# [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.  https://lh6.googleusercontent.com/9fL0CxEd-ahfqU6igTLdPxfzkJep66P6ZYYr1aNA4KuwguugvJGuPAVx1y5X7pXgpHW5TfTxP1EBzCQVH956PZDSxtFZN17FZeduCaDFehM1uckwxWBNqZVghMaaaSX-YA-YiScb  “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. |