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A description of the management and outcomes of infants with short bowel syndrome in a South African context

1. What has been identified as a significant contributor to the poor outcomes of many patients with intestinal failure secondary to short bowel syndrome in the study?
 - A. High rate of NEC and gastroschisis
 - B. Lack of an intestinal rehabilitation program.
 - C. Low utilization of breast milk for enteral feeding
 - D. Infrequent use of central venous catheters.
2. Which factor was found to be most significantly associated with increased mortality in children with intestinal failure secondary to short bowel syndrome?
 - A. Presence of the ileo-caecal valve.
 - B. Bowel length less than 20 cm
 - C. Type of enteral feed used
 - D. Use of medical adjuncts

Are end colostomies always contraindicated in anorectal malformations?

3. What was the primary reason for advocating a three-staged approach to managing anorectal malformations in low-middle-income countries and Sub-Saharan regions?
 - A. Limited availability of surgical expertise
 - B. Higher incidence of severe associated anomalies
 - C. Elevated risk of wound sepsis
 - D. Limited availability of advanced medical equipment
4. Which type of colostomy is typically preferred for children with ARMs due to a lower incidence of prolapse and urinary tract infections?
 - A. End colostomy
 - B. Loop colostomy
 - C. Divided descending colostomy with a distal mucus fistula
 - D. Transverse colostomy

Hyperglycaemia and outcome in neonates with hypoxic-ischaemic encephalopathy

5. What was the primary objective of the study on hypoxic-ischaemic encephalopathy in neonates treated with therapeutic hypothermia?
 - A. To compare the effectiveness of different cooling methods in neonates with hypoxic-ischaemic encephalopathy.
 - B. To explore the association between hyperglycaemia and outcomes in neonates with moderate-to-severe hypoxic-ischaemic encephalopathy.

- C. To determine the long-term neurodevelopmental outcomes of neonates with hypoxic-ischaemic encephalopathy.
- D. To evaluate the impact of maternal characteristics on the incidence of hypoxic-ischaemic encephalopathy in neonates.
6. Which of the following statements is true regarding the findings on hyperglycaemia in neonates with hypoxic-ischaemic encephalopathy?
 - A. Hyperglycaemia was found to be more frequent in inborn neonates compared to outborn neonates.
 - B. Early hyperglycaemia (>8.3 mmol/L) was associated with ten-times higher odds of death, independent of the 5-minute Apgar score.
 - C. Hyperglycaemia was associated with lower 5-minute Apgar scores and increased severity of encephalopathy.
 - D. Hypoglycaemia was more common than hyperglycaemia in the study cohort.

Exploring adolescent fertility inequality in Southern Africa

7. Which factor was statistically associated with a higher likelihood of adolescent fertility according to the study?
 - A. Living in urban areas.
 - B. Absence of at least one parent for the index adolescent.
 - C. Presence of an orphan in the household.
 - D. Higher wealth index of the household.
8. What is a key limitation of the study related to the DHS survey data?
 - A. Limited sample sizes from Southern African countries.
 - B. Exclusion of non-household populations that may be at a higher risk of adolescent fertility.
 - C. Lack of data on male adolescents aged 15-19.
 - D. Inconsistent definitions of orphanhood across different countries.

Short-term mortality and morbidity of very low-birthweight infants over 9 years at Groote Schuur Hospital, Cape Town, South Africa

9. Which of the following interventions has been shown to reduce neonatal mortality in low- and middle-income countries?
 - A. Neonatal resuscitation training
 - B. Prevention of mother-to-child transmission of HIV
 - C. Promotion of breastmilk and kangaroo mother care
 - D. All of the above
10. What was the overall mortality rate for very low-birthweight infants at Groote Schuur Hospital during the study period?
 - A. 10.5%

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- B. 19.8%
- C. 25.3%
- D. 30.3%

The perceptions and prescribing patterns of complementary medicines for infantile colic by pharmacists in Johannesburg, South Africa

11. Which of the following complementary medicines is most recommended by pharmacists and pharmacist assistants for treating infantile colic according to the study?
- A. Herbal medicines
 - B. Homeopathic remedies
 - C. Probiotics
 - D. Simethicone
12. What was the primary source of information about infantile colic and its treatments for most pharmacists and pharmacist assistants in the study?
- A. Professional journals

- B. Pharmaceutical representatives
- C. Educational courses
- D. Peer-reviewed articles

An audit of infants presenting with cholestatic jaundice at a secondary hospital in Johannesburg, South Africa

13. What is the primary aim of the study conducted at Rahima Moosa Mother and Child Hospital on neonatal cholestatic jaundice?
- A. To compare neonatal cholestatic jaundice in high-income countries and low- to middle-income countries.
 - B. To evaluate the effectiveness of the ESPGHAN/NASPGHAN guidelines in South African settings.
 - C. To describe the existing causes of cholestatic jaundice at a secondary hospital in Johannesburg, South Africa.
 - D. To investigate the genetic causes of cholestatic jaundice using next-generation sequencing.
14. Which of the following was found to be a significant feature associated with biliary atresia in the study?

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