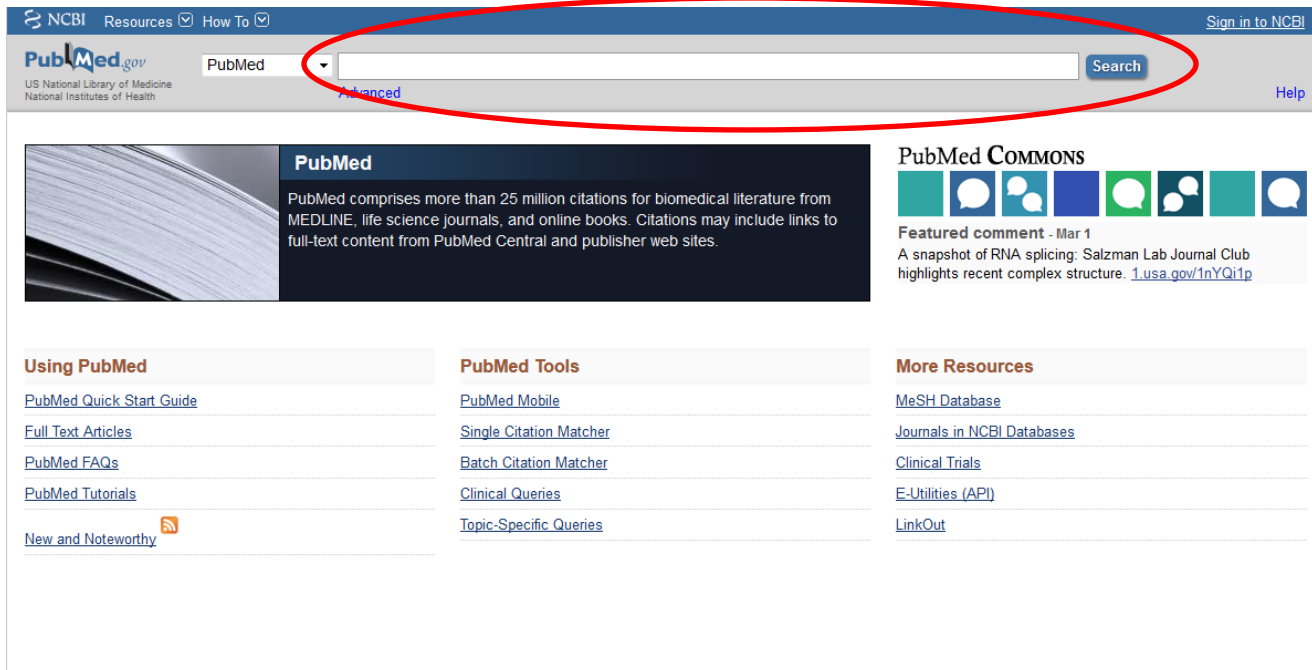


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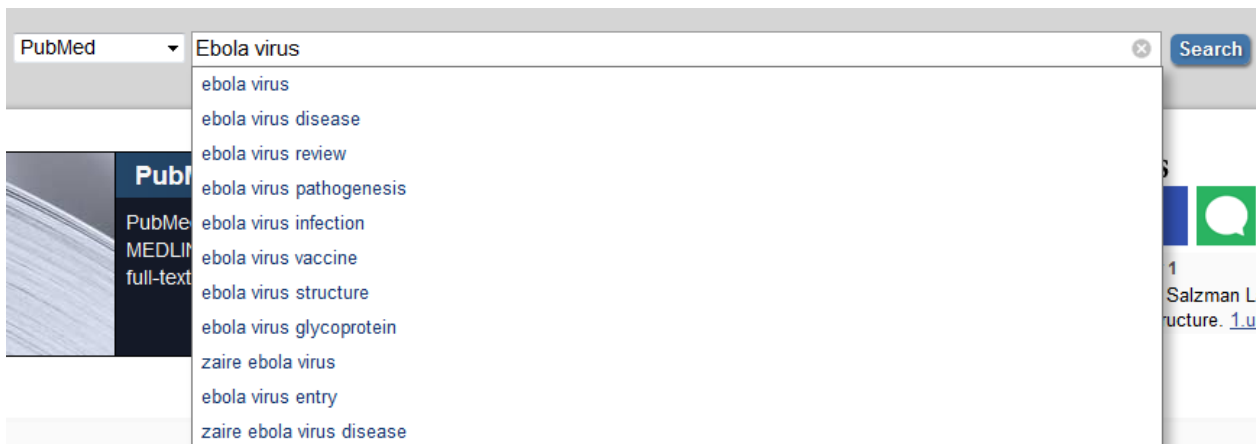
PubMed is an excellent database that contains thousands of article citations and provides access to full text scholarly publications. The purpose of this guide is to show users the basics of searching PubMed, viewing search results and accessing full text articles.

1) The Search Begins

When beginning your PubMed search, you will start by entering your keywords into the search bar at the top of the home page.



Enter terms that closely relate to the subject of your topic. If your topic is “treatment options for pregnant women with Ebola virus,” you’ll want to start with keywords such as Ebola Virus and pregnancy or Ebola Virus treatment. As you enter terms into the search box, a drop-down box will appear that will provide suggested terms to use in your search.



2) The Results Page

The results page will display a list of article citations related to your search terms. By default, they will be sorted according to the most recent publication dates. There are options to sort the results by relevance, title, author, journal, etc. in the drop down menu under **Sort by Most Recent**.

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Search results

Items: 1 to 20 of 33 << First < Prev Page 1 of 2 Next > Last >>

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van Griensven J, Edwards T, de Lamballerie X, Semple MG, Gallian P, Baize S, Horby PW, Raoul H, Magassouba N, Antierens A, Lomas C, Faye O, Sall AA, Fransen K, Buyze J, Ravinetto R, Tiberghien P, Claey's Y, De Crop M, Lynen L, Bah EI, Smith PG, Delamou A, De Weggheleire A, Haba N; Ebola-Tx Consortium.
N Engl J Med. 2016 Jan 7;374(1):33-42. doi: 10.1056/NEJMoa1511812.
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2. [Ebola: Hidden reservoirs.](#)
Heeney JL.
Nature. 2015 Nov 26;527(7579):453-5. doi: 10.1038/527453a. No abstract available.
PMID: 26607539
[Similar articles](#)

3. [A case series study on the effect of Ebola on facility-based deliveries in rural Liberia.](#)
Lori JR, Rominski SD, Perosky JE, Munro ML, Williams G, Bell SA, Nyanplu AB, Amarah PN, Boyd CJ.
BMC Pregnancy Childbirth. 2015 Oct 12;15:254. doi: 10.1186/s12884-015-0694-x.
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4. [A Pregnant Patient With Ebola Virus Disease.](#)
Oduyebo T, Pineda D, Lamin M, Leung A, Corbett C, Jamieson DJ.
Obstet Gynecol. 2015 Dec;126(6):1273-5. doi: 10.1097/AOG.0000000000001092.
PMID: 26375715
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5. [Ebola virus screening during pregnancy in West Africa: unintended consequences.](#)
Deaver JE, Cohen WR.
J Perinat Med. 2015 Nov;43(6):649-55. doi: 10.1515/jpm-2015-0118.
PMID: 26098697
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("ebolavirus"[MeSH Terms] OR "ebolavirus"[All Fields] OR "ebola"[All Fields] AND "virus"[All Fields]) OR "ebola virus"[All Fields] AND ("pregnancy"[MeSH Terms] OR
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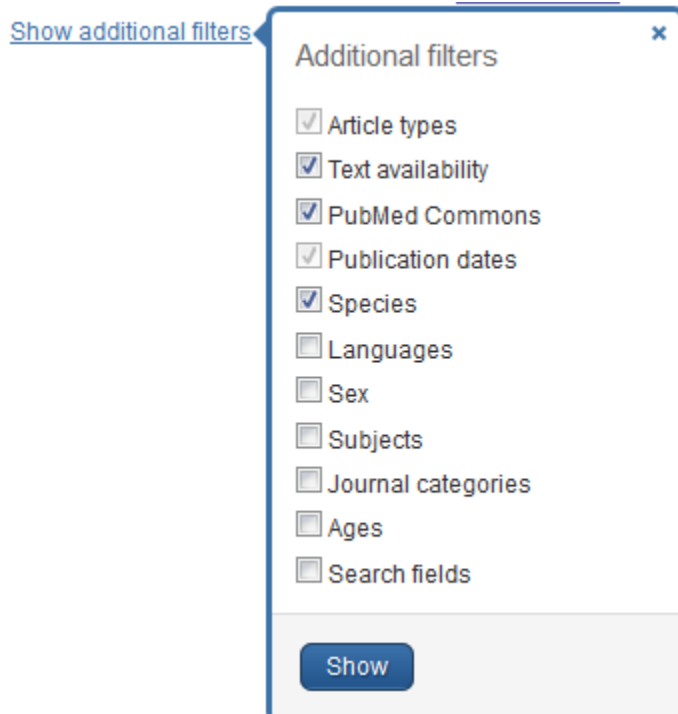
- Ebola in pregnancy: risk and clinical outcomes. PubMed
- Ebola virus and pregnancy (33) PubMed
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*Note: If you apply the **Free full text filter** you will only receive free articles that are available from **PubMed Central** or **open access** journals. If you apply the **Full text filter**, you will receive articles available from the **library** and **PubMed Central/open access** journals.

Under **Show additional filters** you can add other types of filters to the sidebar if you don't see one in the default filter list.



As you browse through the results list, examine the article titles and find ones that may be relevant to your topic. When you find an article you wish to view, simply click on the **title link**.

- [Ebola virus disease and Marburg disease in pregnancy: a review and management considerations for filovirus infection.](#)
7. **Title Link**
- Bebell LM, Riley LE.
Obstet Gynecol. 2015 Jun;125(6):1293-8. doi: 10.1097/AOG.0000000000000853. Review.
PMID: 26000499
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After selecting an article, the following page will display the citation and abstract. It's a good idea to read the **abstract**, if one is available, to see if the article contains the information you need for your research.

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Abstract Send to:

Obstet Gynecol. 2015 Jun;125(6):1293-8. doi: 10.1097/AOG.0000000000000853.

Ebola virus disease and Marburg disease in pregnancy: a review and management considerations for filovirus infection.

Bebell LM¹, Riley LE.

Author information

Abstract

The largest-ever recorded outbreak of viral hemorrhagic fever is ongoing. As a result of the epidemic and rural nature of outbreaks, little is published about the Filovirus infections Ebola virus disease and Marburg disease in pregnancy. This review of viral hemorrhagic fever focusing on Marburg and Ebola uses knowledge of disease in nonpregnant individuals and pregnancy-specific data to inform management for pregnant women. Filovirus infection presentation is similar between pregnant and nonpregnant patients, although infections may be more severe in pregnancy. Although labeled as hemorrhagic fevers, Marburg and Ebola do not commonly cause gross bleeding and should be conceptualized as diseases of high gastrointestinal losses. Early, aggressive supportive care is the mainstay of Filovirus infection management with massive fluid resuscitation as the key management principle. Patients often require 5-10 L or more per day of intravenous or oral fluid to maintain circulating blood volume in the setting of ongoing gastrointestinal loss. Fluid shifts warrant aggressive monitoring and correction of potassium levels and acid-base disturbances to prevent life-threatening arrhythmias and metabolic complications. Regardless of maternal survival, fetal loss rates are nearly 100% in Filovirus infection, likely resulting from unchecked transplacental and hematogenous viral spread. High fetal loss rates support the placenta as a difficult-to-eradicate Filovirus infection reservoir. In conclusion, the management of Filovirus infection in pregnancy should focus on stabilizing the mother with intensive monitoring and aggressive fluid and electrolyte repletion as well as maintaining strict infection control to minimize transmission to others.

PMID: 26000499 [PubMed - indexed for MEDLINE] PMCID: PMC4443859 [Available on 2016-06-01]

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Abstract

Obstet Gynecol. 2015 Jun;125(6):1293-8. doi: 10.1097/AOG.0000000000000853.

Ebola virus disease and Marburg disease in pregnancy: a review and management considerations for filovirus infection.

Bebell LM¹, Riley LE.

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Abstract

BMC Pregnancy Childbirth, 2015 Oct 12;15:254. doi: 10.1186/s12884-015-0694-x.

A case series study on the effect of Ebola on facility-based deliveries in rural Liberia.

Lori JR¹, Rominski SD², Perosky JE³, Munro ML⁴, Williams G⁵, Bell SA⁶, Nvanplu AB⁷, Amarah PN⁸, Boyd CJ⁹.

Author information

Abstract

BACKGROUND: As communities' fears of Ebola virus disease (EVD) in West Africa exacerbate and their trust in healthcare providers diminishes, EVD has the potential to reverse the recent progress made in promoting facility-based delivery. Using retrospective data from a study focused on maternal and newborn health, this analysis examined the influence of EVD on the use of facility-based maternity care in Bong County, Liberia, which shares a border with Sierra Leone - near the epicenter of the outbreak.

METHODS: Using a case series design, retrospective data from logbooks were collected at 12 study sites in one county. These data were then analyzed to determine women's use of facility-based maternity care between January 2012 and October 2014. The primary outcome was the number of facility-based deliveries over time. The first suspected case of EVD in Bong County was reported on June 30, 2014. Heat maps were generated and the number of deliveries was normalized to the average number of deliveries during the full 12 months before the EVD outbreak (March 2013 - February 2014).

RESULTS: Prior to the EVD outbreak, facility-based deliveries steadily increased in Bong County reaching an all-time high of over 500 per month at study sites in the first half of 2014 - indicating Liberia was making inroads in normalizing institutional maternal healthcare. However, as reports of EVD escalated, facility-based deliveries decreased to a low of 113 in August 2014.

CONCLUSION: Ebola virus disease has negatively impacted the use of facility-based maternity services, placing childbearing women at increased risk for morbidity and death.

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