



SOUTH AFRICAN SOCIETY OF OBSTETRICIANS & GYNAECOLOGISTS

NEWSLETTER



Welcome to this edition of the SASOG Newsletter. The intention of the publication is to keep members informed and updated on the issues of the day and assist us in achieving a cohesive Society. Happy Reading!

Medico legal, legislative and other challenges facing South African health professionals at this time means that our mettle is being tested every day.

The recent sentencing of an Obstetrician-Gynaecologist to a jail term for manslaughter in a professional negligence matter has received much publicity. This ruling will compel all health care workers and professional societies to rethink their position on this important matter. While SASOG believes that appropriate compensation should be granted when indicated, it is difficult to conceive how this judgement can be in the best interest of any individual or community.

The definition of professional negligence depends on what can be expected from the 'reasonable caring doctor' and not on the actions expected of the 'perfect doctor without any human error'. Distinguishing between these two concepts can be tricky. This distinction, along with the difficulties in evaluating individual liability within a complex health care system, and the benefit of hindsight can complicate judgements regarding negligence and liability. These complexities and the relative nature of the verdict should be kept in mind when sentencing is formulated.

When an increasingly retributive and litigious society believes that someone should carry the responsibility for a bad outcome, it is the medical doctors who bear the inherent risks of invasive medical

procedures, interventions and even natural processes like pregnancy and childbirth. In the case under discussion, the pregnant patient elected to have a vaginal delivery, following the advice of her mother above that of the treating obstetrician.

Childbirth carries many inherent risks and complications can occur even in the most

experienced hands. The professional advice of the specialist aims to assist a patient to make the safest choice and is usually based on a multitude of factors that influence risk, including complex clinical assessment; quality of nursing care; logistics; available technology; etc. The constitutional autonomous right of a patient to make their own choice regarding treatment is recognized, but with this right comes the responsibility to note and accept the risks inherent to the choice. Professionals are thus placed in a difficult situation when they must continue care of patients choosing not to follow well-considered advice.

Professional indemnity insurance safeguards doctors against financial loss due to claims of clinical negligence and usually provides a somewhat safe environment for medical professionals to continue their careers in service of their patients. However, the relative protection that indemnity insurance provides is undermined by this judgement which, alarmingly, introduces the possibility of jail time as a consequence of medical negligence claims.

When claims arise, public sentiment often favours the claimant who struggles with the consequences and costs of the unexpected poor outcome and courts grant large amounts in compensation. This has caused insurance premiums for specialities carrying higher risk to skyrocket as patients tap into this resource to obtain financial compensation after a sub-optimal medical outcome.

The judgement and sentencing upheld by the Gauteng High Court in this case place enormous pressure on the discipline of Obstetrics - already under siege due to increasing medicolegal onslaught. Comprehensive obstetric indemnity insurance of about R1 million per year is onerous considering the medical aid rate of around R4000 per delivery. This causes fears that more Obstetricians may leave the profession leaving pregnant patients in jeopardy.

Both financial and personal freedom are threatened when a potential jail sentence awaits doctors found guilty of clinical negligence. Inevitably, this finding will affect career choices, scope of practise choices and will probably contribute to the explosion of defensive medicine which already drives medical costs.

Sadly, a life has been lost, the health system has lost a professional and the public will ultimately pay the price of this judgement when costs are passed on to the consumer and a greater number of Obstetricians elect to leave the profession for a lower risk alternative.

Prof Greta Dreyer
SASOG President

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IMPORTANT MATTERS ARISING FROM THE SASOG EXCO, COUNCIL AND HOD MEETINGS

The leadership of SASOG convened on the 31 May and 1 June to hold their Council, HOD and ExCo meetings. Below, we highlight several of the important matters discussed at these meetings.

1 SASOG 2020: The 2020 Congress is planned for 7 – 11 March 2020 at the Champagne Sports Resort in the Drakensberg. Pre congress workshops will be held on the Saturday and Sunday and the official program will start on the Sunday afternoon. Eight international speakers have been confirmed to date. The SASOG annual general meeting will be included in the program at an appropriate time to ensure an optimal audience. The Carol Thomas Memorial Lecture will be included in the program as will a wellness activity or talk.

2 Carol Thomas Memorial Lecture: It was agreed that a Memorial Lecture will be given at SASOG 2020 in memory of Dr Carol Thomas and her legacy, which should take place in a plenary session at the start of the day. The lecture will include an overview of what Carol stood for and a human rights angle is considered appropriate. This theme should be a repeat event at congresses.

3 Wellness Program: A report on a wellness programme for SASOG members was circulated. The aim of which is for SASOG to offer a mediator/intervention service to members via its website and include activities during SASOG events, such as the CPD meetings and the SASOG Congress.

4 Academic Liaison: In view of concerns about the pass rate in several Colleges including our own, the CMSA have appointed an educationist to focus on the science of assessing candidates. The Academic Liaison Committee is revising its SOP regarding funding applications. One of the matters under review is the prerequisite of ethics approval before funding.

5 Zimbabwe outreach: SASOG will make a contribution towards a congress for 80 delegates at Vic Falls, following a request for sponsorship. This forum will be utilized to strengthen relations with our neighbor country.

6 Private Practice matters: The Coding Companion has been published and implemented. Corrections and new ultrasound codes will be included in the next edition due to be published in November. GMG is the point of contact for clearing any uncertainty with regards to codes. Council thanked and congratulated GMG for the valuable work they have done on coding.

The Discovery Health Day Surgery Network is being implemented and concerns have been cleared to GMG's satisfaction. Again, contact GMG to clear remaining concerns. Many members remain unsatisfied with the obstetrics Value Based Initiative and these concerns will be taken up with Discovery. It remains the SASOG-GMG philosophy to negotiate and engage with suppliers in a positive manner.

7 FIGO update: Morocco is the preferred destination for FIGO 2024, but it appears that there is a lack of suitable venues for the congress. In view of this concern, FIGO is reviewing the logistics and have requested South Africa to remain available as an alternative destination if Morocco fails.

8 Medico-Legal: The Medico-Legal Committee were congratulated for the work done in compiling a document on medical indemnity insurance, to be placed on the SASOG website. SASOG will continue to engage with all relevant partners regarding the medico-legal challenges facing our discipline. The Council supports the principle of law reform and the decriminalisation of the medical profession.

9 Constitutional changes: It was suggested that the vision and mission of the Society be amended to include an acknowledgment of and a pledge to right the wrongs of the past. The Documents Committee has been tasked to submit recommendations to the Council at the next meeting.



SASOG's HoD meeting

THINK EQUAL, WOMEN'S HEALTH, SOUTH AFRICA

FIGO News - 6 March 2019



Prof Soma-Pillay

'It's about reducing inequity in access to healthcare through novel ideas and affordable technology, so that we can meet the healthcare needs of all women.' Dr Priya Soma-Pillay, Honorary Secretary, SASOG; FIGO Executive Board

Ensuring equal access to public services, and ensuring those services respond to the specific needs of women's health, is fundamental to reducing poverty, inequality, and advancing the rights of women and girls.

Unfortunately, millions of women and girls around the world still lack the fundamental services they need to 'survive, thrive and transform,' as set out in the Global Strategy for Women's, Children's and Adolescent's Health.

Click [here](#) for the full article

INTERNATIONAL DAY OF ACTION FOR WOMEN'S HEALTH - SASOG Statement

Medical Brief - 29 May 2019



May 28th marks the International Day of Action for Women's Health. This year, the global conversation around women's health takes place amidst a wave of extreme abortion bans sweeping across the United States. The move has sparked outrage among celebrities and politicians alike, with some going so far as to propose a sex-strike until the law is reversed. The unfortunate truth of the matter, is that sexual and reproductive health services for women, including maternity care, has always been a political battlefield. The result is that HIV/AIDS remains the leading cause of death for women of reproductive age, 800 women die every day from preventable pregnancy-related causes, and more than 225 million women who want to prevent or delay pregnancy lack access to modern contraceptives.

Click [here](#) for the full article

SASOG SUPPORT FOR CASTER SEMENYA

18 February 2019



The South African Society of Obstetricians and Gynaecologists (SASOG) would like to pledge their support to Caster Semenya during her hearing this week at the Court of Arbitration for Sport. SASOG's vision is to promote excellence and equity in women's health, including that of our female athletes. SASOG is particularly concerned about the forced medical management of athletes, as a prerequisite for participation, as proposed by the IAAF.

Click [here](#) for the full article

SASOG ANDROID APP:

SASOG are pleased to announce the launch of our very own SASOG APP which is currently available from the Android store and soon from the Apple store. The APP uses the same username and password as the SASOG website – member secure platform.

Click [here](#) for more



SASOG 2020: 7-11 MARCH 2020 IN THE DRAKENSBERG



It is our privilege to invite you to the 39th National Congress of the Society of Obstetricians and Gynaecologists co-hosted by the Department of Obstetrics and Gynaecology, University of the Witwatersrand. SASOG 2020 will be hosted from 7 to 11 March 2020 at Champagne Conference Centre in the Central Drakensberg. The national SASOG conference is the premier event in the conference calendar where colleagues and friends can meet up and discuss the latest issues in the field of Obstetrics and Gynaecology. It is an important opportunity for us to ask ourselves what we can do to better in our profession to improve the quality of care for our patients. This event has over the years established a consistently high-quality scientific programme with esteemed international and national speakers.

SASOG promises to deliver high quality informative and clinically relevant information from our top-class international and national faculty during the pre-conference workshops as well as during the Congress. The invited international speakers are all well-recognised experts in their respective fields and we are indeed privileged to have them taking part.

We are confident that the workshops, scientific programme, social programme and interaction with exhibitors, faculty, other delegates and colleagues will be an enriching experience for all.

Click [here](#) for more



RESULTS OF THE ECHO TRIAL ON CONTRACEPTIVE SAFETY

Background

Results of the Evidence for Contraception Options and HIV Outcomes (ECHO) Trial were announced on Thursday 13 June at the 9th SA AIDS Conference 2019 in Durban. This randomised multicentre, open-label trial compared three contraceptives, namely intramuscular depot medroxyprogesterone acetate (DMPA-IM), copper intrauterine device (IUD) and levonorgestrel subdermal implant (LNG).

The study included women between 16 and 35 years and aimed to establish whether hormonal contraception methods increased the risk of HIV acquisition. Previous observational studies suggested that particularly DMPA-IM may do so, which led to a 2017 change in the WHO guideline for hormonal contraception from MEC1 to MEC2 for women at high risk for HIV.¹

HIV acquisition

Importantly, the ECHO results showed no significant difference in the risk of HIV acquisition in the three groups studied as shown in Table S10 below (all tables adapted from Lancet article ²). These were 143 (36%: 4.19 per 100 women years [95% CI 3.54-4.94]) in the DMPA group, 138 (35%: 3.94 per 100 women years [95% CI 3.31-4.66]) in the IUD group and 116 (29%: 3.31 per 100 women years [95% CI 2.74-3.98]) in the LNG group.²

Table S10. Comparison of HIV incidence during continuous use, using causal models.

Analysis	DMPA-IM vs Copper IUD		DMPA-IM vs LNG Implant		Copper IUD vs LNG Implant	
	HR (96% CI)	p-value	HR (96% CI)	p-value	HR (96% CI)	p-value
Unweighted, adjusted for baseline covariates	1.17 (0.89, 1.53)	0.25	1.34 (1.02, 1.77)	0.029	1.15 (0.88, 1.51)	0.29
Weighted, adjusted for baseline covariates	1.07 (0.82, 1.40)	0.62	1.27 (0.96, 1.68)	0.080	1.19 (0.91, 1.56)	0.19
Weighted, adjusted for baseline and time-varying covariates	1.10 (0.84, 1.44)	0.49	1.29 (0.97, 1.71)	0.060	1.18 (0.90, 1.55)	0.22

Continued on the next page

RESULTS OF THE ECHO TRIAL ON CONTRACEPTIVE SAFETY,CNTD.

High rates of HIV and STI acquisition occurred despite extensive counselling, condom provision and pre-exposure prophylaxis (PrEP) (which was only introduced in the last 6 months of the study). Among the 7829 women who participated in the trial, there were 397 new HIV infections (3.81 per 100 women years [95% CI 3.45-4.21]). The rate of infection was highest in the group of women younger than 25 years. The STI prevalence was reported as: *C trachomatis* 18%, *N gonorrhoeae* 5% and HSV-2 at 38%.

Contraceptive efficacy

All three methods were highly effective in preventing pregnancy and had few adverse events; see Table S12. Most pregnancies occurred among women who discontinued use. All three methods were acceptable to the participants with very few women switching methods.

Table S12. Incident pregnancy during follow-up

	DMPA-IM			Copper IUD			LNG Implant			DMPA-IM vs Copper IUD		DMPA-IM vs LNG Implant		Copper IUD vs LNG Implant	
	N	N events	Rate*	N	N events	Rate*	N	N events	Rate*	HR (95% CI)	p-value	HR (95% CI)	p-value	HR (95% CI)	p-value
Intention-to-treat analysis	2600	61	1.75	2596	116	3.27	2608	78	2.19	0.52 (0.38, 0.72)	<0.0001	0.78 (0.55, 1.09)	0.15	1.49 (1.11, 1.99)	0.0077
Continuous use analysis	2583	18	0.61	2506	35	1.11	2584	21	0.63	0.53 (0.30, 0.93)	0.027	0.93 (0.49, 1.74)	0.81	1.76 (1.02, 3.02)	0.042

Summary of results

There was no statistically significant difference in HIV infection risk between the three methods

All methods were effective in preventing pregnancy with a pregnancy rate of 1% or less

All three methods had a low side-effect profile and high continuation rates

HIV acquisition rates and STI rates were high despite risk reduction measures

Conclusions

South African data from the trial provides disturbing evidence of ongoing high HIV acquisition rates of around 4 per 100 women per year of exposure (Table S9) and higher among younger women. Real world sero-conversion rates can be expected to be even higher in less ideal non-trial conditions. This risk, however, seems unrelated to contraceptive use.

Table S9. HIV and pregnancy incidence in intention-to-treat analyses, limited to South Africa sites

	DMPA-IM			Copper IUD			LNG Implant			DMPA-IM vs Copper IUD		DMPA-IM vs LNG Implant		Copper IUD vs LNG Implant	
	N	N events	Rate*	N	N events	Rate*	N	N events	Rate*	HR (95% CI)	p-value	HR (95% CI)	p-value	HR (95% CI)	p-value
HIV	1879	124	4.94	1889	118	4.58	1902	103	4.02	1.05 (0.82, 1.36)	0.69	1.19 (0.91, 1.55)	0.20	1.13 (0.87, 1.47)	0.37
Pregnancy	1916	38	1.47	1908	74	2.82	1920	53	2.02	0.51 (0.34, 0.77)	0.0011	0.70 (0.46, 1.08)	0.11	1.37 (0.95, 1.96)	0.089

HR = hazard ratio, CI = confidence interval

Rates are per 100 woman-years.

For this post hoc subset, analyses were done as per Table S8 (for HIV) and Table S12 (for pregnancy).

Previous suggestions of a possible increased risk of HIV acquisition with injectable contraceptives created confusion for women and uncertainty whether family planning policy changes were needed. While awaiting the review of the WHO guidelines (update planned for August 2019), the ECHO trial results restore confidence in the safety of progestogen containing contraceptives.

Message

The results highlights the urgent need for integrated HIV and family planning services, a comprehensive national roll-out of PrEP and adherence to all the HIV prevention strategies. The efficacy and safety data from this trial provides strong evidence that access to these methods should be maximised with more options made available to women. Retraining of healthcare providers should be prioritised on counselling, method provision, management of side-effects and offering women a choice.

This update serves as an appeal to all SASOG members to communicate the results of the findings of this study to all patients and other healthcare providers. We should show stewardship in finding solutions and developing prevention interventions that are effective and sustainable

Author: Dr Zozo Nene. Dated: June 2019

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A SASOG MEDICO-LEGAL COMMITTEE REPORT ON THE AVAILABLE INDEMNITY INSURANCE OPTIONS TO OBSTETRICIANS AND GYNAECOLOGISTS IN SOUTH AFRICA

‘The cost of medico-legal insurance has become a huge challenge and many SASOG members simply cannot afford the cover they used to have. This has resulted in many SASOG members not providing obstetric services anymore, to the detriment of society at large and women in particular in South Africa. It is not the intention of this document to address the underlying issues that have contributed to the current medico-legal crisis.’

Click [here](#) for the full report

MEETING BETWEEN SASOG’S MEDICO-LEGAL COMMITTEE AND MPS ON 13 MAY 2019

The SASOG medico-legal committee met with MPS on 13 May 2019 to discuss claims related statistics for Obstetrics & Gynaecology. The data presented was mainly around obstetrics-related claims.

Excerpts from the report:

‘Twenty per cent of claims are received more than three years after the event. These late claims are mostly obstetrics related.’

‘The average cerebral palsy (CP) related claim is settled at between R20 million to R25 million. Missed trisomy 21 related claims are settled between R9 million to R15 million.’

‘Two claims categories are responsible for 76% of all obstetrics related pay-outs. Fifty six percent of settlements are for CP related claims, and 20% are for missed congenital and structural abnormalities.’

Click [here](#) to read the report

LEGAL ‘JUMBLE’ BEHIND GYNAECOLOGIST’S 5-YEAR JAIL SENTENCE

Medical Brief - 5 June 2019

The recent Gauteng High Court judgement upholding a 5-year jail sentence for gynaecologist Dr Danie van der Walt fails to make unambiguous SA’s criminal law position on culpable homicide and doctors but there is little prospect of a legislative remedy, writes Donald Dinnie of Natmed Medical Defence. The SA Society of Obstetricians and Gynaecologists has expressed ‘significant concern’ at the ‘worrying precedent’ and called for ‘urgent sector-wide law reform’ of the issues raised.

Click [here](#) to read the article

2018 MEDICO-LEGAL YEAR IN REVIEW

Presented to the GMG/SASOG Private Practice Weekend, March 2019

By Donald Dinnie, CEO Natmed Medical Defence

The healthcare industry is still in a state of flux and there remains much uncertainty because of significant proposed changes to the regulatory and legislative landscape. 2018 has set the stage for 2019 to be a challenging healthcare year.

Click [here](#) to read the report

UPCOMING EVENTS...

THE ANNUAL SOUTH AFRICAN UROGYNAECOLOGY ASSOCIATION CONGRESS 2019: 8 - 10 AUGUST 2019



It gives me great pleasure to announce that the above annual congress is being organized by the Department of Obstetrics

and Gynaecology, University of the Witwatersrand. The meeting will be held at Department of Obstetrics and Gynaecology at Charlotte Maxeke Johannesburg Academic Hospital. On behalf of the organizing committee, we extend a warm welcome to all of you from every part of South Africa and abroad. The congress creates a unique opportunity for urogynaecologists and general gynaecologists to come to Johannesburg and share ideas, to teach skills and improve knowledge. Our aim is to bring expert and inspired people together at this congress to ensure that African gynaecologists remain

at the cutting edge of urogynaecology surgery including minimally invasive therapies to our patients, the women of Africa. The focus of the scientific programme will be on state of the art presentations in our field and new insights into the basic sciences, clinical research and therapeutic intervention. The basic aim of the scientific programme will be to have continuous interaction between speakers and the audience.

Prof Andreas Chrysostomou
Chairman of SAUGA Congress 2019
[Click here for more](#)

SASUOG 2019 INTERNATIONAL CONGRESS & EXHIBITION ON ULTRASOUND IN OBSTETRICS AND GYNAECOLOGY : 24 - 27 OCTOBER 2019



World experts will cover a broad spectrum of areas that range from screening, diagnosis and management of foetal abnormalities to the latest advances in foetal intervention and foetal surgery, maternal medicine, maternal and foetal wellbeing, and the role of ultrasound in the diagnosis of common gynaecological disorders.

This congress is hosted by the South African Society of Ultrasound in Obstetrics

and Gynaecology (SASUOG) and the Fetal Medicine Foundation (South Africa) (FMF), in association with the Fetal Medicine Foundation (UK)(FMF) and endorsed by the International Society of Ultrasound in Obstetrics and Gynaecology (ISUOG).

[Click here for more](#)

INTERNATIONAL CONGRESS OF OBSTETRIC ANAESTHESIA: 21 - 24 NOVEMBER 2019



We wholeheartedly invite and warmly welcome you to the International Congress of Obstetric Anaesthesia from the 21st to 24th November 2019 in Cape Town, South Africa. With its diverse culture, exquisite cuisine/wine and breathtakingly beautiful landscapes, Cape Town adds a unique flavour to the Congress.

We have aimed to bring top quality international clinicians, educators and researchers from within the subspecialty of

Obstetric Anaesthesia to South Africa for an exciting International Obstetric Anaesthesia Congress. Coupled with excellent local input, we aim to address the theme: "High- and low-income countries – what can we learn from one another?"

Prof Robert Dryer
Chairman of the Organising Committee

[Click here for more](#)