

You can obtain 3 CEU's for reading the article "THE TRIPLE BURDEN OF OBESITY, HIV, AND ANAEMIA DURING PREGNANCY AND ASSOCIATIONS WITH DELIVERY OUTCOMES IN URBAN SOUTH AFRICANS" and answering ALL the accompanying questions with a pass mark of 70% or more.

This article has been accredited for CEU's (ref. no. DT/A01/P00004/2025/00003)

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Only online questionnaires will be accepted.

ACTIVITY 186

1. Why do women with obesity exhibit higher levels of placental inflammation during pregnancy?
 - Pregnancy induces a low-grade inflammatory state
 - Excess adipose tissue can cause a chronic inflammatory state
 - Both a and b
2. What is the proposed cause of most cases of anemia present in women in South Africa at conception?
 - Diets lacking in micronutrients
 - Iron deficiency
 - Obesity
3. How is inflammation involved in the association between HIV disease progression and anemia severity?
 - HIV is associated with high levels of inflammation
 - Both a and c
 - Inflammation alters iron metabolism
4. What is the definition of macrosomia?
 - Birthweight > 90th centile
 - Birthweight < 10th centile
 - Birthweight ≥ 4 kg
5. What do the South Africa's Prevention of Mother to Child Transmission (PMTCT) guidelines not prescribe during pregnancy?
 - Routine HIV counselling and testing
 - Initiation of antiretroviral treatment for all women
 - Continuation of antiretroviral treatment for HIV positive women
6. Which of the following are false?
 - Anemia was classified as an unadjusted haemoglobin level of <11 g/dl
 - Haemoglobin was adjusted for altitude and smoking
 - Elevation in Soweto is 1632 m
7. Based on the literature, which of these delivery outcomes was hypothesized to be affected by one or more of the maternal morbidities assessed in this study?
 - Gestational age
 - Sex and gestational age adjusted birth length
 - Sex adjusted small for gestational age
8. What percentage of women presented with only one morbidity?
 - 5%
 - 42%
 - 47%
9. Which of the following statements are correct based on the distribution of delivery outcomes according to maternal morbidity status?
 - Women with obesity and HIV were more likely to deliver via Caesarean section than women with obesity alone
 - Women with obesity alone had a higher risk of delivering an infant classified as large for gestational age, and with a lower birthweight-to-length z-score
 - Women with anaemia were more likely to deliver a high birthweight infant
10. What are the risks of excessive foetal growth?
 - Both b and c
 - Susceptibility to developing NCDs in later life
 - Susceptibility to developing obesity in later life
11. In relation to the prevalence of anemia in women with obesity, which of the following statements are false?
 - Anemia prevalence was higher in women with normal weight than those with obesity
 - The existing literature concurs that anemia is less prevalent in women with obesity
 - Vitamin C intake may impact the relationship between anemia and obesity
12. All women with anemia were receiving routine iron supplementation during pregnancy. What are the factor/s proposed that may explain increases in anemia prevalence during pregnancy?
 - Iron supplementation is not effective for anemia during pregnancy
 - Pregnant women cannot absorb iron efficiently
 - Adherence to supplementation regimes is problematic in South Africa
13. How are women with obesity during pregnancy monitored?
 - There are established guidelines for monitoring women with obesity during pregnancy
 - Women flagged as 'high risk' due to having obesity are monitored more frequently
 - Women with obesity during pregnancy are not routinely monitored unless they develop gestational diabetes
14. What are the potential reason/s provided for not detecting an association between anemia and delivery outcomes in this study?
 - All women were receiving iron/folic acid supplementation
 - Anemia is not an established predictor of delivery outcomes
 - Both a and b

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15. What does the literature show regarding the relationship between HIV and delivery outcomes?
 - a. Both b and c
 - b. Longer duration of antiretroviral treatment may be associated with better delivery outcomes
 - c. There is strong evidence for the association between HIV and adverse delivery outcomes in women who are not taking antiretroviral treatment