

**True (A) or false (B):****Prenatal screening for congenital toxoplasmosis (CTG)**

1. Adult infection with *Toxoplasma gondii* is never asymptomatic.
2. The overall risk of transmission to the fetus in utero is 20 - 50%, but this may rise to 60 - 90% in the third trimester.
3. The classic triad of lesions associated with CTG is chorioretinitis, intracerebral calcifications and hydrocephalus, although only 1 in 6 fetuses may show 2 out of 3.
4. Calcification seen throughout the brain in *T. gondii* infection, visible from 18 - 20 weeks onwards, may differ from the periventricular distribution of calcification seen in cytomegalovirus or Zika virus infection.
5. Microcephaly is defined as a head circumference that measures 3 standard deviations below the mean for gestation.
6. In congenital *T. gondii* infection, parenchymal calcification may not be visible on MRI.

**Visual aids to improve estimation of blood loss**

7. According to quoted published literature, surgeons tend to underestimate blood loss, whereas anaesthetists tend to overestimate blood loss.
8. In the study presented, the accuracy of blood-loss estimation was associated with years of experience – the greater the experience of the healthcare professional, the greater the accuracy of blood-loss estimation.

**Outcomes of patients who have had invasive testing for spinal muscular atrophy (SMA)**

9. SMA exists in four forms of variable degrees of severity.
10. Werdnig-Hoffman disease, SMA Type 1, represents 10 - 20% of childhood cases. These children cannot sit and most die within 2 years of birth.
11. SMA is inherited as an X-linked recessive disease.

**Lactic acid as an adjuvant marker in pregnancy-associated sepsis**

12. In the study presented a lactic acid level of >4 had a positive predictive value of 70% and a negative predictive value of 78%, with a specificity of 88% for positive bacterial culture in pregnancy-associated sepsis.

**An evaluation of indications for caesarean section (CS)**

13. In 2015, the World Health Organization (WHO) issued a statement that 'Every effort should be made to provide a CS to women in need rather than striving to achieve a specific rate'.
14. The CS rate at the South African (SA) teaching hospital studied was 39.8% in 2015, up from 28.4% in 2005.
15. The national CS rate in SA in the of was quoted as 28% in the 2011 - 2013 Saving Mothers Report.

**Recommendations for thromboprophylaxis in obstetrics and gynaecology**

16. The percentage of deaths attributable to pulmonary embolus following hysterectomy may be as high as 20%.
17. Venous thrombosis may be demonstrable, although not clinically apparent, in 15 - 40% of cases of major gynaecological surgery.
18. Pre-eclampsia is not a risk factor for venous thromboembolism (VTE).
19. Following major cancer surgery, venous thromboprophylaxis should continue for as long as 5 weeks postoperatively.
20. HIV infection is a risk factor for VTE.

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