SASOG

From the Desk of the President

PROFESSOR ISMAIL BHORAT

Greetings Everyone

From the Desk of the President: First Newsletter of 2026

I hope you are all doing well and have fulfilled most of your New Year's resolutions. Unbelievably, we already find ourselves approaching the Easter break. This is the first "From the Desk of the President" newsletter for 2026. We have just concluded the first SASOG Exco and Council Meeting of the year, held this past weekend in Johannesburg.

I am happy to report that the SASOG vision and agenda are being truly realized through a dedicated Exco and Council. I want to give a significant "shout out" to the entire SASOG leadership for their fantastic effort and dedication to the cause of improving women's health in this country. Your work ensures we remain the custodians of excellence in clinical practice, training, and research in Obstetrics and Gynaecology, while safeguarding the interests of our membership.

42nd SASOG Congress

The major event planned for this year is our flagship 42nd SASOG Congress, hosted by the University of Stellenbosch. It will be held at Century City in Cape Town from 5–8 August 2026. This will be a world-class event, and I hope to see you all there. Remember, as a SASOG member, your registration fee is significantly reduced compared to non-members.

National Crisis Response: The EDC Issue

I would like to congratulate SASOG and its daughter societies on responding efficiently to recent national concerns. The SASOG brand is powerful; whenever there is a national crisis, the public and authorities look to us for guidance.

A case in point was the reported presence of endocrine-disrupting chemicals (EDCs) in sanitary pads and pantyliners. This created significant anxiety and confusion, leading many to contemplate abandoning established brands for complicated alternatives. The Department of Health and the Minister of Health immediately sought SASOG's expertise to help formulate a scientific response.

SASOG responded swiftly. I want to thank Dr. Jack Biko (SASREG) and Prof. Zozo Nene (College of Obstetrics and Gynaecology, CMSA) for working with me to draw up a position statement. We provided clinical perspective and context to what was essentially an incidental finding by a basic science department. Without clinical evidence, that report had linked EDCs to infertility, endometriosis, and cancer.

Our statement was used by the Department of Health, the World Health Organization, and other stakeholders in the official response. We represented SASOG at the National Press Briefing, gaining extensive coverage across TV, radio, and print media. We concluded that these menstrual products remain safe to use; internationally, there have been no signals linking them to disease over the last 50 years. Furthermore, the contribution of these products to the overall "pool" of EDC exposure is minimal (approx. 7%), with concentrations well below accepted safety levels. This evidence-based response successfully settled the national outcry.
[Follow this link to the original statement.]

Private Midwives and OBGYNs

SASOG recently issued a press release regarding the relationship between private midwives and OBGYNs, following the "Pretoria trial" involving adverse perinatal outcomes. We recognize that this case is a microcosm of a larger systemic issue.

SASOG supports the vital role of appropriately trained midwives. Midwife-led deliveries for low-risk pregnancies are an essential component of quality maternity care when conducted within the proper scope of practice and with robust referral systems. However, we are deeply concerned by practices that place mothers and babies at unacceptable risk. We have become aware of instances where midwives deliver patients at home without any prior arrangement with an OBGYN or hospital. In emergencies, patients are often referred to ERs without proper documentation or history, leaving the receiving OBGYN to manage a complicated labor *de novo* while carrying all the medicolegal risk.

This is unacceptable. The Private Midwife Association and the Society of Midwives in SA have requested to meet with us. We believe engagement is the only path to resolution. Proper regulation and accreditation are essential. This past weekend, the SASOG Council mandated a move to obtain further details from the Nursing Council regarding midwife regulatory standards.
[Follow this link to the original statement.]

Update on the Robotic Society

At our last meeting, it was mandated that SASOG explore the creation of a Robotic Society. Robotic surgery is currently where laparoscopy was 20 years ago. While it may seem niche now, I predict it will be mainstream within 5–10 years. We want to establish a framework now—at this nascent stage—to avoid the fragmentation and accreditation issues that have plagued laparoscopy and contributed to litigation.

An exploratory meeting led by Prof. Leon Snyman was held two weeks ago with interested surgeons. The participants agreed that a Robotic Society should be established under the SASOG banner to leverage our resources (such as the PPBU and SAPPF) when negotiating with funders and developing coding. A steering committee has been established, and a national invite will soon be sent to all stakeholders to elect leadership and draft a constitution. This society will eventually become a subspecialty affiliate of SASOG. We intend to pass a constitutional amendment at the next AGM to formally create this space.

Update on the Protection Fund

The establishment of the SASOG O&G Protection Fund Trust is in its final stages. The Master's Office has confirmed satisfaction with our documentation, and we expect formal registration within the coming weeks.

A provisional Membership Acceptance Criteria document has been developed and circulated to trustees. Finalizing this framework is the last step before the fund becomes operational. This is a massive endeavor that will propel SASOG to a new level. Our research shows that litigation—particularly regarding Cerebral Palsy (CP)—is down, thanks to BetterObs initiatives like cord pH testing and placental histology. Similarly, litigation regarding Trisomy 21 has been neutralized by meticulous screening protocols and NIPT. Despite these clinical successes, insurance subscriptions remain high and data sharing is scarce. It is crucial that we become the custodians of our own fund and data.

SACHI and Coding Reform

SASOG is actively involved in SACHI (The South African Classification of Healthcare Interventions). This proposes a centralized governance structure that:

- Maintains clinician autonomy over code descriptors.
- Coordinates HCPs, funders, and regulators.
- Ensures alignment between coding and clinical reality before publication.

Dr. Peet Potgieter recently represented us at the SACHI coding congress. This initiative is vital for addressing the imbalance in remuneration between specialties. Since the "funding cake" is finite, we must ensure a fair and sustainable distribution for OBGYNs.

Private Practice Business Unit (PPBU)

Under Dr. Sagie Naidu and Dr. Peet Potgieter, the PPBU continues to focus on:

- Reviewing the top 10 most utilized procedural codes in O&G.
- Identifying undervalued procedures for tariff revision.
- Developing coding frameworks for robotic-assisted surgery.

The 2026 Webinar Series is expected to launch in April, and a PPBU Symposium titled *"Artificial Intelligence in Obstetrics and Gynaecology – Opportunities, Risks, and the Future of Practice"* is planned for the August Congress.

Subspecialty Engagement

The SASOG Subspecialist Affiliates (SSA) Committee is already yielding results. Recently, when SASUOG faced the sudden termination of their website contract, SASOG's IT provider, Concept Works, stepped in to restore their site and recover their database. Our goal is to provide this kind of structural support so subspecialties can focus on their academic missions.

BetterObs and BetterGynae

Special thanks to Dr. Johannes van Waart, Prof. Lut Geerts, and the BetterObs team for updating all 33 guidelines. These will be uploaded to our website and app shortly. We are also pleased to announce that Dr. Haynes van der Merwe and Prof. Greta Dreyer are leading the update of the BetterGynae guidelines. Please utilize these resources to ensure clinical excellence.

Membership Update

Our membership is at an all-time high, which is a wonderful vote of confidence in our leadership. Since our separation from GMG over a year ago, SASOG has successfully created its own identity and taken full control of its finances.

Our current membership stands at 917:

- 636 paying members
- 112 registrars
- 105 retired members
- 11 associates
- 53 overseas members

I want to thank our Executive Officer, Mrs. Cathy Bezuidenhout, for her sterling commitment. While this is our highest membership ever, we must continue this momentum until every OBGYN in the country is a member of SASOG.

The SASOG brand is strong because we rise to the occasion in every facet—scientific, private practice, and digital transformation. If you are not yet a member, I urge you to join us. Please contact Cathy at communication@sasog.co.za.

I look forward to seeing you all in Cape Town this August!

Prof Ismail Bhorat
President of SASOG