Evaluation of neonatal cardiac services in North Central Nigeria

Dear respondent, we are conducting a study as titled above.
Your honest response is highly appreciated in this survey which will take about 5 minutes to complete. Findings of this research will be useful to improve quality of care for neonates with cardiac disease in North Central Nigeria.
Responses shall be treated with strict confidentiality. You are free to opt out of this survey at any point without any implications.
Thank you for your anticipated kind consideration.

* Indicates required question

1. 1. Please which state of the North Central Nigeria is your institution of practice? *

Mark only one oval.

- FCT
- Nassarawa
- Benue
- Niger
- Kogi
- Kwara
- Plateau

2. 2. For how long has your healthcare establishment rendered newborn care/services? *

Mark only one oval.

- <5 years
- 5-10 years
- >10 years

3. 3. Does your healthcare facility routinely provide care for newborns who are born at <30 weeks gestation or weigh <1500 g at birth? *

Mark only one oval.

- Yes
- No

4. 4. How long have you practiced Paediatrics (post-fellowship)? *

Mark only one oval.

- <10 years
- 10-19 years
- >20 years

5. 5. Type of institution of practice *

Mark only one oval.

- Private specialist hospital
- Government tertiary hospital

6. 6. In your practice, have you had a newborn with cardiac disease within the last 12 months? *

Mark only one oval.

- Yes
- No
- We have not looked out for it

7. 7. If yes, how was diagnosis made?

Mark only one oval.

- On clinical grounds alone
- With echocardiography

8. 8. Do you currently have a functional echo machine with probe appropriate for neonates in you center? *

Mark only one oval.

- Yes
- No

9. 9. Do you have a Paediatric Cardiologist skilled in neonatal echocardiography in your center? *

Mark only one oval.

- Yes
- No

10. 10. If no, how do you get echocardiography services for your neonates with suspected cardiac disease? (Echo done by Adult Cardiologist, Refer, Contract services to be done inhouse, others- specify)

11. 11. Do you have mobile X-ray machine that can do a chest radiograph within the neonatal unit? *

Mark only one oval.

- Yes
- No

12. 12. If no, do you have a transport incubator to transport preterm neonates for chest radiograph or echocardiography

Mark only one oval.

- Yes
- No

13. 13. Do you have a functional pulse oximeter in your neonatal unit? *

Mark only one oval.

- Yes
- No

14. 14. What type of probe does your pulse oximeter have? *

Mark only one oval.

- Neonatal probe
- Regular adult probe

15. 15. Do you have functional multi-parameter monitor readily in use in your newborn unit? *

Mark only one oval.

- Yes
- No

16. 16. Have you had access to PGE1 in the last 12 months in your center? *

Mark only one oval.

- Yes
- No
- We have not made a diagnosis possibly needing use of PGE1 in the last 2 years

17. 17. Do you have facilities for either paediatric cardiac surgery or cardiac catheterization in your center? *

Mark only one oval.

- None
- Yes, paediatric cardiac surgery by inhouse team
- Yes, paediatric cardiac surgery by visiting mission team
- Yes cardiac catheterization services
- Both paediatric cardiac surgery and catheterization

18. 18. Do you have anyone skilled in fetal echocardiography in your center? *

Mark only one oval.

- Yes
- No

19. 19. Do you have a functional 2-way referral structure for neonates requiring cardiac services in your facility? *

Mark only one oval.

- Yes
- No

20. 20. How do end-users (patients) fund neonatal cardiac services in your center? * eg pay out of pocket, HMO, Donors, Others- please specify

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21. 21. Are the options in '18' above able to fund neonatal cardiac services satisfactorily? *

Mark only one oval.

- Yes, satisfactorily
- Not at all
- Sometimes
- Hardly ever

22. 22. Kindly list the top 3 constraint/s to effective care of newborns with cardiac * disease in your facility?

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