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True (A) or false (B):

SAMI

Safety versus accessibility in maternal and perinatal care

- 1. Assuming the appropriate equipment is available and the facility is open 24 hours a day 7 days a week, there need to be a minimum of ten professional nurses with midwifery/advanced midwifery in every maternity unit to *ensure safety* for mother and baby.
- Improving interfacility transport by providing dedicated maternity care ambulances, and consolidating the caesarean section (CS) services, have the potential to halve maternal mortality.

Basic and comprehensive emergency obstetric and neonatal care (EmONC) in 12 South African (SA) health districts

- 3. The three essential components of EmONC are:
- Healthcare providers with sufficient knowledge and skills to recognise, stabilise and treat or refer their patients
- Availability of essential lifesaving services, such as being able to perform CS
- · An efficient interfacility transfer system.

Food insecurity in households in informal settlements in urban SA

- Lack of full-time employment of the head of the household is significantly associated with an increased risk of food insecurity.
- 5. In the context of the epidemic of non-communicable diseases, there is an increased trend in consumption of fast foods, which climbed by 18% between 2006 and 2009, and has remained at this higher level.

Maternal death and CS in SA – results from the 2011 - 2013 Saving Mothers Report of the National Committee for Confidential Enquiries into Maternal Deaths (NCCEMD)

- 6. The most serious issue remains bleeding during or after CS deaths of one-third of all mothers during or after a CS are attributed to hypovolaemic shock.
- 7. The risk of a pregnant woman dying from CS during the triennium 2011 2013 was three times that for vaginal delivery.
- 8. Pre-eclampsia and eclampsia, as the indication for CS, carried a six times increased risk of dying.
- According to the NCCEMD, deaths ascribed to haemorrhage resulted from inadequate utilisation of uterotonic agents.

Intrapartum asphyxia and hypoxic ischaemic encephalopathy

10. Of infants suffering intrapartum asphyxia, 50% will die in the neonatal period and 50% of survivors will develop permanent neurodevelopmental abnormalities including cerebral palsy.

CME

Paediatric chronic kidney disease (CKD)

11. There is no need to confirm a positive urine dipstick test for proteinuria with a quantitative proteinuria measurement.

Important causes of CKD in SA

- 12. Regarding hypertension, when CKD is present, especially where there is proteinuria of ≥0.5 g/day, the goal is a blood pressure of ≤130/80 mmHg.
- 13. Metformin is contraindicated in diabetic patients with stages 4 5
- 14. Regarding CKD in HIV infection, measurement of kidney function is essential to prescribe appropriate doses of antiretroviral drugs.

Important complications of CKD

- 15. Regarding the dyslipidaemia associated with CKD, statin therapy is not effective in stages 4 5.
- 16. Chronic acidosis has recently been shown to be a risk factor in the progression of CKD renal dysfunction.
- 17. A raised serum phosphate level occurs with stage 4 CKD, and especially with stage 5.

Drugs and the kidney

- 18. Nephrotoxicity is markedly enhanced when the glomerular filtration rate (GFR) is reduced, as in elderly subjects when so-called 'normal' creatinine levels may be found.
- 19. From the age of 45 55 years, the GFR is reduced by about 1 mL/min/year so that an otherwise healthy person of 80 may have an estimated GFR of <60 mL/min or <50 mL/min, i.e. stage 2, 3 or 3b CKD.
- An increased bruising or bleeding tendency with aspirin may be a marker of kidney dysfunction.

Readers please note: articles may appear in summary/abstract form in the print edition of the journal, with the full article available online via http://www.samj.org.za

A maximum of 3 CEUs will be awarded per correctly completed test.

INSTRUCTIONS

1. Read the journal. All the answers will be found there, in print or online. 2. Go to www.mpconsulting.co.za to answer the questions.

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