

CERTIFICATE MAINTENANCE MODULE

**Antepartum and
Primary Care
2023-2025**

**Online Submissions Must Be Completed By
12/15/2025**

This module is worth 20 ACNM approved contact hours.
4 hours have been designated towards Pharmacology.

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Successful completion of the Antepartum Module 2023-2025 will award 20 ACNM approved contact hours; 4 contact hours have been designated as pharmacology education.

ANTEPARTUM AND PRIMARY CARE MODULE 2023-2025

The AMCB Certificate Maintenance Program (CMP) Modules are designed as self-learning tools to enable Certified-Midwives and Certified Nurse-Midwives to learn new information in a subject area or to review evidence-based care for commonly encountered areas of midwifery practice.

A module consists of:

1. References
2. Objectives
3. Multiple-choice questions based on the references
4. Evaluation of the module

Answers are based on the references and have been chosen to educate you about new content. Therefore, please be aware that answering questions based on prior knowledge or experience may result in an incorrect answer. You are required to read the relevant references on each particular topic, and then complete the questions for that topic.

Choose the one most correct answer. Questions have been written to have a single, best answer. Also, the responses have been organized so that any “pattern” to the correct answers is accidental. Please do not worry if you see a “pattern” in your answers. Patterns are random.

Criteria for successfully passing this module are:

- 75% of module questions answered correctly
- Completion of the module evaluation section.

Modules are now intended to be completed online. This service will allow you to receive your results instantly upon submission of your answers, as well as having the option to print a pass letter instantly. If you have not done so already, please call our office at 410-694-9424 to set up a username and password for this option. **Final deadline for submitting the AP Module online will be 12/15/2025 11:59PM EST.**

If you are unable to have your Module scored through the AMCB Portal system, please contact our office at 410-694-9424.

Please be advised that some CMP modules contain sensitive or upsetting topics that may trigger an emotional response in some individuals. Please also be advised that the overall scope of midwifery practice extends beyond the Core Competencies; CMP module materials are for educational purposes only. It does not imply that every midwife's practice can or should include every potential practice area.

REFERENCES FOR ANTEPARTUM AND PRIMARY CARE MODULE 2023-2025

Substance Use Disorder

- Abdelwahab M, Petrich M, Wang H, Walker E, Cleary EM, Rood KM. Risk factors for preterm birth among gravid individuals receiving buprenorphine for opioid use disorder. *Am J Obstet Gynecol MFM*. 2022;4(3):100582. doi:10.1016/j.ajogmf.2022.100582

Social Determinants

- Crear-Perry J, Correa-de-Araujo R, Lewis Johnson T, McLemore MR, Neilson E, Wallace M. Social and structural determinants of health inequities in maternal health. *Journal of Women's Health*. 2021;30(2):230-235. doi:10.1089/jwh.2020.8882

Gestational Diabetes Mellitus

- Fu J, Retnakaran R. The life course perspective of gestational diabetes: An opportunity for the prevention of diabetes and heart disease in women. *eClinicalMedicine*. 2022;45:101294. doi:10.1016/j.eclinm.2022.101294

Trauma-Informed Care

- Gokhale P, Young MR, Williams MN, et al. Refining trauma-informed perinatal care for urban prenatal care patients with multiple lifetime traumatic exposures: A qualitative study. *Journal of Midwifery & Women's Health*. 2020;65(2):224-230. doi:10.1111/jmwh.13063

Rural Issues in Pregnancy

- Jolles D, Stapleton S, Wright J, et al. Rural resilience: The role of birth centers in the United States. *Birth*. 2020;47(4):430-437. doi:10.1111/birt.12516

Breast Cancer

- Levey N, Krishna I. Breast cancer in pregnancy. *Obstetrics and Gynecology Clinics of North America*. 2022;49(1):181-193. doi:10.1016/j.ogc.2021.11.006

Maternal Mortality

- Margerison CE, Roberts MH, Gemmill A, Goldman-Mellor S. Pregnancy-associated deaths due to drugs, suicide, and homicide in the United States, 2010–2019. *Obstetrics & Gynecology*. 2022;139(2):172-180. doi:10.1097/aog.0000000000004649

Nutrition in Pregnancy

- Marshall NE, Abrams B, Barbour LA, et al. The importance of nutrition in pregnancy and lactation: Lifelong consequences. *American Journal of Obstetrics and Gynecology*. 2022;226(5):607-632. doi:10.1016/j.ajog.2021.12.035

Second Victim

- McDaniel LR, Morris C. The second victim phenomenon: How are midwives affected? *Journal of Midwifery & Women's Health*. 2020;65(4):503-511. doi:10.1111/jmwh.13092

Lead

- McElroy KG, Iobst SE, DeVance-Wilson C, Ludeman E, Barr E. Systematic Review and meta-analysis of the effect of nutrients on blood lead levels in pregnancy. *Journal of Obstetric, Gynecologic & Neonatal Nursing*. 2020;49(3):243-253. doi:10.1016/j.jogn.2020.02.004

Mood Disorders in Pregnancy

- Miller ES, Saade GR, Simhan HN, et al. Trajectories of Antenatal Depression and adverse pregnancy outcomes. *American Journal of Obstetrics and Gynecology*. 2022;226(1). doi:10.1016/j.ajog.2021.07.007

Cervical Incompetence

- Pacagnella RC, Silva TV, Cecatti JG, et al. Pessary plus progesterone to prevent preterm birth in women with short cervixes. *Obstetrics & Gynecology*. 2022;139(1):41-51. doi:10.1097/aog.0000000000004634

Psychiatric Medication Use

- Payne JL. Psychiatric medication use in pregnancy and breastfeeding. *Obstetrics and Gynecology Clinics of North America*. 2021;48(1):131-149. doi:10.1016/j.ogc.2020.11.006

Health Disparities

- Reddy S, Patel N, Saxon M, Amin N, Biviji R. Innovations in U.S. health care delivery to reduce disparities in maternal mortality among African American and American Indian/Alaskan native women. *Journal of Patient-Centered Research and Reviews*. 2021;8(2):140-145. doi:10.17294/2330-0698.1793

Obesity

- Relph S, Guo Y, Harvey AL, et al. Characteristics associated with uncomplicated pregnancies in women with obesity: A population-based Cohort Study. *BMC Pregnancy and Childbirth*. 2021;21(1). doi:10.1186/s12884-021-03663-2

Cephalic Version

- Svensson E, Axelsson D, Nelson M, Nevander S, Blomberg M. Success rate of external cephalic version in relation to the woman's body mass index and other factors—a population-based Cohort Study. *Acta Obstetrica et Gynecologica Scandinavica*. 2021;100(12):2260-2267. doi:10.1111/aogs.14270

Burnout

- Thumm EB, Smith DC, Squires AP, Breedlove G, Meek PM. Burnout of the US midwifery workforce and the role of practice environment. *Health Services Research*. 2022;57(2):351-363. doi:10.1111/1475-6773.13922

Ethics

- Watson K, Paul M, Yanow S, Baruch J. Supporting, not reporting — emergency department ethics in a post-Roe era. *New England Journal of Medicine*. 2022;387(10):861-863. doi:10.1056/nejmp2209312

Telehealth

- Wu KK, Lopez C, Nichols M. Virtual visits in prenatal care: An integrative review. *Journal of Midwifery & Women's Health*. 2022;67(1):39-52. doi:10.1111/jmwh.13284

OBJECTIVES FOR ANTEPARTUM AND PRIMARY CARE 2023-2025

Substance Use Disorder

- Identify which medication best treats OUD
- Understand the comorbidities that impact preterm birth in OUD in pregnancy
- Understand the importance of treating OUD

Social Determinants

- Understand social determinants of health in relation to health and disease risk
- State historically based features that impact Black maternal health
- Name existing policies and practices that address maternal health inequities

Gestational Diabetes Mellitus

- Identify the physiologic basis for future risk for diabetes after gestational diabetes mellitus(GDM)
- Define the life course perspective of GDM as a means for addressing long-term diabetes and heart disease risks following pregnancy
- Name possible techniques for reducing long-term cardiometabolic risks for people diagnosed with GDM

Trauma-Informed Care

- Understand the perinatal risks of lifetime trauma experience
- Describe trauma-informed care
- State common sources of historical trauma patients may experience

Rural Issues in Pregnancy

- Understand the Birth Center Model of care in the United States
- State quality outcomes discussed in this article related to Birth Centers
- State causes of poor outcomes in rural communities

Breast Cancer

- Understand the potential for breast cancer associated with pregnancy
- Explain diagnostic strategies for pregnancy associated breast cancer
- Describe the management of breast cancer in pregnant women

Maternal Mortality

- Understand the role that drugs, suicide and homicide play in the risks of maternal death
- Explain why consideration of pregnancy-associated deaths is an important health care issue
- Define the three periods included in the term “pregnancy-associated death”

Nutrition in Pregnancy

- Identify risks associated with poor nutrition in pregnancy
- List components of a balanced nutritious diet for pregnancy and optimal dietary patterns for pregnancy
- Name potential risks of diets that restrict nutrients during pregnancy

Second Victim

- Recognize symptoms experienced by providers with second victim phenomenon
- Describe the effect of second victim phenomenon on professional practice
- Identify methods by which organizations can address second victim phenomenon

Lead

- State potential adverse outcomes associated with prenatal lead exposure
- Understand benefits of nutritional interventions for elevated lead levels in pregnancy
- Understand physiology of elevated lead levels in pregnancy

Mood Disorders in Pregnancy

- Understand perinatal depression trajectories as associated with adverse pregnancy outcomes
- Understand adverse outcomes associated with perinatal depression
- Understand the magnitude of the impact of perinatal depression

Cervical Incompetence

- Understand interventions used to prevent preterm birth
- State side effects associated with use of pessary and progesterone intervention
- Describe the potential effect of cervical pessary and progesterone on the risk for perinatal outcomes

Psychiatric Medication Use

- State potential risks associated with postpartum depression
- Describe pre-pregnancy planning for women with psychiatric disorders
- Understand factors contributing to the limited data on the safety of psychiatric medications during pregnancy and lactation

Health Disparities

- Name social determinants of health that increase maternal mortality for African American (AA) and American Indian/Alaskan Native (AI/AN) women
- Identify the impact of racism on health outcomes for AA and AI/AN families
- List ways the healthcare delivery system can serve as part of the solution to disparities faced by AA and AI/AN women

Obesity

- State the prevalence of uncomplicated pregnancy in people with obesity
- State factors associated with uncomplicated pregnancy in women with obesity
- Utilize a strengths-based approach to obesity in pregnancy

Cephalic Version

- Evaluate effect of maternal BMI on successful version
- Identify factors associated with successful version
- Consider the effect of terbutaline use on successful version

Burnout

- Define professional burnout
- List adverse outcomes of midwifery workforce burnout
- Identify risks for burnout among midwives in the United States

Ethics

- Discuss the ethical obligations of confidentiality, privacy and duty of care in providing emergency care
- Identify commonly available medications used for abortion
- Recognize adverse effects of abortion medication that require treatment

Telehealth

- Describe multilevel barriers to implementation of a telemedicine model for prenatal care
- State effective implementation strategies for utilizing telemedicine in prenatal care
- Identify the social and ecological factors the authors used to categorize their review of telemedicine in prenatal care

QUESTIONS FOR ANTEPARTUM AND PRIMARY CARE 2023-2025

I certify that I have read each of the articles in this module in their entirety.

YES

Substance Use Disorder

1. Untreated opioid use disorder (OUD) in pregnancy is associated with which of the following?
 - a. Fetal growth restriction
 - b. Oligohydramnios
 - c. Placental insufficiency
2. Which of the following is the most prevalent medical comorbidity with substance use disorder?
 - a. Hepatitis C
 - b. Psychiatric disorders
 - c. Hypertensive diseases of pregnancy
3. What is the rate of preterm births in patients using buprenorphine as compared to patients using methadone?
 - a. Higher
 - b. Lower
 - c. No difference
4. According to this article, which of the following has the least effect on preterm birth?
 - a. Buprenorphine
 - b. Methadone
 - c. Naltrexone

Social Determinants

5. What group of people in the United States experience the highest maternal morbidity and mortality rates when compared to other groups?
 - a. Hispanic Americans
 - b. White Americans
 - c. Black Americans
6. According to this article, which of the following is an example of a policy to address structural and social determinants of maternal health?
 - a. Respect for the context in which women live
 - b. Limited Medicare eligibility
 - c. Job-protected, unpaid parental leave

7. According to the article, what countries do not have a national paid family leave policy?
 - a. Algeria and Afghanistan
 - b. Yemen and Sweden
 - c. Papua New Guinea and the United States of America
8. Which determinant of health is unlikely to be under the control of an individual?
 - a. Behavior
 - b. Governance
 - c. Physical activity

Gestational Diabetes Mellitus

9. What is the magnitude of increased risk for developing type II diabetes mellitus (T2DM) for those diagnosed with GDM compared to those who did not have GDM during pregnancy?
 - a. 1 - 3 fold
 - b. 7 - 10 fold
 - c. 15 - 18 fold
10. What is the physiologic basis for the elevated lifetime risk of T2DM in people with a history of GDM?
 - a. Elevated random blood glucose levels
 - b. Deterioration of pancreatic beta-cell function
 - c. Increase in adiposity over time
11. Fundamentally, what is GDM?
 - a. A chronic cardiometabolic condition with lifelong implications
 - b. A medical complication isolated to pregnancy
 - c. An illness that predisposes to obesity
12. Interventions shown to reduce the risk of postpartum diabetes include which of the following?
 - a. Postpartum metformin
 - b. Long-acting reversible contraception
 - c. Postpartum insulin
13. Which of the following medications demonstrated efficacy for reducing T2DM after a diagnosis of GDM but was removed from the market for safety concerns?
 - a. Vildagliptin
 - b. Troglitazone
 - c. Metformin

Trauma-Informed Care

14. Lifetime experience of trauma has been linked to which of the following adverse pregnancy outcomes?
 - a. Congenital anomalies
 - b. Intrauterine fetal demise
 - c. Preterm birth

15. Which of the following is a component of trauma-informed care?
 - a. Adverse childhood experiences
 - b. Avoidance of retraumatization
 - c. Rigorous and repeated screening for trauma history

16. Which of the following was one of the most commonly reported traumatic events experienced by study participants?
 - a. Death of someone close to the participant
 - b. Parents' separation
 - c. Unwanted sexual experience

17. What percent of participants wanted their healthcare providers to know about their history of trauma?
 - a. 20.0%
 - b. 33.3%
 - c. 46.7%

18. Which of the following do the authors suggest as a way to implement trauma-informed care in a hospitalist-based practice?
 - a. Integrate patient advocates throughout perinatal care
 - b. Require social work consult for all patients
 - c. Provide the continuity of one sole provider

Rural Issues in Pregnancy

19. What proportion of women of reproductive age in the United States is estimated to live in rural areas?
 - a. 1 in 20
 - b. 1 in 10
 - c. 1 in 5

20. What percent of birth centers in the United States are in rural areas and small towns?
- 10
 - 20
 - 30
21. Which of the following is an example of evidence-based practice that has been demonstrated to be effective in the Birth Center Model?
- Lactation initiation and maintenance support
 - Routine elective induction of labor
 - Laboring down
22. When sociodemographic and medical risk factors were controlled for, how did outcomes of care compare when birth centers were in rural, rather than suburban or urban areas?
- Rural areas had more favorable outcomes overall than other communities
 - Rural areas had outcomes similar to urban/suburban areas
 - Rural communities had poorer outcomes than most other settings

Breast Cancer

23. What findings in a pregnant individual should indicate an evaluation for breast cancer?
- A new onset nipple discharge
 - Any mass lasting more than two weeks
 - Progressive enlargement of the breast
24. According to this article, what is one reason the incidence of pregnancy-associated breast cancer (PABC) is expected to rise?
- More women are delaying childbearing
 - There are too many chemicals in drinking water
 - Higher provider suspicion for PABC
25. The first step in the evaluation for PABC after finding a mass is which of these?
- Mammography after the pregnancy
 - Breast ultrasonography
 - Magnetic resonance imaging
26. When explaining management of PABC, which of these is correct?
- Breast surgery should occur only in the second trimester
 - Breast surgery can occur during any trimester
 - Breast surgery should be deferred until breastfeeding is complete

27. Considerations for chemotherapy for PABC include which of the following?
- Chemotherapy is associated with fetal growth restriction
 - Chemotherapy is safe in any trimester
 - Chemotherapy should never be used during pregnancy

Maternal Mortality

28. What is the definition of pregnancy-associated death?
- Death of a woman while pregnant or within 1 year of the end of a pregnancy from any cause related to or aggravated by the pregnancy or its management
 - Death from any cause related to/aggravated by pregnancy or management (excluding accidental/incidental causes) during pregnancy, childbirth, or within 42 days
 - Death of a woman while pregnant or within 1 year of the end of a pregnancy from any cause
29. Suicide, homicide, and drugs accounted for what percentage of all pregnancy-associated deaths in this decade?
- 11.4
 - 18.5
 - 22.2
30. The most common cause of death in the late postpartum period (>42 days – 365 days) is which of these?
- Obstetric causes
 - Drug-related causes
 - Suicide
31. The authors propose that which of these combinations of factors play a role in high drug-use and suicide death rates postpartum?
- Lack of structural supports and specialized mental health services
 - Readily available postpartum care and contraception
 - Hormonal instability and breastfeeding
32. Based on a report from California, about what percentage of deaths during pregnancy and postpartum that were listed as accidental were determined to be suicides?
- 10
 - 25
 - 50

Nutrition in Pregnancy

33. Which is a potential long-term consequence to the newborn of persistently high fetal glucose concentrations?
- Fetal growth restriction leading to low BMI
 - Increased risk for communicable diseases
 - Inhibited neuronal development leading to reduced cognitive function
34. Which of the following is an example of a diet that provides optimal nutrition during pregnancy and lactation?
- Paleo diet - lean meat, fish, eggs, fruits, vegetables, oils, limit dairy and grains
 - Ketogenic diet - high protein, high fat, minimal carbohydrates
 - Nordic diet - high in vegetables, legumes, fruits, whole grains, nuts, fish, low-fat dairy
35. Recommendations for a healthy diet in pregnancy include which of the following?
- Fatty red meat
 - Fruits, vegetables and whole grains
 - Fortified cereals and processed beverages
36. Which is true regarding micronutrient supplements in pregnancy?
- Pregnant people who consume a balanced diet do not need to worry about taking supplements
 - Supplements including folic acid and iron are recommended for everyone, ideally beginning prior to pregnancy
 - Iodine deficiency in pregnancy is not associated with attention deficit and hyperactivity disorder in children

Second Victim

37. What is the definition of the term “second victim”?
- Trauma experienced by a health care provider who is involved in an expected adverse event
 - The sympathetic response for colleagues to a clinical error made by a resident
 - A healthcare provider who was traumatized by being involved in an unanticipated adverse patient event
38. Healthcare providers with second victim phenomenon experience which of the following characteristics?
- Characteristics similar to other mental health conditions such as burnout and secondary traumatic stress
 - Providers with second victim phenomenon do not experience any changes in psychological or physical characteristics
 - Providers with second victim phenomenon experience an increase in career confidence and satisfaction

39. Which of the below statements is true regarding second victim phenomenon?
- Second victim phenomenon can be similar to other adverse aspects of a career in healthcare but is a standalone phenomenon with distinguishable characteristics
 - Second victim phenomenon is the same as compassion fatigue, posttraumatic stress disorder and secondary traumatic stress
 - Second victim is not a “real” phenomenon and there is no treatment; therefore, it should no longer be studied
40. Which intervention/s did the authors identify as being instrumental in reducing the health care provider’s emotional distress and, thus, avoiding further likelihood of subsequent adverse events?
- Individual, organizational, and national level support activities
 - Standalone individualized support activities such as therapy
 - Provider development of ineffective coping mechanisms

Lead

41. Which of the following is a potential adverse fetal outcome associated with prenatal lead exposure?
- Cardiac defects
 - Hydrops
 - Preterm birth
42. An “internal source” of fetal lead exposure during pregnancy includes which of the following?
- Bone lead reservoir
 - Leaded gasoline
 - Residential lead paint
43. What was the strength of the relationship between calcium intake and blood lead levels in pregnancy, according to the meta-analysis?
- Large and statistically significant
 - Not statistically significant
 - Small but statistically significant
44. What is the mechanism by which calcium intake could decrease blood lead levels in pregnancy?
- Blocking access to divalent metal transporter 1 (DMT1)
 - Facilitating absorption of vitamin D
 - Preventing bone resorption

45. Which of the following sources of lead exposure should be assessed by providers during pregnancy?
- Current only
 - Historical only
 - Both current and historical

Mood Disorders in Pregnancy

46. Which of the following is NOT an adverse outcome associated with perinatal depression?
- Low Apgar score
 - Placental abruption
 - Postdates birth
47. When compared to women with stable or improved depression symptoms as pregnancy progresses, women with worsening symptoms had what odds of preterm birth?
- Equal
 - Increased
 - Decreased
48. Which of the following was described by the authors as a plausible mediator of the relationship between antenatal depressive symptoms and preterm birth?
- Underutilization of healthcare
 - Regular exercise
 - Maternal parity
49. According to this article, approximately what proportion of American women are impacted by perinatal depression?
- 1 in 3
 - 1 in 5
 - 1 in 7
50. What is suggested to be coupled with repeated depression screening during pregnancy as an improvement in clinical practice?
- Evidence-based interventions
 - Patient reassurance
 - Consider MAO inhibitors

Cervical Incompetence

51. Which of the following was the most effective treatment in preventing preterm births before 34 weeks?
- Pessary plus progesterone
 - Progesterone only
 - Pessary only

52. Which of the following was NOT a more frequent side effect identified in the pessary plus progesterone group?
- Spontaneous rupture of membranes
 - Vaginal discharge
 - Pain requiring treatment
53. By which mechanism does the cervical pessary reduce risk for preterm birth?
- Changing the inclination angle of the cervix
 - Increasing the uterine pressure over the cervical os
 - Reducing the risk of fetal malpresentation
54. The strongest effect of pessary plus progesterone use on preterm delivery rates was demonstrated in which of the following groups?
- Multiparous women with a singleton pregnancy and a cervical length 26-30 mm
 - Nulliparous women with twin pregnancies and a cervical length of 25 mm or less
 - Nulliparous women with singleton pregnancies and cervical length of 25mm or less

Psychiatric Medication Use

55. Which of the following is reported as one of the strongest risk factors for postpartum depression?
- Untreated antepartum depression
 - Use of anti-anxiety agents during pregnancy
 - Infant cortisol levels
56. The use of anti-psychotics may increase the risk for which of the following?
- Preterm labor
 - Cholestasis
 - Gestational Diabetes
57. Which of the following should not be advised as a part of pre-pregnancy planning?
- Infant feeding considerations
 - Discontinuation of all psychiatric medications
 - Cross-specialty collaboration
58. Use of Carbamazepine carries an increased risk of which of the following?
- Large for gestational age infants
 - Neonatal goiter
 - Neural tube defects
59. What percent range of relapse of Major Depressive Disorder was reported after discontinuation of antidepressants in pregnant people?
- 40-50%
 - 60-70%
 - 70-80%

Health Disparities

60. According to the authors, risk factors for maternal mortality include which of the following?
- Easy access to high-quality prenatal care
 - Impact of stress related to systemic racism
 - Increased trust in healthcare providers by patients of color
61. Which underlying health conditions are encountered more frequently among individuals who identify as African American and American Indian/Alaskan Native?
- Chronic hypertension and diabetes
 - Celiac disease and inflammatory bowel disease
 - Thyroid disease and clotting disorders
62. According to the article, which factor affecting health is more common among African American and American Indian/Alaskan Native people compared to White people?
- Early care access
 - Financial barriers
 - Decreased chronic stress
63. Which of the following is an example of racism experienced by American Indian/Alaskan Native populations that has caused distrust of care providers?
- Government provided healthcare
 - History of forced sterilization
 - Access to a prenatal medical home
64. Interventions shown to reduce the impact of healthcare providers' implicit bias on maternity outcomes include which of the following?
- Implement protocols
 - Limit access to Medicaid
 - Unstructured provider training

Obesity

65. What was the primary outcome examined in this study?
- Uncomplicated pregnancy
 - Medical comorbidities
 - Severe obesity
66. The absence of which of the following is part of the definition of an uncomplicated pregnancy in this study?
- Obesity
 - Pre-eclampsia
 - Prolonged labor

67. What percent of obese women without early pregnancy complicating factors had uncomplicated pregnancies?
- 22.3%
 - 45.4%
 - 58.2%
68. Which of the following factors increased the likelihood of experiencing an uncomplicated pregnancy, in women with obesity?
- Asian ancestry
 - Multiparity
 - Nulliparity

Cephalic Version

69. What did the authors find was the most optimal placental location for successful external cephalic version?
- Anterior
 - Posterior
 - Fundal
70. What did the authors find regarding parity and successful external cephalic version?
- Versions were more successful among nulliparous individuals
 - Versions were more successful among multiparous individuals
 - Versions success was similar among nulliparous and multiparous individuals
71. After adjusting for maternal and gestational age, parity, and fetal head position, what did the authors find regarding first trimester body mass index (BMI) and successful external cephalic version?
- Versions were more successful among individuals with BMI less than 25
 - Versions were more successful among individuals with BMI more than 25
 - Versions success rates were similar among individuals regardless of BMI
72. When using terbutaline during a version attempt, how did the dose and route affect the success rate?
- Intravenous routes demonstrated higher success rates
 - 0.25 mg dosage was less successful than 0.5mg dose
 - There was no significant difference in success rates regardless of routes and dosage

Burnout

73. What is one definition of professional burnout used in this article?
- A cycle of anger taken out of coworkers due to work-related stress
 - Pathologic levels of emotional exhaustion, cynicism, and sense of inefficacy
 - Feeling exhausted by having to work repetitive night shifts

74. What percent of respondents met criteria for burnout?
- 40.6%
 - 23.9%
 - 5.5%
75. According to this article, how might midwifery burnout threaten meeting the needs of birthing people in the United States?
- By being associated with implicit and explicit racial bias
 - By decreasing ability of midwives to stay awake during night shifts
 - By deterring midwives from providing home birth services
76. Which factor was found to be most significant at impacting emotional exhaustion/burnout?
- Personal characteristics such as longevity in practice
 - Emotional drain from demanding patient needs
 - Level of practice leadership and participation
77. What do the authors suggest is essential to preventing midwifery workforce burnout?
- Practice support for the midwifery model of care
 - Reducing the number of patients midwives are required to care for
 - Decreasing midwife participation in practice leadership

Ethics

78. Which of the following medications is commonly used for medication abortion?
- Misoprostol
 - Methylprednisolone
 - Isotretinoin
79. Which of the following adverse effects of abortion pills may require medical intervention vs. reassurance?
- Mild pain
 - Vomiting
 - Heavy bleeding
80. According to the authors, how would taking a harm reduction approach to treating individuals who may have obtained an abortion illegally provide ethical care?
- Minimize the negative health consequences of illegal behavior
 - Advise patients of the legal requirement to report their illegal activity
 - Emphasize that the reason for their need for treatment is a result of their illegal activity
81. What law requires ED providers to continue to provide medical post abortion care?
- Medicaid
 - EMTALA
 - HIPPA

Telehealth

82. Changes to the visit, clinic flow, and schedule for routine prenatal care are examples of which of the following?
- Community factors
 - Organizational factors
 - Transitional factors
83. Negative patient and health care provider experiences were typically a result of which of the following?
- Poor training and lack of motivation
 - Discomfort with and malfunctioning technology
 - Age and social inequity
84. What is one recommendation mentioned by the authors to create a clear process and communication strategy for virtual prenatal care?
- Consensus on guidelines for virtual visit eligibility
 - Enabling patients to enter vital signs directly into the chart
 - Seeing high risk patients in person every six weeks
85. Which of the following was a finding in the studies comparing health outcomes between in-person and telehealth visit care models in high and low risk populations?
- Increased neonatal morbidity in the in-person care model
 - Decreased preeclampsia and gestational hypertension in the virtual group
 - No significant difference in the measured outcomes between models
86. The ability to form a trusting provider-patient relationship is an example of which of the following?
- Interpersonal process
 - Patient and health care provider characteristic
 - Health care provider and patient preference

**FAILURE TO COMPLETE THE FOLLOWING MODULE EVALUATION
WILL RESULT IN YOUR MODULE NOT BEING SCORED.**

**PROGRAM EVALUATION FOR ANTEPARTUM AND PRIMARY CARE
MODULE 2023-2025**

1. The articles for this module were relevant to my practice.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

2. The information learned in these articles will affect my clinical practice.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

3. I am integrating anti-racism and equity materials such as those included in the CMP Modules in my practice or teaching.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

4. The articles provided me with new information.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

5. The questions assessed my comprehension of the articles.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

6. I was able to find the answers within the articles.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

7. I think the website is user friendly.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

8. Were the objectives clearly stated?
 - a. Yes
 - b. No

9. Are the articles easy to obtain without purchasing them from AMCB?
 - a. Yes
 - b. No
 - c. N/A

10. Did you purchase the articles from AMCB?
 - a. Yes
 - b. No

11. Were you satisfied with the time it took to receive your article order?
- a. Yes
 - b. No
 - c. N/A
12. Do you think the cost of the article set is appropriate?
- a. Yes
 - b. No
 - c. N/A
13. Do you think the cost of CMP fees are appropriate for the service you receive?
- a. Yes
 - b. No
14. Did you receive a timely notice about my upcoming recertification deadline?
- a. Yes
 - b. No
 - c. N/A
15. Did you receive the appropriate number of reminders before the recertification deadline?
- a. Yes
 - b. No
 - c. N/A

16. What ideas are missing from the articles that you would recommend we include?

17. Are there any other comments you would like to provide about the content or clarity of this module?