

**True (A) or false (B):****Unrepaired cyanotic heart disease in pregnancy**

1. Pulmonary hypertension is a World Health Organization (WHO) class 4 disease, and pregnancy is considered contraindicated.
2. In South Africa, maternal mortality due to cardiac conditions comprises 34.5% of all medical and surgical causes of maternal deaths.
3. Heterotaxy (*hetero* 'different' and *taxy* 'arrangement') refers to the abnormal assembly of the thoracic and abdominal organs with regards to the anteroposterior axis of the body.
4. Cyanotic congenital heart disease occurs in 30% of all congenital cardiac defects, and 40% of these patients are women.

**Acute fatty liver in pregnancy**

5. Acute fatty liver of pregnancy (AFLP) is an uncommon but life-threatening condition unique to pregnancy, affecting approximately 1 in 10 000 pregnancies.
6. AFLP usually presents in the second trimester of pregnancy, between 14 and 24 weeks of gestation, and has a recurrence rate of 5% in subsequent pregnancies.
7. The diagnosis of AFLP is based on the patient having at least six of the Cincinnati criteria, a combination of clinical and laboratory features.

**Labour dystocia: Vesical calculus**

8. Alkaline urine caused by urea splitting organisms (*Proteus*, *Klebsiella*, *Serratia*, and *Enterobacter*) is responsible for struvite stones (ammonium magnesium phosphate stones).

**Labour epidural anaesthesia**

9. Activation of the sympathetic nervous system due to pain in labour leads to large rises in circulating adrenaline and noradrenaline levels.

10. Pain in labour cause an increase in myocardial oxygen demand, which places the myocardium at risk for ischaemia, and causes a decrease in placental blood flow.
11. Pain in labour causes a maternal respiratory acidosis; this causes a left shift of the oxygen haemoglobin dissociation curve, and impairs oxygen delivery to the fetus.
12. In large hospitals in the USA, the rate of epidural anaesthesia in labour has been reported to be as high as 61%.
13. In India the epidural rate in labour is 25%.

**Uterine artery embolisation and anti-Mullerian hormone**

14. Serum levels of follicle-stimulating hormone, oestradiol and inhibin B to measure ovarian reserve have the limitation of being cycle dependent.
15. The effect of UAE on ovarian reserve in younger women has not been consistent and remains controversial.
16. By the age of 30 years, only 12% of the maximum pre-birth non-growing ovarian follicle population are present, decreasing further to 3% by 40 years.

**Consensus statement on sFlt-1/PlGF ratio in suspected pre-eclampsia**

17. Pre-eclampsia (PE) affects 2 - 8% of pregnancies globally.
18. Hypertensive disorders of pregnancy account for approximately 25 000 deaths in Africa annually.
19. Soluble fms-like tyrosine kinase-1 (sFlt-1) levels decrease approximately 5 weeks before the onset of PE.
20. Placental growth factor (PlGF) levels are significantly lower in women who later develop PE.

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