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After submission you can check the answers and print your certificate.

True (A) or false (B):

Impact of inter-facility transport on maternal mortality in the Free State Province

1. Effective and prompt inter-facility transport of patients with pregnancy complications in vehicles dedicated to maternity transfers resulted in a significant reduction in maternal mortality.
2. This reduction reflects the presence of qualified midwives on board such ambulances, to care for patients in transit.

Maternal health: There is cause for optimism

3. The specific target of Millennium Development Goal (MDG) 5 is to reduce maternal mortality by 75% between 1990 and 2015.
4. In common with many countries, South Africa (SA) is making progress, and maternal mortality has significantly decreased since 1990.
5. SA is doing well in relation to the MDG5 targets relating to universal access to reproductive health: over 90% of pregnant women access antenatal care, deliver in a health facility and are attended by trained healthcare workers.
6. Non-pregnancy-related infections in HIV-positive women are the single most common cause of maternal mortality.
7. National antiretroviral therapy (ART) guidelines emphasise that all HIV-positive pregnant women require fast-tracking for highly active antiretroviral therapy (HAART), irrespective of CD4⁺ count.
8. According to national guidelines, women whose CD4⁺ count is >350 are to discontinue HAART after breastfeeding is complete.

Functional magnetic resonance imaging (fMRI) language mapping in pre-surgical epilepsy patients

9. The surgical treatment of medically intractable epilepsy is effective in controlling seizures.

10. fMRI is valuable for determining hemispheric dominance, thus to lateralise language so that areas critical to language function are localised and reliably mapped prior to surgery.

Maternal and fetal outcomes of HIV-infected and non-infected pregnant women

11. The most common pre-intensive care unit (ICU) admission diagnosis was eclampsia (in 1/5 HIV-positive patients).
12. The most common pre-ICU admission diagnosis was pneumonia (in 1/3 HIV-negative patients).
13. HIV prevalence among antenatal clinic attendees stands at $\pm 30\%$.

Neonatal mortality in SA

14. MDG4 calls for a two-thirds reduction in childhood mortality by 2015.
15. Neonatal deaths account for approximately 40% of all deaths in children in SA.
16. Among the top 5 healthworker-related factors contributing to neonatal mortality was fetal distress (whether monitored but not detected, or not monitored at all).
17. Among the top 5 healthworker-related factors contributing to neonatal mortality was a failure to intervene during prolonged second stage of labour.
18. Cost-effective interventions (e.g. kangaroo mother care, or prevention of hypothermia by wrapping the baby in plastic immediately after delivery) can dramatically reduce the number of neonatal deaths in resource-limited settings.
19. The use of antenatal steroids is ill advised, since they lead to intra-ventricular haemorrhage and necrotising enterocolitis in the neonate.
20. Adequate monitoring of oxygen administered to premature neonates is essential, as infants <32 weeks gestation and <1 500g birth weight, are at increased risk for retinopathy of prematurity, a leading cause of blindness in children.

A maximum of 5 CEUs will be awarded per correctly completed test.

INSTRUCTIONS

1. Read the journal. All the answers will be found there.
2. Go to www.cpdjournals.co.za to answer the questions.

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