**ANTEPARTUM MODULE 2011-2013**
**AMCB Certificate Maintenance Program (CMP) Module Introduction**

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 practices for commonly encountered practices in an area of midwifery practice.

A module consists of:

1. References
2. Objectives
3. Multiple-choice questions based on the references
4. Evaluation of the module
5. Answer sheet to record your answers and evaluation
6. Return envelope

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 strongly encouraged 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.

Once you have completed the module and have answered all questions (including those in the module evaluation section), please return your answer sheet to the AMCB office in the enclosed envelope by April 1st or October 1st. This module is effective for three years (2011-2013), so there will **only be SIX scoring**s of the answer sheets (April and October 2011, April and October 2012, and April and October 2013). All answer sheets received by April 1st and October 1st of each year will be scored together in a batch. If you miss the first April 1, 2011 deadline, your answer sheet will be retained, and scored the following October of 2011 and so on. However, if you miss the last October 1st deadline in 2013, your answer sheet will not be scored.

Criteria for successfully passing this module are:
- 75% of module questions answered correctly
- Completion of the module evaluation section.

**Please use pencil only on answer sheets.** All answer sheets completed in pen will be returned to you. Please also avoid folding on the left edge of the answer sheet, especially near your name. Do not use paper clips, binders or rubber bands on answer sheets. Answer sheets will be returned to you for:
- Not adhering to the procedures mentioned above.
- Duplicate module and/or answer sheets.
- Any wrinkled, spotted with spills, or torn and/or ragged edge answer sheets.

The Identification Number will be your certification number.  The Special Code for the current Antepartum module is 013. Fold answer sheets in half once and use the enclosed envelope to return your answer sheet to the AMCB.

# Objectives for Antepartum Module 2011-2013

## Dental Care

1. Discuss risks compared to the benefits of dental care during pregnancy.
2. Describe the current knowledge related to the association of periodontal disease to adverse pregnancy outcomes.
3. Discuss the relationship between maternal oral bacteria and subsequent dental disease in their children.
4. List barriers to dental care during pregnancy.

## Restless Legs Syndrome/Sleep Disturbances

1. Identify common causes for sleep disturbances during pregnancy and the prevalence in pregnant women.
2. Describe the potential consequences of sleep disturbances in pregnancy.
3. Identify potential treatments for common sleep disturbances in pregnancy.
4. List diagnostic criteria and etiologies for leg cramps and Restless Legs Syndrome.

## Smoking Cessation in Pregnancy

1. Identify barriers to provider prescription of nicotine replacement therapy (NRT).
2. Identify risks associated with pharmacotherapy for smoking cessation.
3. Discriminate among the harmful effects of smoking during pregnancy.
4. Apply change principles to smoking cessation counseling.

## Hypertensive Disorders in Pregnancy

1. List the risk factors for developing preeclampsia in pregnancy.
2. Apply the concepts of expectant management for preeclampsia.
3. Summarize the pathophysiology of preeclampsia.
4. Articulate the long term morbidity associated with hypertensive disorders in pregnancy.

## Preterm Labor

1. Identify examples of primary, secondary, and tertiary interventions to decrease morbidity and mortality of preterm birth.
2. Determine high risk patients who may benefit from treatment with progesterone.
3. Compare and contrast various interventions and their effectiveness in the treatment and prevention of preterm birth.
4. Identify the goals of treatment of preterm labor.
5. Identify contraindications to labor inhibition.
6. Compare effective, safe methods of labor inhibition.

**Nutrition in Pregnancy**

1. Describe pregnancy and infant outcomes affected by maternal nutrition in pregnancy.
2. Identify the unique dietary challenges and needs for vegetarian and vegan women during pregnancy and lactation.
3. Identify methods to assess nutritional intake in pregnant women.
4. Discuss the Institute of Medicine Gestational Weight Gain Guidelines and ways to implement these guidelines.

**Women with Disabilities in Pregnancy**

1. Identify common provider misconceptions about pregnant disabled women.
2. Identify co-morbidities that may accompany various disabilities.
3. Describe management strategies to prevent complication during pregnancy for specific disabling conditions.

**Risk Assessment**

1. Identify basic principles required for screening tests or tools.
2. Describe factors important in communicating risk to women.

**Professional Issues**

1. Describe the vicarious liability associated with different kinds of practice structures.

## References for Antepartum Module 2011-2013


### Dental Care

Michalowicz BA, DiAngelis AJ, Novak MJ, Buchan W, Papapanou PN, Mitchell DA, et al. (2008). Examining the safety of dental treatment in pregnant women. J Am Dent Assoc 139: 685-95.

Boggess KA. (2008). Maternal oral health in pregnancy. Obstet Gynecol 111(4): 976-86.

Srinivas SK, Sammel MD, Stamilio DM, Clothier B, Jeffcoat MK, Parry S, et al. (2009). Periodontal disease and adverse pregnancy outcomes: is there an association? Am J Obstet Gynecol 200:497.e1-e8.

### Sleep and Restless Leg Syndrome in Pregnancy

Hensley JG. (2009). Leg cramps and restless legs syndrome during pregnancy. J Midwifery Women's Health, 54(3):211-218.

Okun ML, Roberts JM, Marsland, AL, Hall M. (2009). How disturbed sleep may be a risk factor for adverse pregnancy outcomes: a hypothesis. Obstetrical and Gynecological Survey, 64 (4): 273-280.

### Smoking Cessation in Pregnancy

Ashwin CA, Watts K. (2010). Women's use of nicotine replacement therapy in pregnancy - a structured review of the literature. Midwifery 26:304-10.

Gaither KH, Brunner Huber LR, Thompson M, Huet-Hudson Y. (2008). Does the use of nicotine replacement therapy during pregnancy affect pregnancy outcomes? Maternal Child Health J 13:497-504.

### Hypertensive Disorders in Pregnancy

Freeman R. (2008). Antepartum testing in patients with hypertensive disorders in pregnancy. Seminars in Perinatology 32: 271-273.

Young B, Levine R, Karumanchi S. (2010). Pathogenesis of preeclampsia. Annual Review Pathol. Mech. Dis 5:173-192.

### Preterm Labor

Iams JD, Romero R, Culhane JF, Goldenberg RL. (2008). Primary, secondary, and tertiary interventions to reduce the morbidity and mortality of preterm birth. Lancet 371:164-175.

Simhan HN, Caritis SN. (2007). Prevention of preterm delivery. N Engl J Med 357:477-87.

Spong CY. (2009). Can progesterone prevent prematurity-dependably? OBG Management 21(11):53-61.

**Nutrition in pregnancy**

Barger MK. (2010). Maternal nutrition and perinatal outcomes. J Midwifery Womens Health 55(6): 502-11.

Siega-Riz AM, Deierlein A, Stuebe A. (2010). Implementation of the new Institute of Medicine gestational weight gain guideline. J Midwifery Womens Health 55(6):512-9.

Penney DS, Miller KS. (2008). Nutritional counseling for vegetarians during pregnancy and lactation. J Midwifery Womens Health 53:37-44.

**Women with Disabilities in Pregnancy**

Smeltzer S. (2007). Pregnancy in women with physical disabilities. *JOGNN 36*(1): 88-96.

**Risk Assessment**

Jordan RG, Murphy PA. (2009). Risk assessment and risk distortion: finding the balance. J Midwifery Women Health 54:191-200.

**Professional Issues**

Winrow B, Winrow A. (2008). Personal protection: vicarious liability as applied to the various business structures. J Midwifery Womens Health *53*(2):146-149.

## Questions for Antepartum Module 2011-2013

### Dental Care

1. Which of the following facts about dental care related to pregnancy and pregnancy outcomes are true?

    1. 10% of dentists provide the necessary treatments for pregnant women
    2. 26% of women are advised to see a dentist during pregnancy
    3. 66% of women choose to delay dental care during pregnancy
    4. Pharmacologic agents used during dental treatments have been shown to cause fetal anomalies

    a. 1, 2, and 3
    b. 1, 3, and 4
    c. 2, 3, and 4

2. In the Michalowicz et al. study of dental care among low-income minority women, approximately what proportion of women were in need of essential dental care (please see Figure 1)?

    a. 10%
    b. 20%
    c. 40%
    d. 60%

3. Michalowicz and colleagues showed that essential dental care during pregnancy compared to a control group of pregnant women resulted in:

    a. decreased number of spontaneous abortions
    b. increased rate of preterm births
    c. increased rate of congenital anomalies
    d. no differences in any measured perinatal outcome

4. According to Michalowicz et al., pregnant women seeking essential dental treatment (EDT) during pregnancy should be advised to:

    a. avoid routine lidocaine anesthesia to prevent cardiac arrhythmias
    b. delay care until after 37 weeks gestation to avoid preterm labor
    c. continue preventive and routine dental care throughout pregnancy
    d. seek treatment only in third trimester to prevent supine hypotension

5. Which of the following factors is not associated with periodontal disease?

    a. African-American race
    b. High body mass index
    c. Tobacco use
    d. Younger age

6. The PIPS (Periodontal Infection and Prematurity Study) demonstrated that women with periodontal disease had:

    a. an increased prevalence of bacterial vaginosis
    b. an increased risk of preterm labor
    c. greater incidence of severe pre-eclampsia
    d. no significant association with intrauterine growth restriction

7. In the past decade, a body of evidence supported the association between periodontal disease and poor pregnancy outcomes. However, recent evidence does not support this association. Which factors may account for the conflicting findings?

    a. International studies were not generalizable to the greater population of gravid women.
    b. Only American studies controlled for confounding factors such as race, tobacco use, and obesity.
    c. There has been a lack of a standard definition for diagnosis of periodontal disease.

8. Which factor is most predictive of dental caries in children?

    a. Early introduction of sweet foods
    b. Genetic predisposition to poor dentition
    c. Transmission of *streptococcus mutans* from mother's saliva

9. What percentage of pregnant women have some form of periodontal infection?

    a. 10%
    b. 40%
    c. 60%

10. Peridontal infection has been shown to be associated with which of the following medical conditions?

    a. Asthma and heart disease
    b. Diabetes and pneumonia
    c. Kidney disease and hypertension

**Sleep and Restless Leg Syndrome (RLS) in Pregnancy**

11. The best treatment for leg cramps in pregnancy is:

    a. calcium supplementation at least once daily
    b. leg stretching exercises performed before rest
    c. magnesium supplementation before bed

12. The most likely etiology of secondary restless leg syndrome is:

    a. a dopamine and iron deficiency
    b. an inherited autosomal dominant trait
    c. low L-Carintine levels

13. The best initial pharmacological treatment for restless leg syndrome in pregnant women is:

    a. a dopaminergic agent (such as Requip / Mirapex)
    b. calcium channel blockers
    c. ferrous sulfate plus Vitamin C
    d. low dose synthetic opioids

14. According to the evidence cited by Hensley, outcomes associated with sleep disorders in pregnancy include:

    a. fetal growth restriction
    b. preterm labor
    c. prolonged labor

15. A prompt referral due to high suspicion of a serious disorder should be made if a provider identifies the following sign during an RLS assessment:

    a. calf circumference discrepancy
    b. muscle spasticity
    c. positive Homan's

16. Counseling regarding the resolution of restless leg syndrome symptoms in pregnancy should include:

    a. RLS usually resolves slowly over the postpartum period
    b. symptoms are minimized by going to bed and rising at the same time every day
    c. symptoms in the upper extremities resolve before the lower extremities

17. The most common sleep problem in pregnancy is:

    a. circadian rhythm time shift
    b. inability to fall asleep
    c. poor sleep continuity

18. What proportion of women have sleep problems in the third trimester?

    a. 12%
    b. 27%
    c. 45%

19. According to the hypothesis presented by Okun et al., disturbed sleep and its association with cardiovascular disease may lead to an increase in:

    a. fetal growth restriction, preeclampsia and preterm birth
    b. gestational diabetes, macrosomia, and cesareans
    c. migraine headaches and venous thrombosis

20. Which sleep disturbance has the strongest impact on the inflammatory process? The presence of:

    a. interrupted sleep continuity
    b. shortened sleep time
    c. sleep disordered breathing

**Smoking Cessation in Pregnancy**

21. Nicotine carries the FDA classification of a category D drug because it has been found to cause:

    a. fetal growth restriction
    b. interference with cellular meiosis
    c. neuro-teratogenic effects on the fetus

22. According to the Gaither article, prescribers are more likely to offer nicotine replacement therapy (NRT) to which of the following groups of pregnant smokers?

    a. Women who gain $>$ 15 pounds in pregnancy
    b. Women who have a high BMI
    c. Women who are $\leq$ 24 years old
    d. Women who are $\geq$ 35 years old

23. According to Gaither et al., nicotine causes harmful effects on the developing fetus because:

    a. Nicotine causes a decrease in delivery of oxygen through the placenta
    b. Nicotine is fat soluble and therefore builds up in the placental tissue
    c. Nicotine is rapidly metabolized by fetal metabolism due to fetal adrenal function

24. Your patient, a twenty-year-old pregnant smoker, has been utilizing NRT for the majority of her second trimester. She asks you what her risk for preterm birth is compared to a non-smoker. You correctly counsel her that she has a/n:

    a. two-fold risk
    b. three-fold risk
    c. increased risk of unknown amount

25. According to Ashwin et al., among women who are able to stop smoking during pregnancy, what percent are able to maintain cessation through the birth?

    a. 22%
    b. 58%
    c. 64%

26. Besides knowledge deficits, what is another barrier to provider prescription of NRT to women during pregnancy?

    a. Availability of products
    b. Cost of NRT
    c. Provider attitudes regarding smoking

27. The most effective smoking cessation method of education is:

    a. written material educational interventions
    b. individually tailored, multi-step interventions
    c. referrals to gender specific support groups
    d. prescription of NRT therapy

**Hypertensive Disorders in Pregnancy**

28. Which factors influence the risk of developing preeclampsia in pregnancy?

    a. First-degree relative with a history of preeclampsia, nulliparity, pre-pregnant BMI
    b. Male fetus, obesity, smoking during pregnancy
    c. Maternal age, total weight gain in pregnancy, previous history of preeclampsia

29. Which of the following women is appropriate for expectant management of preeclampsia?

    a. 33 weeks gestation, BP 160's/100's, negative HELLP labs, reassuring fetal status
    b. 35 weeks gestation, BP 140's/90's, 400 mg protein in 24 hour urine , epigastric pain
    c. 38 weeks gestation, BP 150's/80's, 328 mg protein in 24 hour urine, unfavorable cervix

30. What percentage of women with a hypertensive disorder in pregnancy go on to develop hypertension or microalbuminuria (end organ disease) within 7 years?

    a. 2%
    b. 7%
    c. 10%
    d. 20%

31. What is a pathological change seen in women with preeclampsia?

    a. Decreased perfusion of adrenals
    b. Hyperperfusion of liver
    c. Increased glomerular fenestration
    d. Reversible encephalopathy

32. Immunological factors that may affect development of preeclampsia include:

    a. frequent use of antibiotics
    b. short pregnancy intervals
    c. use of barrier contraceptives

33. From the biophysical profile, markers for acute stress in the fetus include:

    a. decreased amniotic fluid
    b. non-reactive non-stress test
    c. poor fetal tone

34. The contraction stress test can be used as a stand alone method of fetal surveillance that has both acute and chronic markers of fetal stress. It has the lowest false negative rate of all the antenatal tests and is administered:

    a. once a day
    b. once a week
    c. two times

35. In women who have gestational hypertension, antepartum fetal heart rate testing should begin:

    a. at age of viability (24-26 weeks)
    b. at age of neurological maturity (33 weeks)
    c. at 37 weeks gestation

**Preterm Labor**

36. Which of the following would NOT be a goal of initiating treatment of preterm labor?

    a. Delay delivery for at least 48 hours to allow for glucocorticoids administered to the mother to reach maximum effect.
    b. Delay delivery to allow for safe transport of the mother to a facility that can provide adequate neonatal care if the mother delivers preterm.
    c. Delay delivery for 8 weeks in a mother that is currently 22 weeks gestation who has no clearly identifiable reversible causes.
    d. Delay delivery when there is a self-limiting underlying condition that can cause preterm labor.

37. In which of the following situations would inhibition of uterine contractions be contraindicated?

    a. A woman with a twin gestation at 35 week gestation
    b. A woman at 32 weeks gestation with pyelonephritis
    c. A woman at 30 weeks gestation when the nearest neonatal intensive care unit is 2 hours away.
    d. A woman at 32 weeks gestation who delivered her past child at 34 weeks gestation

38. In a mother with uncontrolled diabetes mellitus and impaired renal function at 33 weeks gestation, which of the following is the safest, most effective first-line agent for inhibition of labor?

    a. Indomethacin 100 mg rectal loading dose, followed by 25 mg orally every 4 to six hours.
    b. Magnesium sulfate 4 g intravenous loading dose over 20 minutes followed by continuous intravenous infusion of 2 g/hr.
    c. Nifedipine 20 mg orally followed by an additional 20 mg orally in 90 minutes.
    d. Terbutaline intravenous infusion at 5 mcg/min.

39. Which of the following is a biologic effect of progesterone on the myometrium?

    a. Blocks oxytocin’s ability to attach to uterine receptor sites
    b. Decreases in the electrical conduction of contractions
    c. Increases intracellular calcium

40. A patient has received progesterone vaginal suppositories to prevent preterm birth after she was noted to have a short cervix by ultrasound.  She is now concerned about the effects of this medication on her baby.  What is the most appropriate information you can give her?

    a. No studies have been conducted on human fetuses. However, studies on mice showed no anomalies.
    b. Numerous studies have demonstrated no differences in exposed children's health, growth, and development.
    c. Progesterone has been used for decades with only a small percentage of exposed children having gender identification delays.
    d. Slight developmental delays have been noted in children but by age 4, they catch up to those not exposed in utero.

41. A G3P1 with a history of SAB at 10 weeks, and vaginal birth at 32 weeks presents for care. Is this woman a good candidate for progesterone therapy and if so, what preparation will decrease her preterm risk?

    a. No progesterone treatment is appropriate
    b. Prochieve 8%/Crinone 8% vaginal suppository every morning
    c. Progesterone 400 mg intramuscularly once a week
    d. 17-alpha hydroxyprogesterone caproate 250mg intramuscularly once a week

**The following four questions (42-45) are linked to this stem**

**For each the following four scenarios, identify one of the following type of interventions:**

- **a. Primary**
- **b. Secondary**
- **c. Tertiary**

42. Counseling your patient at each visit on smoking cessation and effects of smoking on her fetus

43. Terbutaline for your 27 week contracting patient seen in triage

44. Identification of medical risk factors and review of previous pregnancy histories

45. Serial cervical length scans on a patient with a history of preterm birth at 30 weeks

46. A 24 yo G1P0 at 26 weeks gestation presents to the hospital with contractions and spotting. Which of the following interventions have shown to decrease neonatal mortality and morbidity?

    a. Continued fetal monitoring and hospitalization for tocolysis
    b. Compound vaginal suppository of 17-alpha hydroxyprogesterone
    c. Tocolysis with magnesium sulfate and antibiotic therapy
    d. Two doses of 12 mg betamethasone IM 24 hours apart

**Nutrition in Pregnancy**

47. How can maternal diet during pregnancy affect an infant's health as an adult?
    a. Effects of maternal diet are limited to the first two years of life
    b. Except for total gestational weight gain, maternal diet does not affect long-term infant health.
    c. Maternal diet can interact with the fetus' genes and permanently alter physiologic functioning

48. A Muslim woman who is 24 weeks pregnant asks if it is safe for her to observe the Ramadan month of fasting (no food or drink from sunrise to sunset). Based on the evidence, your best response is:
    a. there is no good evidence that this observance will harm her or her baby
    b. she may be at increased risk for gestational diabetes if she decides to fast
    c. she will be at increased risk for having a small for gestational age baby

49. A G2 P1 29 year old woman at her initial prenatal visit is concerned because in her first pregnancy she developed pre-eclampsia which required induction at 36 weeks gestation. She asks if there are any dietary strategies she can use to decrease her recurrence risk. Your recommendation would be to:
    a. avoid high glycemic foods like white rice, white bread, pasta, juice, and sweets.
    b. eat a diet rich in iron and vitamin C
    c. increase calcium intake if her diet is calcium deficient

50. What is the risk from iodine deficiency in pregnancy?
    a. Infant mental retardation
    b. Maternal hypothyroidism
    c. No significant risks for mother or infant

51. In a national survey of the U.S. population, Mexican women were more likely to be deficient in which vitamin or mineral?
    a. Vitamin A
    b. Vitamin D
    c. Iodine
    d. Iron

52. Adequate serum vitamin D may prevent preterm labor by:

    a. Blocking calcium channels into the myometrial cells
    b. Decreasing the inflammatory response by strengthening the immune system
    c. Exerting a hormonal effect on the hypothalamic-adrenal axis

53. When eating high glycemic meals over an extended period of time, which of the following long-term effects may result?

    a. Abnormal liver function, suppressed immunity, and coronary artery disease
    b. Diabetes, cancer and heart disease
    c. Hypertension, irritable bowel syndrome, and renal disease

54. New IOM weight gain recommendations were changed for which weight category or categories?

    a. Underweight
    b. Normal weight
    c. Overweight
    d. Obese

55. Which of the following weight gain ranges are recommended for an overweight woman with a twin gestation?

    a. 25 – 42 pounds
    b. 31-50 pounds
    c. 37-54 pounds

56. The recommended pattern of weight gain in pregnancy indicates that weight gain in the first trimester should be:

    a. minimal weight gain
    b. 20% of total weight gain
    c. 30% of total weight gain

57. A 26-year-old woman presents for preconceptional counseling. She is 60 inches tall, and weighs 200 lbs. According to the IOM guidelines, based on this information, which of the following should be included in her counseling?

    a. Her weight has no effect on fertility and she may attempt pregnancy when she desires.
    b. She is at greater risk for gestational diabetes, preeclampsia and c-section.
    c. She should attempt to limit her pregnancy weight gain to 10 lbs.

58. A teenage primigravida with a pre-pregnant BMI of 18 is now 30 weeks pregnant and has only gained 8 lbs. She expresses to you that she is happy with her weight gain because she has heard it is easier to deliver a smaller baby. Which counseling approach may **impede** her weight gain needs?

   a. Discussing the patient's weight gain in private with her mother and giving her tips on how to help her daughter improve.

   b. Help reduce barriers for her by giving her written information and setting her up with a nutritionist or food assistance program as needed.

   c. Involving her in identifying any current behaviors or limitations that may impede or support her ability to attain a healthy weight gain.

   d. Reviewing potential morbidities associated with low pre-pregnant weight and inappropriate weight gain during her pregnancy

59. Which nutrients may be lacking in a vegetarian diet?

   a. Calcium, vitamin D, protein
   b. Iodine, vitamin B-12 and folic acid
   c. Vitamin B-6, protein, and iron

60. Low maternal serum Vitamin B-12 concentrations are associated with which of the following neonatal fetal/neonatal effects?

   a. Neural tube defects
   b. Prematurity
   c. Intrauterine growth restriction

61. A pregnant vegetarian patient can be best counseled to increase her calcium intake by eating which of the following:

   a. kale, broccoli, and bok choi
   b. rhubarb, green beans and soybeans
   c. spinach, collard greens, raspberry tea

62. Vegetarians and vegans should consume how much calcium per day during pregnancy?

   a. The same as for omnivores (1000 -1300 mg/day)
   b. More than omnivores ( 1200-1500 mg/day)
   c. Less than omnivores (800mg/day)

63. Inadequate DHA intake in pregnancy may affect:

a. infant musculoskeletal development
b. kidney function in the fetus
c. visual function and neurodevelopment in the fetus

**Women with disabilities in Pregnancy**

64. Regarding reproductive issues, girls and women with intellectual disabilities are often considered:

a. asexual
b. infertile
c. promiscuous

65. Latex allergies are more common in women with which disability?

a. Multiple Sclerosis
b. Rheumatoid arthritis
c. Spina Bifida

66. A strategy to prevent morbidity in pregnant women with limited mobility is:

a. initiation of bed rest
b. starting antibiotic prophylaxis
c. the use of compression stockings
d. to prescribe Coumadin

67. When a woman with disabilities presents for prenatal care, the provider should:

a. include a discussion of her competence to care for an infant
b. promote identification of resources and services available to her
c. recommend an early termination of pregnancy

**Risk Assessment**

68. The use of current risk scoring tools to predict preterm labor result in:

a. improved neonatal outcomes due to maternal hospitalization
b. increased interventions with no change in outcomes
c. prolongation of pregnancy and improved outcomes

69. If the Edinburgh Depression Scale is used to screen a woman with no history or symptoms for postpartum depression, this is an example of what type of prevention?

    a. Primary prevention
    b. Secondary prevention
    c. Tertiary prevention

70. You read about a new risk screening tool for preeclampsia which incorporates 6 factors: age, race, nulliparity, multiple gestation, presence of pre-existing hypertension or kidney disease, and income less than 175% of federal poverty level.

    Identifying a woman at risk using this tool could result in:

    a. Increased monitoring for the signs or symptoms of preeclampsia
    b. No change in care since the only definitive treatment is delivery
    c. Preventing preeclampsia through identification of a modifiable risk factor

71. Which of the following is the best counseling strategy when discussing a 31 year old woman's risk for Down syndrome? "For a woman your age, with no other risk factors, your risk of having an infant with Down syndrome is:

    a. increased 2.2 times compared to a 20 year old
    b. less than 2 out of 1,000 women
    c. one out of 625 women

72. You overhear a family planning counselor discussing contraceptive methods with a patient. She states the failure rate if condoms are used every time with intercourse is 5% compared to combined oral contraceptives which prevent pregnancy 99.5% if used as directed. An assessment of this counseling is that it is:

    a. biased toward condoms
    b. biased toward oral contraceptives
    c. unbiased in providing information about the two methods.

73. When a provider counsels an obese woman of childbearing age to exercise and lose weight before conception, he/she is practicing which type of prevention?

    a. Primary
    b. Secondary
    c. Tertiary

**Professional Liability**

74. Katie and Beth have a general partnership midwifery practice. Beth is sued for malpractice and loses the case. Can Katie be held financially responsible for any of Beth's debts caused from this lawsuit?

    a. Katie could be held responsible if Beth, or Beth's liability insurance, is unable to pay the debt.
    b. Katie will not be liable for any of the debt.
    c. The practice will be responsible for the debt, but not Katie personally.

75. Jan and Shirley have a Limited Liability Company (LLC) midwifery practice. Jan is sued for malpractice and loses the case. Can Shirley be held financially responsible for any of the debts caused from this lawsuit?

    a. Shirley could be held responsible if Jan, or Jan's liability insurance is unable to pay the debt.
    b. Shirley, Jan, and their business are all financially responsible for the debt.
    c. The practice could be held financially responsible for the debt, but not Shirley personally.

76. If a corporation fails to comply with the rigid guidelines for corporations, such as holding annual meetings and maintaining the minutes of those meetings, a court could disregard the corporation's protection and impose personal liability to the shareholders. When a court does this, it is commonly referred to as:

    a. "Piercing the corporate veil."
    b. "Stripping corporate privilege."
    c. " Uncloaking the corporate entity"

## PROGRAM EVALUATION

Using your answer sheet, please evaluate this module in relation to the following:

| A | B | C | D | E |
|---|---|---|---|---|
| **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |

77. I am satisfied with the time it took to receive my introductory CMP packet after I was first certified.
78. I am satisfied with the time it took to receive my module after ordering it.
79. I purchased the printed article packet from AMCB.
80. I am satisfied with the time it took to receive my article packet.
81. The articles were legible.
82. I think the cost of the article packet is appropriate.
83. I think the cost of CMP fees is appropriate for the service I receive.
84. I would be willing to pay an additional fee to have modules graded more frequently.
85. I would like to take the module test online.
86. I would like to have online access to the module articles instead of paper copies.
87. I received a timely notice about my upcoming recertification deadline (if re-certifying within one year).
88. I received the appropriate number of reminders before my recertification deadline (if re-certifying within one year).
89. I think the number of modules needed for recertification is appropriate.
90. I feel fewer modules should be required for recertification.
91. I feel more modules should be required to verify midwifery competency.
92. The articles for this module were relevant to my practice.
93. This information will affect my clinical practice.
94. The articles provided me with new information.
95. The objectives were clearly stated.
96. The questions assessed my comprehension of the articles.
97. I was able to find the answers within the articles.
98. I feel the module was too easy.
99. I feel the module was too hard.
100. The articles are easy to obtain without purchasing them from AMCB.
101. I would be interested in joining the CMP committee to assist with constructing new future modules.
102. Do you have recommendations for the topics and/or types of articles of the modules? Please list on a separate sheet and send with answer form.