed. Indeed, an article could easily discuss a particular condition or risk factor—such as age, for example—without using the general description “risk factor.” In my opinion, it would be impossible to craft a search that would both efficiently retrieve responsive articles and assure providers that all responsive articles have been captured.

Additional Limitations Related to Searching PubMed and the MJL

25. There are also a number of other hurdles to searching PubMed and the MJL. Journals are added and deleted from the MJL as often as every few weeks, but users can not easily access information about which journals have been recently added or deleted. Journals that are added may include ones that have been in publication for more than a year, and, thus, under the Act, could contain articles that would immediately trigger obligations under the Act. Therefore, one would constantly have to search the MJL to determine if articles containing potentially relevant information have been added. If they have, and if those articles cannot be retrieved online, it could take days or in some cases even weeks to access those articles through a library (especially if the article needs to be retrieved through an inter-library loan) or through the publisher.

26. In addition, many of the articles on PubMed, including articles that may be responsive under the Act, are in one of approximately forty different foreign languages. Only the title and sometimes the abstract (where an abstract is available, which, again, is not always the case) are translated into English. For example, our research revealed a Chinese-language article entitled: D.S. Zhang & C.F. Zhang, *Postabortion complications and recovery of ovarian function in nulliparous women*, 24 *Zhonghua Fu Chan Ke Za Zhi* 159 (1989). The abstract of the article suggests that nulliparous women (or women who have never given birth) are at risk for complications following abortion, and thus it appears the article would likely be responsive under the Act. But without being able to read and analyze the article itself, it is impossible to determine whether it is responsive and, if it is, what information in the article should be disclosed. Web of Science also covers many journals that publish only their bibliographic information in English with full text in another language.

27. Also, there are many hurdles to accessing the articles that one finds through PubMed or the Web of Science. Neither PubMed's nor Web of Science's search results includes an electronic copy of the journal article, and only some of PubMed's records are linked to full-text on publishers' web sites (and these may require a registration, fee and/or subscription to access). The articles that are not available online would need to be sought from a library, the publisher, or through some other source, in some cases for a fee. Moreover, of the articles that are available online, many are not available for free and typically cost \$25 or \$30 per article. In addition, Web of Science is marketed to large universities and institutions (as opposed to the general public) and Thomson Reuters charges an annual fee in the tens of thousands of dollars to use this service. Thus, merely retrieving the articles that may contain responsive information could cost providers an exorbitant amount of money.

Examples of Potentially Responsive Articles and Additional Hurdles

28. Even a cursory review of a handful of articles that are potentially responsive under the Act reveals a number of additional factors that would further complicate any attempt to comply with the Act. First, many studies do not address precisely the same risk factor or use the same approach to measure a particular risk factor. For example, a number of studies address risk factors that could be characterized broadly as falling under the heading “ambivalence.” Closer scrutiny of even a few of these studies, however, reveals that they address different risk factors using different methods and timing. In one study, the relevant risk factor was “moderate to severe” directly expressed ambivalence toward abortion as determined by a psychiatrist following a psychiatric evaluation of the patient before the abortion was scheduled. Edmund C. Payne, et al., *Outcome Following Therapeutic Abortion*, 33 Archives Gen. Psychiatry 725 (1976). In another study, patients were deemed to be ambivalent if they reported (at a post-abortion interview) that they had not decided on abortion as soon as they discovered they were pregnant. Hanna Söderberg, et al., *Emotional distress following induced abortion: A study of its incidence and determinants among abortees in Malmö, Sweden*, 79 Eur. J. Obstetrics & Gynecology 173 (1998). In a third study, the risk factor was based on a woman’s reported “satisfaction with the decision to end the pregnancy” based on a “four-point scale” in an interview conducted immediately prior to the procedure. Lisa Rose Shusterman, *Predicting the Psychological Consequences of Abortion*, 13A Soc. Sci. & Med. 683 (1979).

29. In addition, each risk factor in each study is associated with a different “complication” (or complications) occurring within different time frames: In the first study, the risk factor related to ambivalence appeared to be associated with “depression” and “guilt”—“with a particularly sharp peak for guilt at six weeks” post-abortion but with “a trend toward

resolution for both affects” at six months; in the second study, with “some kind of emotional distress” reported approximately one year after the abortion; and in the third study, with “unfavourable emotional reactions,” including feeling unhappy, guilty, and resentful, at two to three weeks post-abortion.

30. Moreover, other articles treat as a “risk factor” a cluster of characteristics (as opposed to one characteristic) associated with a set of complications. For example, one study concludes that “[a]mong the abortion patients, low self-esteem, low contraceptive knowledge, high alienation and delay in seeking the abortion were related to long recovery times, psychopathology (as indicated by the MMPI [Minnesota Multiphasic Personality Inventory]), and a large number of unpleasant body symptoms (e.g., headaches, dizziness, nausea) after abortion.” Robert Athanasiou, et al., *Psychiatric Sequelae to Term Birth and Induced Early and Late Abortion: A Longitudinal Study*, 5 Fam. Plan. Persp. 227 (1973).

31. In my opinion, it would be impossible for providers to evaluate every patient for the wide range of related but non-identical risk factors relating broadly to one topic as well as the potentially many different clusters of characteristics that make up a single risk factor reported in the literature.

Further affiant sayeth not.

Dated this 30 day of June, 2010.

  
KELLY BLANCHARD

Subscribed and sworn to before me this 30th day of June, 2010.

On this 30th day of June, 2010  
before me, the undersigned notary public, personally  
appeared Kelly Blanchard  
proved to me through satisfactory evidence of  
identification, which were MA DL S14631570  
to be the person whose name is signed on the Ex 2/16/11  
preceding or attached document in my presence.

  
NOTARY PUBLIC



Muriel V. Berry  
NOTARY PUBLIC  
Commonwealth of Massachusetts  
My Commission Expires April 14, 2011

# **Exhibit A**



## **Kelly Blanchard**

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*Ibis Reproductive Health, 17 Dunster Street, Suite 201, Cambridge, Massachusetts 02138, USA*  
Telephone: 617-349-0040; Fax: 617-349-0041; Email: [kblanchard@ibisreproductivehealth.org](mailto:kblanchard@ibisreproductivehealth.org)

### **Education**

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#### **Harvard School of Public Health**

*MSc in Population and International Health, June 1997.*

Master's thesis: "Health Workers' Opinions of the Public Health Service in South Africa: Implications for Quality of Care." Awards: Pforzheimer Fellowship for Public Service 1996, 1997. GPA-3.90.

#### **Harvard/Radcliffe College**

*AB Magna Cum Laude in Social Studies, June 1992.*

Undergraduate thesis: "Islamic Reform in Context: Understanding the Maitatsine Rebellion in Northern Nigeria." Analyzed the economic, historical, and political context of an Islamic movement in Northern Nigeria. Awards: John Harvard Scholarship, Elizabeth Cary Agassiz Certificate of Merit. Focus on African history, politics, and culture.

### **Research and Development Experience**

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#### **Ibis Reproductive Health**

**Cambridge, MA**

*President, November 2004-present (Acting President, March-November 2004)*

Provide conceptual, managerial, and financial leadership for an organization of roughly twenty staff in three offices worldwide, with an annual operating budget of \$2 million. Thematic areas of research include contraception, medical and surgical abortion, and STI/HIV prevention. Lead organizational fundraising and oversee program development and implementation both domestically and internationally.

#### **Ibis Reproductive Health**

**Johannesburg, South Africa**

*Associate, June 2003-March 2004*

Managed development and operations of South Africa office, including managing clinical and social science research projects on reproductive health. Participated as member of Ibis management team, including supervising local and international staff, fundraising, and program development.

#### **Population Council**

**Johannesburg, South Africa**

*Program Associate, January 2000-May 2003*

Managed a growing program of work on reproductive health in South Africa and the Southern African region, including quantitative and qualitative research on emergency contraception, medical and surgical abortion, and microbicides. Major projects included management of a phase II trial of a novel vaginal microbicide and development of clinical trial sites and patient and provider materials for mifepristone medical abortion. Responsible for fundraising, program and protocol development, staff supervision, study monitoring, data analysis, and manuscript preparation.



**Population Council**

**New York, NY**

*Staff Program Associate, December 1998-December 1999, Program Manager, July 1997-December 1998*

Designed, implemented, analyzed data and reported results from clinical and social science research projects on microbicides, medical and surgical abortion, emergency contraception, and maternal health. Managed site development for microbicides expanded safety trials in South Africa and Thailand and monitored implementation of a large emergency contraception trial in the US and UK.

**Alumnae Health Study**

**Boston, MA**

**HSPH/Department of Population and International Health**

*Project Manager, September 1996-June 1997*

Responsible for data management in survey of over 5,000 women college graduates investigating the relationship of athletic activity to health outcomes later in life. Served as a liaison to a data entry organization, supervised two administrative staff, and assisted in development of analysis plan.

**Population Council**

**New York, NY**

*Consultant, January-March 1997*

With Anrudh Jain, collected data from DHS reports and calculated an index of gender disparity based on female and male educational attainment by age group.

**Women's Health Project**

**Johannesburg, South Africa**

*Research Assistant, June-September 1996*

Managed and analyzed data from a situation analysis of reproductive health services in Northern, Northwest, and Northern Cape provinces. Produced written reports and visual presentations for district, regional, and provincial government officials. Led discussion among officials in small group sessions during dissemination workshops in each province to present data and get feedback. Trained local staff in data management and analysis and use of EpiInfo and Excel computer software.

**Fulbright Scholarship**

**Accra, Ghana**

*Visiting Scholar, University of Legon, October 1992-September 1993*

Designed and conducted a study exploring the resurgence of African Traditional Religion in Ghana. Interviewed and surveyed members of a modern religious movement to determine socio-economic status and motivation for joining the group. Developed character profile of founder, and documented economic, historic, and cultural context of this movement.

**Voluntary Workcamps Associations of Nigeria and Ghana**

**Lagos, Nigeria; Accra, Ghana**

*Volunteer, July-August 1991*

Nigeria: provided organizational assistance to local governments to set up future work camps. Ghana: participated in short-term development project assisting in the construction of a medical center in the Ashanti Region.

**Harvard University/Department of Government**

**Cambridge, MA**

*Research Assistant to Assistant Professor Jennifer Widner, June-September 1990*

Analyzed the social and economic impact of World Bank and IMF economic reform measures in West and Central Africa.

## **Professional Awards and Memberships**

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Instructor, Global Health and Population Department, Harvard School of Public Health

Guttmacher Institute 2009 Darroch Award for excellence in research to advance sexual and reproductive health

American Public Health Association PFPRH Section 2006 Outstanding Young Professional

American Public Health Association, member

Population Association of America, member

Association of Reproductive Health Professionals, member

National Abortion Federation, member

International AIDS Society, member

Society for Family Planning, member

*Studies in Family Planning*, reviewer

*Reproductive Health Matters*, reviewer

*AIDS and Behavior*, reviewer

*Sexually Transmitted Infections*, reviewer

*International Family Planning Perspectives*, reviewer

*New England Journal of Medicine*, reviewer

*British Journal of Obstetrics and Gynaecology*, reviewer

## **Other Experience**

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### **HSPH/Department of Population and International Health**

*Teaching Assistant for Professor Allan Hill, Assessing the Impact of Health Interventions in Developing Countries, March-June 1997*

*Teaching Assistant for Assistant Professor Omar Rahman, Population and Health, September-November 1996*

*Teaching Assistant for Associate Professor Rachel Snow and Lecturer Iain Aitken, Topics in Reproductive Health, January-May 1996*

### **EF Educational Tours**

*Tour Consultant, January 1994-September 1995*

## **Skills**

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- **Computer Applications and Data Analysis:** Extensive experience performing quantitative and qualitative data analysis. Fluent in following computer applications: Word processing programs, Microsoft PowerPoint, Excel, SPSS, SAS, STATA, EpiInfo, nQuery.
- **Languages:** Spanish: intermediate; French: beginner

## Publications

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Blanchard K. Improving women's access to emergency contraception: Innovative information and service delivery strategies. *JAMWA* 1998;53(5):238-41.

Blanchard K, Winikoff B, Ellertson C. Use of misoprostol during pregnancy and Möbius' syndrome in infants [letter]. *NEJM* 1998;339(21):1553-4.

Blanchard K. Putting control in women's hands: Microbicide research. *Women's Health News* 1998;25:11-12.

Ellertson C, Blanchard K, Webb A, Bigrigg A, Haskell S. Emergency contraception [letter]. *Lancet* 1998;352:1477.

Blanchard K, Winikoff B, Ellertson C. Misoprostol used alone for the termination of early pregnancy: A review of the evidence. *Contraception* 1999;59:209-217.

Blanchard K, Elul B, RamaRao S. Reproductive Health Indicators: Moving Forward. New York: Population Council, Robert H. Ebert Program on Critical Issues in Reproductive Health. 1999.

Blanchard K, Winikoff B, Coyaji K, Ngoc NTN. Misoprostol-alone—A new method of medical abortion? *JAMWA* 2000;55:189-190.

Coggins C, Blanchard K, Friedland B. Men's attitudes toward a potential vaginal microbicide in Zimbabwe, Mexico and the USA. *Reproductive Health Matters* 2000;8(15):132-141.

Coggins C, Blanchard K, Alvarez F, Brache V, Weisberg E, Kilmarx PH, Lacarra M, Massai R, Mishell D Jr., Salvatierra A, Witwatwongwana P, Elias C, Ellertson C. Preliminary safety and acceptability of a carrageenan gel for possible use as a vaginal microbicide. *Sex Transm Inf* 2000;76:480-483.

Ellertson C, Shochet T, Blanchard K, Trussell J. Emergency contraception: A review of the programmatic and social science literature. *Contraception* 2000;61:145-186.

Van de Wijgert J, Elias C, Ellertson C, McGrory E, Blanchard K, Friedland B, Winikoff B, Brown G. Condom promotion in microbicides trials [letter]. *AJPH* 2000;90(7):1153.

Coetzee N, Blanchard K, Ellertson C, Hoosen A, Friedland B. Acceptability and feasibility of Micalax® applicators and of methyl cellulose gel placebo for large-scale trials of vaginal microbicides. *AIDS* 2001;15:1837-42.

Ellertson C, Ambardekar S, Hedley A, Coyaji K, Trussell J, Blanchard K. Emergency contraception: Randomized comparison of advance provision and information only. *Obstet Gynecol* 2001;98:570-5.

Tharawan K, Manopai boon C, Ellertson C, Limpakarnjanarat K, Chaikummao S, Kilmarx P, Blanchard K, Coggins C, Mastro T, Elias C. Women's willingness to participate in microbicide trials, northern Thailand. *JAIDS* 2001;28:180-6.

Blanchard K, Clark S, Winikoff B, Gaines G, Kabani G, Shannon C. Misoprostol for women's health: A review. *Obstet Gynecol* 2002;99:316-32.

Blanchard K, Elias C. Non-HIV STIs and the epidemiology of success. In *The Science of Microbicides: Accelerating Development*. New York: Rockefeller Foundation, 2002. 47-52.

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### Select Current Research Projects

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Co-Principal Investigator. Introducing medication abortion into on-line surgical abortion services in KwaZulu-Natal Province, South Africa. Operations research to evaluate introduction strategies and impact of introduction of mifepriston-misoprostol medication abortion in public sector services in South Africa.

Principal Investigator. Availability of public funding for abortions under the Hyde amendment: Providers' experiences. Qualitative and quantitative research to document abortion provider experiences with Medicaid funding for cases that qualify as Hyde Amendment exceptions.

Co-Principal Investigator. Abortion self-induction among Latina women in the San Francisco Bay Area, Boston and New York. Survey of women attending clinics that serve predominantly low-income women on their knowledge and experience with abortion and family planning services, and

history of self induction of abortion; women who have self-induced participate in additional in-depth interviews.

Co-Principal Investigator. Methods for Improving Reproductive Health in Africa (MIRA). Randomized trial of the diaphragm and lubricant gel for HIV prevention.

Principal Investigator. Provider perceptions of the diaphragm in the United States and Southern Africa.