

Alexandre Ad Dumont

List of Publications by Year in descending order

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73
papers

2,626
citations

186209

28
h-index

197736

49
g-index

86
all docs

86
docs citations

86
times ranked

3108
citing authors

#	ARTICLE	IF	CITATIONS
1	Factors influencing the implementation of labour companionship: formative qualitative research in Thailand. <i>BMJ Open</i> , 2022, 12, e054946.	0.8	3
2	Implementation and evaluation of nonclinical interventions for appropriate use of cesarean section in low- and middle-income countries: protocol for a multisite hybrid effectiveness-implementation type III trial. <i>Implementation Science</i> , 2020, 15, 72.	2.5	13
3	Caesarean section in Benin and Mali: increased recourse to technology due to suffering and under-resourced facilities. <i>Reproductive Biomedicine and Society Online</i> , 2020, 10, 10-18.	0.9	7
4	What the percentage of births in facilities does not measure: readiness for emergency obstetric care and referral in Senegal. <i>BMJ Global Health</i> , 2020, 5, e001915.	2.0	7
5	Death audits and reviews for reducing maternal, perinatal and child mortality. <i>The Cochrane Library</i> , 2020, 3, CD012982.	1.5	47
6	Forfait obstétrical et inégalité dans l'accès aux soins maternels en Mauritanie. <i>Revue Economique</i> , 2020, Vol. 71, 1045-1067.	0.1	1
7	Assessing scalability of an intervention: why, how and who?. <i>Health Policy and Planning</i> , 2019, 34, 544-552.	1.0	56
8	DECIDE: a cluster-randomized controlled trial to reduce unnecessary caesarean deliveries in Burkina Faso. <i>BMC Medicine</i> , 2019, 17, 87.	2.3	8
9	Trends, Regional Variations, and Socioeconomic Disparities in Cesarean Births in India, 2010-2016. <i>JAMA Network Open</i> , 2019, 2, e190526.	2.8	32
10	Assessment of clinical decision-making among healthcare professionals performing caesarean deliveries in Burkina Faso. <i>Sexual and Reproductive Healthcare</i> , 2018, 16, 213-217.	0.5	2
11	Removing user fees to improve access to caesarean delivery: a quasi-experimental evaluation in western Africa. <i>BMJ Global Health</i> , 2018, 3, e000558.	2.0	21
12	Why are caesarean section rates so high in facilities in Mali and Benin?. <i>Sexual and Reproductive Healthcare</i> , 2018, 16, 10-14.	0.5	8
13	Predictors of uterine rupture in a large sample of women in Senegal and Mali: cross-sectional analysis of QUARITE trial data. <i>BMC Pregnancy and Childbirth</i> , 2018, 18, 432.	0.9	9
14	Do free caesarean section policies increase inequalities in Benin and Mali?. <i>International Journal for Equity in Health</i> , 2018, 17, 71.	1.5	14
15	Maternal and neonatal health impact of obstetrical risk insurance scheme in Mauritania: a quasi experimental before-and-after study. <i>Health Policy and Planning</i> , 2017, 32, czw142.	1.0	9
16	DECIDE: a cluster randomized controlled trial to reduce non-medically indicated caesareans in Burkina Faso. <i>BMC Pregnancy and Childbirth</i> , 2016, 16, 322.	0.9	10
17	Determinants of non-medically indicated cesarean deliveries in Burkina Faso. <i>International Journal of Gynecology and Obstetrics</i> , 2016, 135, S58-S63.	1.0	17
18	Initial management of postpartum hemorrhage: A cohort study in Benin and Mali. <i>International Journal of Gynecology and Obstetrics</i> , 2016, 135, S84-S88.	1.0	6

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19	Using routine health data and intermittent community surveys to assess the impact of maternal and neonatal health interventions in low-income countries: A systematic review. <i>International Journal of Gynecology and Obstetrics</i> , 2016, 135, S64-S71.	1.0	8
20	A global reference for caesarean section rates (C-Model): a multicountry cross-sectional study. <i>BJOG: an International Journal of Obstetrics and Gynaecology</i> , 2016, 123, 427-436.	1.1	92
21	Factors associated with postpartum hemorrhage maternal death in referral hospitals in Senegal and Mali: a cross-sectional epidemiological survey. <i>BMC Pregnancy and Childbirth</i> , 2015, 15, 235.	0.9	57
22	Protocol for a systematic review on the effect of demand generation interventions on uptake and use of modern contraceptives in LMIC. <i>Systematic Reviews</i> , 2015, 4, 124.	2.5	3
23	A Cluster-Randomized Trial to Reduce Cesarean Delivery Rates in Quebec. <i>Obstetrical and Gynecological Survey</i> , 2015, 70, 546-548.	0.2	0
24	Non-Invasive Tools for the Diagnosis of Potentially Life-Threatening Gynaecological Emergencies: A Systematic Review. <i>PLoS ONE</i> , 2015, 10, e0114189.	1.1	13
25	Inequalities in Maternal Health Care Utilization in Sub-Saharan African Countries: A Multiyear and Multi-Country Analysis. <i>PLoS ONE</i> , 2015, 10, e0120922.	1.1	82
26	Impact of Accreditation Training for Residents on Sonographic Quality in Gynecologic Emergencies. <i>Journal of Ultrasound in Medicine</i> , 2015, 34, 829-835.	0.8	11
27	A Cluster-Randomized Trial to Reduce Cesarean Delivery Rates in Quebec. <i>New England Journal of Medicine</i> , 2015, 372, 1710-1721.	13.9	106
28	Effect of maternal death reviews and training on maternal mortality among cesarean delivery: post-hoc analysis of a cluster-randomized controlled trial. <i>European Journal of Obstetrics, Gynecology and Reproductive Biology</i> , 2015, 185, 174-180.	0.5	7
29	The Hidden Costs of a Free Caesarean Section Policy in West Africa (Kayes Region, Mali). <i>Maternal and Child Health Journal</i> , 2015, 19, 1734-1743.	0.7	24
30	Training and nutritional components of PMTCT programmes associated with improved intrapartum quality of care in Mali and Senegal. <i>International Journal for Quality in Health Care</i> , 2014, 26, 174-183.	0.9	4
31	1: Quality of care, obstetrics risk management and mode of delivery in Quebec (QUARISMA): a cluster-randomized trial. <i>American Journal of Obstetrics and Gynecology</i> , 2014, 210, S2.	0.7	4
32	Obstetric competence among primary healthcare workers in Mali. <i>International Journal of Gynecology and Obstetrics</i> , 2014, 126, 50-55.	1.0	13
33	Obstetric competence among referral healthcare providers in Mali. <i>International Journal of Gynecology and Obstetrics</i> , 2014, 126, 56-59.	1.0	10
34	Audit of cesarean delivery in Burkina Faso. <i>International Journal of Gynecology and Obstetrics</i> , 2014, 125, 214-218.	1.0	19
35	Development of an instrument to evaluate intrapartum care quality in Senegal: evaluation quality care. <i>International Journal for Quality in Health Care</i> , 2014, 26, 184-189.	0.9	10
36	The Free Caesareans Policy in Low-Income Settings: An Interrupted Time Series Analysis in Mali (2003-2012). <i>PLoS ONE</i> , 2014, 9, e105130.	1.1	20

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37	Developing a tool to measure satisfaction among health professionals in sub-Saharan Africa. <i>Human Resources for Health</i> , 2013, 11, 30.	1.1	29
38	Routine ultrasound examination by OB/GYN residents increase the accuracy of diagnosis for emergency surgery in gynecology. <i>World Journal of Emergency Surgery</i> , 2013, 8, 16.	2.1	10
39	Effect of a facility-based multifaceted intervention on the quality of obstetrical care: a cluster randomized controlled trial in Mali and Senegal. <i>BMC Pregnancy and Childbirth</i> , 2013, 13, 24.	0.9	14
40	Quality of care, risk management, and technology in obstetrics to reduce hospital-based maternal mortality in Senegal and Mali (QUARITE): a cluster-randomised trial. <i>Lancet, The</i> , 2013, 382, 146-157.	6.3	104
41	Care assessment's difficult relation with maternal mortality. <i>Lancet, The</i> , 2013, 381, 1695-1696.	6.3	0
42	Emergency obstetric care in Mali: catastrophic spending and its impoverishing effects on households. <i>Bulletin of the World Health Organization</i> , 2013, 91, 207-216.	1.5	76
43	Evidence of subgroup-specific treatment effect in the absence of an overall effect: is there really a contradiction?. <i>Pharmacoepidemiology and Drug Safety</i> , 2013, 22, 1178-1188.	0.9	16
44	A Prediction Score for Maternal Mortality in Senegal and Mali. <i>Obstetrics and Gynecology</i> , 2013, 121, 1049-1056.	1.2	11
45	Predicting In-Hospital Maternal Mortality in Senegal and Mali. <i>PLoS ONE</i> , 2013, 8, e64157.	1.1	6
46	Medical recordkeeping, essential but overlooked aspect of quality of care in resource-limited settings. <i>International Journal for Quality in Health Care</i> , 2012, 24, 564-567.	0.9	41
47	Individual and institutional determinants of caesarean section in referral hospitals in Senegal and Mali: a cross-sectional epidemiological survey. <i>BMC Pregnancy and Childbirth</i> , 2012, 12, 114.	0.9	26
48	Validity and reliability of criterion based clinical audit to assess obstetrical quality of care in West Africa. <i>BMC Pregnancy and Childbirth</i> , 2012, 12, 118.	0.9	12
49	The effects of midwives' job satisfaction on burnout, intention to quit and turnover: a longitudinal study in Senegal. <i>Human Resources for Health</i> , 2012, 10, 9.	1.1	105
50	Maternal and Perinatal Outcomes by Mode of Delivery in Senegal and Mali: A Cross-Sectional Epidemiological Survey. <i>PLoS ONE</i> , 2012, 7, e47352.	1.1	36
51	Comment réduire la mortalité maternelle?. <i>Bulletin De L'Academie Nationale De Medecine</i> , 2012, 196, 1521-1534.	0.0	1
52	Mother and newborn survival according to point of entry and type of human resources in a maternal referral system in Kayes (Mali). <i>Reproductive Health</i> , 2011, 8, 13.	1.2	18
53	Criterion-based clinical audit to assess quality of obstetrical care in low- and middle-income countries: a systematic review. <i>International Journal for Quality in Health Care</i> , 2011, 23, 456-463.	0.9	52
54	«En faire plus, pour gagner plus»: la pratique de la césarienne dans trois contextes d'exemption des paiements au Sénégal. <i>Sante Publique</i> , 2011, Vol. 23, 207-219.	0.0	13

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55	Improved access to comprehensive emergency obstetric care and its effect on institutional maternal mortality in rural Mali. <i>Bulletin of the World Health Organization</i> , 2009, 87, 30-38.	1.5	97
56	Placental Malarial Infection as a Risk Factor for Hypertensive Disorders During Pregnancy in Africa: A Case-Control Study in an Urban Area of Senegal, West Africa. <i>American Journal of Epidemiology</i> , 2009, 170, 847-853.	1.6	49
57	QUARITE (quality of care, risk management and technology in obstetrics): a cluster-randomized trial of a multifaceted intervention to improve emergency obstetric care in Senegal and Mali. <i>Trials</i> , 2009, 10, 85.	0.7	30
58	Improving obstetric care in low-resource settings: implementation of facility-based maternal death reviews in five pilot hospitals in Senegal. <i>Human Resources for Health</i> , 2009, 7, 61.	1.1	28
59	Identifying barriers and facilitators towards implementing guidelines to reduce caesarean section rates in Quebec. <i>Bulletin of the World Health Organization</i> , 2007, 85, 791-797.	1.5	63
60	Evidence-Based Strategies for Reducing Cesarean Section Rates: A Meta-Analysis. <i>Birth</i> , 2007, 34, 53-64.	1.1	207
61	Evidence-Based Strategies for Implementing Guidelines in Obstetrics. <i>Obstetrics and Gynecology</i> , 2006, 108, 1234-1245.	1.2	194
62	Maternal mortality in Senegal. <i>Bulletin of the World Health Organization</i> , 2006, 84, 218-224.	1.5	56
63	Intentional delivery versus expectant management of women with preterm premature rupture of the membranes: A meta-analysis of randomized, controlled trials. <i>American Journal of Obstetrics and Gynecology</i> , 2005, 193, S60.	0.7	0
64	Emergency obstetric care in developing countries: impact of guidelines implementation in a community hospital in Senegal. <i>BJOG: an International Journal of Obstetrics and Gynaecology</i> , 2005, 112, 1264-1269.	1.1	29
65	Monocyte Activation and T Cell Inhibition in <i>Plasmodium falciparum</i> -Infected Placenta. <i>Journal of Infectious Diseases</i> , 2004, 189, 2235-2242.	1.9	26
66	Maternal mortality and access to obstetric services in West Africa. <i>Tropical Medicine and International Health</i> , 2003, 8, 940-948.	1.0	128
67	Need for caesarean sections in west Africa. <i>Lancet, The</i> , 2002, 359, 975.	6.3	0
68	Caesarean section rate for maternal indication in sub-Saharan Africa: a systematic review. <i>Lancet, The</i> , 2001, 358, 1328-1333.	6.3	148
69	Maternal mortality in West Africa. <i>Acta Obstetrica Et Gynecologica Scandinavica</i> , 2001, 80, 113-113.	1.3	45
70	Maternal mortality in West Africa. <i>Acta Obstetrica Et Gynecologica Scandinavica</i> , 2001, 80, 113-119.	1.3	43
71	Maternal morbidity and mortality in two different populations of Senegal: a prospective study (MOMA) Tj ETQq1 1 0,784314 rgBT /Over	1.1	53
72	Effect of aspirin in pregnant women is dependent on increase in bleeding time. <i>American Journal of Obstetrics and Gynecology</i> , 1999, 180, 135-140.	0.7	50

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73	Does Aspirin Still Have a Role during Pregnancy?. Fetal Diagnosis and Therapy, 1998, 13, 131-132.	0.6	3