

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201910A)

	True	False
1. The mother-child dyad share an intimate biological, social and psychological relationship.	<input type="checkbox"/>	<input type="checkbox"/>
2. Infant social, emotional and neurological development is influenced by maternal emotional availability, maternal sensitivity and responsiveness to infant cues.	<input type="checkbox"/>	<input type="checkbox"/>
3. When exploring an unfamiliar situation, infants look to their parents' responses and emotional expressions as guides in approaching or withdrawing from stimuli.	<input type="checkbox"/>	<input type="checkbox"/>
4. Mothers do not need to be perfect, just 'good enough' to provide a secure base for their children.	<input type="checkbox"/>	<input type="checkbox"/>
5. One in 100 mothers experience postpartum depression.	<input type="checkbox"/>	<input type="checkbox"/>
6. Mothers with depression can be less attuned to their infant's needs, less responsive to infant cues, and display more negative, hostile or disengaged parenting behaviours.	<input type="checkbox"/>	<input type="checkbox"/>
7. Maternal depression affects an eight-year-old child as much as it does a six-month-old infant.	<input type="checkbox"/>	<input type="checkbox"/>
8. Children of mothers with persistent and severe depression are at increased risk of behavioural problems, depression in adolescence and stunted growth.	<input type="checkbox"/>	<input type="checkbox"/>
9. The mother of a child with autism spectrum disorder may display blunted maternal affect and delayed responses to the child's cries. This is a normal response and not a red flag for dysfunction, considering the stress of caring for a child with special needs.	<input type="checkbox"/>	<input type="checkbox"/>
10. No intervention needs to be considered for the child of an adolescent mother who exhibits irritable behaviour and delayed developmental milestones.	<input type="checkbox"/>	<input type="checkbox"/>
11. Reduced child responsiveness to the mother, and restricted child growth and development are red flags that may suggest dysfunction in the mother-child dyad.	<input type="checkbox"/>	<input type="checkbox"/>
12. Socioeconomic circumstances such as low maternal education level, being a single mother or having had an unwanted pregnancy increase the risk of dysfunction in the mother-child dyad.	<input type="checkbox"/>	<input type="checkbox"/>
13. Medical circumstances such as maternal illness and child hearing/visual impairment increase the risk of dysfunction in the mother-child dyad.	<input type="checkbox"/>	<input type="checkbox"/>
14. The family physician can opportunistically identify at-risk mother-child dyads during scheduled well-child developmental assessments and the routine postnatal check.	<input type="checkbox"/>	<input type="checkbox"/>
15. It is inappropriate to assess for dysfunction in the mother-child dyad during ad-hoc consultations for acute illnesses; assessment is inaccurate when the child is sick and the mother stressed.	<input type="checkbox"/>	<input type="checkbox"/>
16. The Patient Health Questionnaire 2 screen for maternal depression is time-consuming and difficult to implement in a busy family practice.	<input type="checkbox"/>	<input type="checkbox"/>
17. Early identification and treatment of mothers with depression can lead to improved maternal and child outcomes.	<input type="checkbox"/>	<input type="checkbox"/>
18. The spouse, family and social network are important sources of support for mother-child dyads.	<input type="checkbox"/>	<input type="checkbox"/>
19. Subspecialist maternal mental health services are available in all restructured hospitals in Singapore.	<input type="checkbox"/>	<input type="checkbox"/>
20. If a mother declines a referral to specialist mental/emotional health services, the family physician can still offer simple tips and refer her to community support services.	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's particulars:

Name in full: _____ MCR no.: _____
 Specialty: _____ Email: _____

SUBMISSION INSTRUCTIONS:

Visit the SMJ website: <http://www.smj.org.sg/current-issue> and select the appropriate quiz. You will be redirected to the SMA login page.

For SMA member: (1) Log in with your username and password (if you do not know your password, please click on 'Forgot your password?'). (2) Select your answers for each quiz and click 'Submit'.

For non-SMA member: (1) Create an SMJ CME account, or log in with your SMJ CME username and password (for returning users). (2) Make payment of SGD 21.40 (inclusive of 7% GST) via PayPal to access this month's quizzes. (3) Select your answers for each quiz and click 'Submit'.

RESULTS:

(1) Answers will be published online in the SMJ December 2019 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 10 December 2019. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates. (6) SMC credits CME points according to the month of publication of the CME article (i.e. points awarded for a quiz published in the December 2017 issue will be credited for the month of December 2017, even if the deadline is in January 2018).

Deadline for submission (October 2019 SMJ 3B CME programme): 12 noon, 3 December 2019.