

SAPA NEWS

SAPA CONFERENCE 2023

The SAPA 2023 conference has just concluded and was thoroughly enjoyed by attendees and participants alike. We are grateful to the University of the Free State Department of Paediatrics and Child Health team for the immense effort that went into making the conference a success. Themed to consider that those caring for sick children also require care, many sessions focussed on how we, as carers, might improve our own wellness, resilience and manage toxic work environments. The gala dinner was a wonderful evening filled with live music from Buskaid, as well as the presentation of poetry written by colleagues. The opportunity to spend time relaxing and connecting with colleagues was an invaluable experience, forging connections and friendships that will serve us personally and professionally for years to come.

One of the most enjoyable sessions was the SAPA University Challenge. Registrars from all 9 universities participated in preliminary knockout sessions, with the finalists given free registration to the conference. The final, contested by 'Keep your WITS about you' and 'The UP rising', kept us on the edge of our seats with scores throughout. In the end, the team from Wits won by the narrowest margin. Our thanks to our quizmaster, Prof. Haroon Saloojee, who kept the finalists in constant suspense as to what would be asked next! Everyone learnt a thing or two, and all were thoroughly entertained.

During the conference many junior researchers had the opportunity to present their research on a national platform. Our congratulations to Dr Audrey Sullivan, a paediatric registrar at Wits. The prize is full payment of CMSA part 2 fees! Please have a look out at the [abstracts presented at the conference](#), which have been published in this edition of the SAJCH.

The SAPA conference is held every second year and is hosted on a rotational basis by the paediatric university departments. We look forward to meeting you in Gqeberha in 2025 for the next conference, hosted by Walter Sisulu University Department of Paediatrics and Child Health.

PAEDIATRIC STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINES LIST, 5TH EDITION LAUNCH

The updated edition of the [Paediatric Hospital Level Essential Medicines List and Standard Treatment Guidelines](#) is now available. Notable updates include a fully revamped and very extensive chapter on ICU management of children, as well as, on palliative care. Another big change is the complete removal of half Darrow's Dextrose as a maintenance fluid option, and its replacement by 5% dextrose saline solution. This change from a hypotonic to an isotonic fluid will significantly reduce the incidence of iatrogenic hyponatraemia in paediatric patients. Other changes include a revision of the cotrimoxazole prophylaxis recommendation, in alignment with the [2023 ART Clinical](#)

[Guidelines for the Management of HIV in Adults, Pregnancy and Breastfeeding, Adolescents, Children, Infants and Neonates](#), to update the dose of zinc used in gastroenteritis. In the webinars, you will also hear about the factors considered in the use of prophylactic Factor VIII for children with haemophilia, as well as, a summary of key updates in the pain and palliative care chapters. The webinar recordings can be access [here](#).

THE PETER ATTIA DRIVE: GOOD VS BAD SCIENCE: HOW TO READ AND UNDERSTAND SCIENTIFIC STUDIES

For many clinicians, the principles of evidence-based medicine are a blurry memory from medical school, and that 'appraisal of evidence' mainly involves reading the study abstract and storing the author's conclusions in our minds... However, the ability to critically appraise medical literature is more important now than ever. With the overload of information, much of which is based on opinion rather than evidence, clinicians need to arm themselves in order to provide the best patient care possible. This is a prevailing view across the world and to that end, resources are emerging to address this need. One such resource is a [podcast](#) by Dr Peter Attia, where he speaks about the review of medical literature. Dr Attia speaks to Prof. John Ioannidis [here](#) on why most biomedical research is flawed, also offering thoughts on how to improve. These resources are very informative and fascinating. Once you've listened, why not practice your newfound expertise in the critical appraisal of the SAJCH articles.

THE HIGH-RISK INFANT IN THE LOW-RISK MOTHER

The paediatric community is, sadly, very familiar with the neonatal mortality data that is stubbornly stuck around 12 per 1 000 live births. The stillbirth rate in South Africa is 16.2 per 1 000 total births. Fetal growth restriction and the stillbirth rate are often thought of as obstetric issues, rather than a continuum of one problem shared between specialities.

Most stillbirths occur in pregnant women who are considered low-risk. An easy-to-use and low-cost screening tool to appropriately classify fetal growth and detect fetal growth restriction is what is required. Research into the utilisation of continuous-wave Doppler ultrasound on the umbilical artery, which provides a cost-effective and adaptable approach for identifying previously undetected fetal growth restriction is now emerging. Employing Doppler for screening in low-risk pregnancies within low- and middle-income nations can help identify fetuses at risk of stillbirth. When managed effectively, this approach leads to a significant reduction in the rate of stillbirths, representing a substantial improvement in outcomes. Read more about this low-cost screening tool and its implementation [here](#). Widespread uptake and implementation promises to be a game changer in this field.

