[Search Topic]

Definitions

[Definitions for any new terms encountered during the search. Also a useful place to store the intervention definition for reference]

Keywords

[Useful place to store lists of critical search terms. Especially useful if you enter multiple iterations of the same general search string (eg. “Facility with NICU”, “facility with neonatal icu”, “facility with neonatal intensive care unit”)]

Keyword

Alternate Term

Alternative Term

Alternative Keyterm

Search Results

Search Terms	Search Engine & Result Count	Results and Notes
“Example Terms”	Engine Name # Results	Add Links to search results with clippings of most relevant content (abstracts, figures, and the like) as needed. Use Home > Borders and Shading (Dropdown) > Horizontal Line to insert a horizontal line and separate results
“Second Example”	Pubmed 22 Results	“Basic and comprehensive emergency obstetric and neonatal care in 12 South African health districts.” https://www.ncbi.nlm.nih.gov/pubmed/26294861 METHODS: To assess the functionality of healthcare facilities with respect to providing the signal functions of basic and comprehensive emergency obstetric care in 12 districts. All community health centres (CHCs) and district, regional and tertiary hospitals were visited and detailed information was obtained on the ability of the facility to perform the basic (BEmONC) and comprehensive (CEmONC) emergency obstetric and neonatal care signal functions. RESULTS: Fifty-three CHCs, 63 district hospitals (DHs), 13 regional hospitals and 4 tertiary hospitals were assessed. None of the CHCs could

perform all seven BEmONC signal functions; the majority could not give parenteral antibiotics (68%), perform manual removal of the placenta (58%), do an assisted delivery (98%) or perform manual vacuum aspiration of the uterus in a woman with an uncomplicated incomplete miscarriage (96%). Seventeen percent of CHCs could not bag-and-mask ventilate a neonate. Less than half (48%) of the DHs could perform all nine CEmONC signal functions (81% could perform eight of the nine functions), 24% could not perform caesarean sections, and 30% could not perform assisted deliveries.

Table 4

Health facilities by level of quality of EmOC and EmNC services

Quality	Overall (*N* = 852) (%)	Rural area			Urban area		
		Overall Frequency (%) (*N* = 428)	Government Frequency (%) (*N* = 86)	Private Frequency (%) (*N* = 342)	Overall Frequency (%) (*N* = 424)	Government Frequency (%) (*N* = 42)	Private Frequency (%) (*N* = 382)
EmOC							
High	278 (33)	133 (31)	39 (45)	94 (27)	145 (34)	14 (33)	131 (34)
Moderate	439 (52)	237 (55)	40 (47)	197 (58)	202 (48)	20 (48)	182 (48)
Low	48 (6)	19 (4)	2 (2)	17 (5)	29 (7)	4 (10)	25 (7)
Lowest/substandard	87 (10)	39 (9)	5 (6)	34 (10)	48 (11)	4 (10)	44 (12)
EmNC							
High	20 (2)	11 (3)	5 (6)	6 (2)	9 (2)	2 (5)	7 (2)
Moderate	284 (33)	130 (30)	29 (34)	101 (30)	154 (36)	13 (31)	141 (37)
Low	362 (42)	191 (45)	33 (38)	158 (46)	171 (40)	15 (36)	156 (41)
Lowest/substandard	186 (22)	96 (22)	19 (22)	77 (23)	90 (21)	12 (29)	78 (20)

“The state of routine and emergency obstetric and neonatal care in Southern Province, Zambia.”

https://www.ncbi.nlm.nih.gov/pubmed/25441858

METHODS:

To evaluate the capacity of health facilities in Southern Province, Zambia, to perform routine obstetric care and emergency obstetric and neonatal care (EmONC).

Surveys were completed at 90 health centers and 10 hospitals between September 1, 2011, and February 28, 2012. An expanded set of signal functions for routine care and EmONC was used to assess the facilities' capacity to provide obstetric and neonatal care.

RESULTS:

Interviews were completed with 172 health workers. Comprehensive EmONC was available in only six of 10 hospitals; the remaining four hospitals did not perform all basic EmONC signal functions. None of the 90 health centers performed the basic set of EmONC signal functions. Performance of routine obstetric care functions, health worker EmONC training, and facility infrastructure and staffing varied.