

# 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 a 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), return your answer sheet to the AMCB office in the enclosed envelope by April 1<sup>st</sup> or October 1<sup>st</sup>. This module is effective for the years 2009-2011, so there will only be SIX scorings of the answer sheets (April and October 2009, April and October 2010, and April and October 2011). All answer sheets received by April 1<sup>st</sup> and October 1<sup>st</sup> of each year will be scored all at once in a batch. If you miss the first April 1, 2009 deadline, your answer sheet will be retained, and scored the following October of 2009 and so on. However, if you miss the last October 1<sup>st</sup> deadline in 2011, your answer sheet will not be scored. Please do not be late!

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 Intrapartum module is 011. Fold answer sheets in half once and use the enclosed envelope to return your answer sheet to the AMCB.

**INTRAPARTUM/POSTPARTUM/NEWBORN MODULE  
2009-2011**

**References by Topic Area**

**Multiple doses of Steroids**

Bonanno C, Fuchs K, Wapner RJ. Single versus repeat courses of antenatal steroids to improve neonatal outcomes: risks and benefits. *Obstet Gynecol Survey* 2007; 62(1):261-271.

**Complementary and Alternative Methods of Intrapartum Pain Relief**

Ketterhagen D, Vandevusse L, Berner MA. Self-Hypnosis: alternative anesthesia for childbirth. *MCN Am J Matern Child Nurs* 2002; 27(1):335-340.

**Fetal Monitoring and In Utero Resuscitation**

Haydon ML, Gorenberg DM, Nageotte MP, Ghamsary M, Rumney PJ, Patillo C, Garite TJ. The effect of maternal oxygen administration on fetal pulse oximetry during labor in fetuses with nonreassuring fetal heart rate patterns. *Am J Obstet Gynecol* 2006; 195:735-738.

Macones GA, Hankins GDV, Spong CY, Hauth J, Moore T. The 2008 National Institute of Child Health and Human Development (NICHD) workshop report on electronic fetal monitoring: update on definitions, interpretation, and research guidelines. *JOGNN* 2008; 37:1-8 or *Obstet Gynecol* 2008; 112(3):661-666.

Parer JT, King T, Flanders S, Fox M, Kilpatrick SJ. Fetal acidemia and electronic fetal heart rate patterns: is there evidence of an association? *J Mat-Fetal and Neonat Med* 2006; 19(5):289-294.

**Use of Oxytocin Intrapartally**

Clark S, Belfort M, Saade G, Hankins G, Miller D, et al. Implementation of a conservative checklist-based protocol for oxytocin administration: maternal and newborn outcomes. *Am J Obstet Gynecol* 2007; 197:480e1-e5.

Clark SI, Simpson KR, Knox E, Garrite TJ. Oxytocin: new perspectives on an old drug. *Am J Obstet Gynecol* 2009; 200:35e1-e6.

**Resuscitation of the mother and neonate at birth**

Stringer M, Brooks PM, King K, Biesecker B. New guidelines for maternal and neonatal resuscitation. *JOGNN* 2007; 36:624-635.

**Evidenced Based Fetal Transition**

Mercer JS, Erickson-Owens DA, Graves B, Haley MM. Evidence-based practices for the fetal to newborn transition. *J Midwif Women Health* 2007; 52(3):262-272.

Hutton EK, Hassan ES. Late vs early clamping of the umbilical cord in full-term neonates. *JAMA* 2007; 297:1241-1252

### **Postpartum Hemorrhage**

Fuller A & Bucklin B. Blood component therapy in obstetrics. *Obstet Gynecol Clin N Am* 2007; 34: 443-458.

You WB, Zahn CM. Postpartum hemorrhage: abnormally adherent placenta, uterine inversion, and puerperal hematomas. *Clin Obstet Gynecol* 2006; 49(1):184-197.

### **Breastfeeding**

Geddes DT. Inside the lactating breast: the latest anatomy research. *J Midwif Women Health* 2007; 52(6):556-563.

Forster DA, McLachlan HL. Breastfeeding initiation and birth setting practices: a review of the literature. *J Midwif Women Health* 2007; 52:273-280.

### **Cesarean wound Healing**

Sarsam SE, Elliott JP, Lam GK. Management of wound complications from cesarean delivery. *Obstet Gynecol Survey* 2005; 60(7):462-473.

### **Discharging Patients From Your Practice**

Schorn MN. Midwives' practices and beliefs about discharging clients from their practice. *J Midwif Women Health* 2007; 52:465-472.

### **How to Read the Literature**

Grimes DA, Schulz KF. Clinical research in obstetrics and gynecology: more tips for busy clinicians. *Obstet Gynecol Survey* 2005; 60(9):S53-S69.

Montori VM, Jaeschke R, Schunemann HJ, Bhandari M, Brozek JL, Devereaux PJ, Guyatt GH. Users' guide to detecting misleading claims in clinical research reports. *BMJ* 2004; 329(7474):1093-1096.

### **Safe Motherhood – United States**

Geller SE, Cox SM, Callaghan WM, Berg CJ. Morbidity and mortality in pregnancy: laying the groundwork for safe motherhood. *Women's Health Issues* 2006; 16:176-188.

### **Global Safe Motherhood**

Green A. Nursing and midwifery: millennium development goals and the global human resource crisis. *International Nursing Review* 2006; 53: 13-15.

## OBJECTIVES

### **Multiple Doses of Steroids**

1. Identify the physiologic effect of glucosteroids on fetal lung maturation.
2. Describe the risks and benefits of multiple doses of antenatal corticosteroids.
3. Differentiate between dexamethasone and betamethasone.

### **Alternative Methods of Intrapartum Pain Relief**

1. Identify the primary aim of self-hypnosis.
2. Recognize contraindications to using hypnosis during labor.
3. Describe ways to improve patients' success when using self-hypnosis during labor.

### **Fetal Monitoring and In Utero Resuscitation**

1. Describe the changes in definitions and interpretations in electronic fetal monitoring from the 2008 NICHD Workshop.
2. Differentiate the characteristics for the 3-Tier Fetal Heart Rate interpretation system and recommended management.
3. Identify the relationship of certain features of electronic fetal heart rate patterns to the development of fetal acidemia.
4. Articulate when and why maternal oxygen supplementation may improve fetal status.

### **Use of Oxytocin Intrapartally**

1. Describe benefits of an oxytocin infusion checklist.
2. Identify therapeutic levels of intravenous oxytocin.
3. Describe a combination of methods to determine adequate uterine contractility.
4. Identify various levels of intervention to prevent adverse outcomes when using oxytocin intrapartally.

### **Resuscitation of Mother and Neonate at Birth**

1. Identify current guidelines for managing maternal cardiac arrest.
2. Discuss the 2007 changes in neonatal resuscitation guidelines.

### **Evidenced Based Fetal Transition**

1. Discuss the potential benefits and risks of early versus late umbilical cord clamping.
2. Identify the benefits of skin to skin care.
3. Describe alternatives for management of nuchal cord.

### **Postpartum Hemorrhage**

1. Identify the signs and symptoms of inadequate perfusion due to hypovolemia.
2. List indications for ordering a blood type and screen versus crossmatch.
3. Compare blood products and indications for administration of each.
4. Describe techniques to facilitate administering blood in an emergency.
5. Discuss alternatives to donor blood component therapy.
6. Describe complications of blood product administration.

### **Breastfeeding**

1. Describe breast anatomy in light of recent evidence.
2. Describe Geddes's theory about the role of ducts, suction, and compression in breast functioning.
3. Discuss and evaluate the effectiveness of policies designed to increase breast-feeding.

### **Wound Healing**

1. List risk factors for abnormal wound healing after cesarean.
2. List criteria for defining wound site infection.
3. Describe normal wound healing physiology.
4. Describe practice recommendations for reducing cesarean wound complications.
5. List common pathogens found in infected cesarean wounds.
6. Describe management of cesarean wound complications.

### **Discharging Patients**

1. State legal aspects of discharging patients from care.
2. List common reasons midwives discharge patients from care.
3. Discuss the appropriate steps in discharging a patient from care.

### **How to Read the Literature**

1. Distinguish between the use of qualitative and quantitative study methods to understand clinical issues.
  1. Accurately interpret common research summary statistics.
  2. Describe the strengths and weaknesses of different types of study designs.
  3. Distinguish between different types of resources which interpret research findings.

### **Safe Motherhood – U.S.**

1. Describe the epidemiology of maternal mortality and morbidity in the United States by race.
2. Distinguish among the different definitions used to define maternal mortality and morbidity by leading health care organizations and in research studies.
3. Discuss the value of focusing on severe maternal morbidity in a developed country such as the United States.

### **Global Safe Motherhood**

1. Describe the interaction of poverty and health status in developing countries.
2. State the role of midwifery in improving maternal-child health.
3. Describe common health-systems problems in developing countries.
4. State the definition of maternal mortality.
5. Identify risk factors for maternal mortality.

## QUESTIONS

1. Glucocorticoid therapy has other effects on the fetal lung besides inducing surfactant production. These include all the following effects on fetal lungs **EXCEPT** that it:
  - a. reduces protein leakage from pulmonary vasculature
  - b. strengthens alveolar walls to help maintain expansion
  - c. thins alveolar walls which increases lung compliance
  
2. Although both dexamethasone and betamethasone are considered acceptable agents for promoting fetal lung maturity before 34 weeks gestation, betamethasone may be preferred due to its:
  - a. improved effectiveness in reducing neonatal mortality
  - b. decreased number of maternal side effects
  - c. shorter half-life in mother and fetus
  
3. The general conclusion of the randomized controlled trials of single versus multiple doses of corticosteroids in women at high risk to deliver prematurely, show that multiple doses of corticosteroids:
  - a. have no better effectiveness in decreasing neonatal morbidity
  - b. significantly decrease the risk of respiratory distress syndrome in neonates
  - c. show a modest decrease in respiratory distress syndrome but no difference in infection
  
4. Concerns over the use of multiple doses of steroids prenatally include:
  - a. decreased birth weight and head circumference
  - b. long-term risks on maternal bone density
  - c. prolonged immune system suppression
  
5. The primary aim of self-hypnosis is to help the woman maintain control by managing anxiety and discomfort through:
  - a. alleviating fears regarding analgesics
  - b. diminishing the tension-pain cycle
  - c. inducing a focused state of relaxation
  
6. According to the Ketterhagan et al. article, which of the following is a contraindication to hypnosis?
  - a. Blindness
  - b. Depression
  - c. Diabetes
  - d. Psychosis

7. Research suggests the most successful hypnosis participants are:
- college educated
  - motivated
  - responsive to Austin's Test
8. A primiparous woman at 6 cm is utilizing self-hypnosis to manage her pain. From what the midwife knows about self-hypnosis, what is the best action in obtaining a blood pressure reading?
- Ask her support person to apply the blood pressure cuff
  - Obtain the blood pressure at any time as this will not bother her focus
  - Wait until she signals that she is ready for the blood pressure to be taken
9. The 2008 NICHD guidelines define a uterine contraction pattern which has 6 contractions in 10 minutes averaged over 30 minutes as:
- hypercontractility
  - hyperstimulation
  - hypertonus
  - tachysystole
10. In NICHD's 3-tiered fetal heart rate interpretation system, a FHR that has a baseline of 115 beats per minute, minimal variability, occasional early decelerations, and presence of accelerations would be tier:
- one
  - two
  - three
11. A primigravida on admission had a fetal heart rate tracing with baseline of 135, minimal to moderate variability, and acceleration with scalp stimulation. After 4 hours of labor, her cervix is 5 cm and the FHR remains at 135, with an undulating pattern of 3-5 cycles per minute. She has not received any analgesia. The appropriate midwifery management is:
- expectant management
  - to perform position change and re-evaluate in an hour
  - to discuss ways to further evaluate the fetus with the consulting physician
12. In the presence of normal heart rate variability, even with late or variable decelerations, cord pH is \_\_\_\_\_ 97% of the time.
- >7.0
  - >7.2
  - >7.35

13. From the onset of FHR patterns with minimal baseline variability and late or prolonged decelerations, how long does it take for fetal asphyxial decompensation to occur?
- 30 minutes
  - 60 minutes
  - 120 minutes
14. According to Parer et al., the risk of fetal acidemia is greatest with:
- subtle late decelerations
  - severe late decelerations
  - severe variable decelerations
15. A multigravida is 8 cm dilated with epidural analgesia. She is having contractions every 2.5-3 minutes lasting 60-90 seconds. The fetal heart rate is 140 with moderate variability and decelerations which drop abruptly to 90 for 60 seconds with rapid return to baseline that occur with every third contraction. According to the 2008 NICHD guidelines, a midwife should document this pattern as which type of variable deceleration?
- Intermittent
  - Moderate, persistent
  - Recurrent
  - Severe, prolonged
16. In the study by Haydon et al., the effect of maternal oxygen given by mask at 6L/min for 30 minutes in the presence of the fetal rate pattern with a baseline of 150, minimal variability and intermittent variable decelerations is:
- increased fetal oxygen but not significantly above baseline levels
  - significantly improved fetal oxygen saturation
  - not examined in this intervention study
17. Administration of oxygen by mask to a mother with a maternal oxygen saturation level of 97% accomplishes what physiologically for the fetus?
- Increases maternally exhaled carbon dioxide, lowering the partial pressure needed for oxygen diffusion to the fetus
  - Increases the partial pressure of maternal oxygen, leading to increased fetal oxygen uptake
  - Not much change since the possible change in oxygen in maternal blood is minimal
18. Fetal assessment in the “pre”-oxytocin check-list includes:
- absence of oligohydramnios
  - biophysical profile greater than 6/10
  - reactive NST

19. After a hospital's implementation of the pre-oxytocin checklist, the rate of NICU admissions was:
- decreased
  - increased
  - the same
20. If oxytocin is reinitiated after being stopped, the "in use" protocol requires:
- that a vaginal exam must be performed
  - that the nurse must get a telephone order
  - that elements of the "pre"-oxytocin check-list must be satisfied
21. Major concerns for poor outcomes while using oxytocin in labor are related to:
- maternal pulmonary edema
  - fetal acidosis
  - precipitous delivery
22. Recommendations for intravenous infusion of oxytocin include starting with a:
- low dose and titrate up slowly
  - medium level to load and then titrate up slowly
  - loading dose and titrate quickly to trigger endogenous labor
23. The most objective evaluation of an adequate contraction pattern is:
- documentation of adequate Montevideo units through an intrauterine pressure catheter
  - patient response to peak of contraction combined with palpation
  - palpation of strong contractions lasting 80 to 90 seconds occurring every 2 to 3 minutes
24. Effective alternatives to oxytocin administration for augmentation of labor include:
- adequate hydration with a glucose-containing solution, amniotomy, supportive nursing care
  - fluid boluses with an isotonic solution, adequate pain relief, frequent ambulation
  - use of prostaglandin agents such as misoprostol
25. If maternal cardiac arrest occurs during the early third trimester, what intervention can lead to the best fetal outcome?
- Emergent delivery of the fetus
  - Induction of labor
  - Maintenance of the pregnancy until closer to term

26. According to the new CPR guidelines, what is the one modification to CPR on a pregnant woman?
- Avoid defibrillation
  - Increase the dose of epinephrine
  - Lay woman supine with wedge under right hip
27. The correct adult compression-to-ventilation ratio with a single rescuer is:
- 5-1
  - 15-2
  - 30-2
28. According to revised guidelines, how long should it take to give each adult rescue breath?
- 1 second
  - 2 seconds
  - 3 seconds
29. Which of the following statements demonstrates understanding of the new NRP guidelines regarding meconium stained fluid?
- The oropharynx and nasopharynx should be suctioned before delivery of the shoulders
  - The oropharynx and nasopharynx should not be suctioned before delivery of the shoulders
  - Only the oropharynx should be suctioned before delivery of the shoulders
30. Which of the following ventilation devices is now included in the NRP guidelines?
- Nebulizer
  - Oxygen hood
  - T-piece resuscitator
31. In what type of situation might you use a laryngeal mask airway (LMA)?
- In conjunction with intubation to improve ventilation
  - When positive pressure ventilation is not needed
  - When ventilation and intubation are not possible
32. According to the new NRP guidelines, at what point should NRP efforts be discontinued if there are no signs of life?
- 5 minutes
  - 10 minutes
  - 15 minutes

33. Late cord clamping improves neonatal outcomes by:
- increasing neonatal blood volume
  - facilitating hepatic shunting
  - increasing growth hormone secretion
34. After completing their meta-analysis regarding length of time for cord clamping, Hutton & Hassan recommend:
- immediate cord clamping
  - delay by at least 2 minutes
  - delay until delivery of the placenta
35. When examining potential risks and benefits of early vs. late cord clamping, the outcomes of interest are:
- jaundice, use of phototherapy, polycythemia, NICU admission and anemia
  - newborn irritability, bilirubin, iron status and ferritin levels
  - respiratory depression, polycythemia, blood viscosity and leukocytosis
36. Delayed cord clamping was associated with moderate increases in blood viscosity and increased rates of polycythemia, which resulted in:
- increased needs for phototherapy
  - increased admission to the NICU
  - no significant clinical effect
37. A woman in early labor asks about the possible effects of pain medications and epidural analgesia to her newborn. The most appropriate response would be:
- “A dose of naloxone can correct any behavioral changes related to epidural analgesia.”
  - “Infants breastfeed better if mothers have good pain control in labor.”
  - “Pain medications do not appear to increase an infant’s risk for admission to the NICU.”
38. According to the Mercer et al. article, recent literature on the management of nuchal cord supports:
- clamping of the cord before the shoulders are delivered
  - leaving the cord intact and using the somersault maneuver
  - palpation of the cord to assure fetal perfusion

39. Skin to skin care for the term newborn is associated with:
- decreased gastro-esophageal reflux
  - decreased infant core body temperature
  - longer duration of breastfeeding
40. According to Hutton and Hassan's review, the risks of developing neonatal jaundice and the need for phototherapy in delayed cord clamping infants at 24-48 hours are:
- increased
  - decreased
  - no difference
41. Which statement is true regarding a person's blood type?
- Type A blood has anti-B antibodies
  - Type O blood has neither anti-A nor anti-B antibodies
  - Type AB blood has both anti-A and anti-B antibodies
42. A laboring woman at low risk for requiring a blood transfusion should routinely have which test ordered on admission to a hospital?
- Type and screen
  - Type and crossmatch
  - Type and hold
43. Which intravenous cannula delivers faster flow?
- 18 gauge 1 inch
  - 18 gauge 2 inch
  - 20 gauge 1 inch
44. Which order should be given for a woman with obstetric hemorrhage who has a pulse 130 beats per minute, blood pressure 80/60, no urine output, and is experiencing confusion and lethargy?
- Bolus with large amounts of crystalloid fluids
  - Hemoglobin/ hematocrit and platelet count
  - Type and crossmatch at least 4 units of packed red blood cells
45. Which product does **NOT** need to be type and Rh specific when transfused?
- Cryoprecipitate
  - Fresh frozen plasma
  - Platelets

46. Intraoperative cell salvage has been controversial in obstetrics because of its possible association with which complication?
- Amniotic fluid embolism
  - Bacterial contamination
  - HELLP syndrome
47. Patients who require massive transfusion of packed red blood cells are at high risk of which complication?
- Adrenal insufficiency
  - Coagulopathy
  - Hypercalcemia
48. Of the following blood transfusion complications, which is the most likely?
- ABO incompatibility due to laboratory or administration error
  - Contraction of blood borne pathogen such as hepatitis or HIV
  - Transfusion-associated acute lung injury
49. You are attending a woman who is receiving a blood transfusion due to postpartum hemorrhage. She reports itching, nausea, chest and flank pain. What should you do initially?
- Administer an antihistamine such as diphenhydramine
  - Call the blood bank for current protocol
  - Stop the transfusion and give intravenous fluids
50. Which is the most common cause of transfusion-transmitted infectious disease?
- Bacterial contamination
  - Creutzfeldt-Jakob disease
  - Hepatitis C virus
  - HIV
51. Which product is appropriate for treating a postpartum hemorrhage in a woman with von Willebrand's disease?
- Cryoprecipitate
  - Fresh frozen plasma
  - Platelets

52. A woman with an obstetric hemorrhage required massive transfusion (10 units packed red blood cells). An International normalized ratio (INR) is >2x normal. Which blood component should be administered?
- Cryoprecipitate
  - Fresh frozen plasma
  - Platelets
53. The You and Zahn article advises placenta accreta should be suspected if:
- an endometrial echo zone cannot be located on antepartum ultrasound
  - a plane of cleavage is not evident during manual removal of the placenta
  - the mother has a history of chlamydial pelvic inflammatory disease
54. According to You and Zahn, there is ample evidence to suggest that normal blood loss after a vaginal delivery is:
- 1000cc
  - 750 cc
  - 500cc
  - 250 cc
55. What is the most likely cause of early postpartum hemorrhage with a contracted uterus and no obvious lacerations ?
- Sickle cell disease
  - Coagulopathy
  - Infection
56. The current recommendation for oxytocin administration in treating postpartum hemorrhage is:
- diluted in IV solution or IM injection
  - direct IV push or IM injection
  - subcutaneous injection or direct IV push
57. If oxytocin is ineffective in controlling hemorrhage from uterine atony, the most effective next therapy is:
- methylergoline IM injection
  - nipple stimulation
  - prostaglandins given rectally

58. During manual extraction of a placenta, if a plane of cleavage cannot be located by the provider:
- cord traction should be used for placenta removal
  - efforts for removal should stop
  - D&C should be done immediately
59. The most common presenting sign of uterine inversion is:
- hemorrhage
  - hypotension
  - tachycardia
60. The drug of choice to facilitate the replacement of an inverted uterus in a hypotensive woman is:
- magnesium sulfate
  - nitroglycerine
  - terbutaline
61. The most common factor associated with puerperal hematoma is:
- episiotomy
  - instrumental delivery
  - precipitous delivery
62. What counseling should the midwife provide for the woman who experienced a puerperal hematoma?
- Need for antispasmodic drug
  - Potential for dyspareunia
  - Risk for labor dystocia in the future
63. The research by Geddes on the lactating breast found that:
- compression of the lactiferous sinuses ejects milk
  - endogenous galactogogues are essential for milk ejection
  - suction is the most important component in milk expression
64. To study lactation, Geddes used:
- dissection
  - magnetic resonance imaging
  - ultrasound

65. What new findings about breast ducts does Geddes' work suggest? Breast ducts:
- are softer and less numerous than previously demonstrated
  - compress during milk ejection to increase milk flow
  - contain more sinuses which are compressed by the infant mouth
66. Geddes' in vivo study of lactation demonstrated:
- multiple milk ejections occur during one feeding session
  - soft pump shields increase pumping volume
  - the number of ducts is correlated with milk output
67. Geddes' work on breast anatomy disputes the classic work of Cooper by stating that:
- ducts function to store excess milk during initial lactation
  - the lactiferous sinus is not important in milk ejection
  - there is a greater number of patent lactiferous ducts
68. Forester & McLachlan cite that which of the following best promotes breastfeeding success?
- Pacifiers should not be given to breast-fed infants until 4 months postpartum
  - Postpartum assistance is the single greatest predictor of breast-feeding success
  - Practitioners should use a multi-faceted approach to ensure breast-feeding success
69. As cited by Forester & McLachlan, what have many studies on Baby Friendly Hospitals found?
- An increased cost burden due to training time
  - Better rates of short-term and long-term breast-feeding
  - Lower rates of patient satisfaction due to a lack of free samples
70. What is the most prevalent pathogen cultured from postpartum cesarean section wounds?
- Group B streptococcus
  - Proteus mirabilis
  - Pseudomonas aeruginosa
71. The process of normal wound healing includes which of the following responses?
- Dryness, serous drainage, and hypothermia
  - Erythema, edema, and warmth
  - Leukocytosis and fluctuance

72. Absence of a palpable ridge under the suture line during the first week of wound healing indicates:
- a risk of impaired wound healing
  - decreased likelihood of keloid formation
  - the normal healing process is occurring
73. Epithelialization of a wound is more likely to proceed normally under which conditions?
- Dry wound surface
  - Moist wound surface
  - No difference in dryness or moist environment
74. Complete healing of the cesarean wound may normally continue for which length of time?
- 6 weeks
  - 3 months
  - 1 year
75. Risk factors for abnormal cesarean wound healing include which of the following?
- Gestational hypertension
  - Multiple gestation
  - Perioperative hypothermia
76. Which anesthesia may be most beneficial for cesarean wound healing?
- General
  - Epidural
  - Local
77. Sarsam et al. suggest that women kept NPO for a long period of time prior to a cesarean benefit from which macronutrient?
- Carbohydrates
  - Lipids
  - Protein
78. Which product tends to delay wound healing?
- Enzymatic debrider
  - Hydrogen peroxide
  - Topical antifungal

79. “Wet to dry” dressings are indicated in which situation?
- To debride the wound of necrotic tissue
  - To make dressing removal less traumatic
  - To stimulate new granulation tissue growth
80. Frequent dressing changes are associated with which outcome?
- Decreased hematoma formation
  - Lower incidence of wound infection
  - Slower wound healing
81. An advantage of negative pressure wound therapy over gauze dressings is:
- healing is faster with negative pressure wound therapy
  - negative pressure wound therapy depresses inflammatory factors
  - negative pressure wound therapy is less expensive
82. A practice that has been shown to reduce cesarean wound infection is:
- changing the initial dressing within 24 hours of the operation
  - shaving the incision site with a triple-blade razor
  - showering twice within 24 hours of operation with chlorhexidine
83. The Schorn article defines patient abandonment as the wrongful cessation of the provision of care and includes:
- an injury or damage caused by abandonment
  - the denial of due process to address grievances
  - refusal of treatment due to the clinician’s personal beliefs
84. Schorn’s survey found that the most common reason that midwives had discharged patients from care was:
- illegal drug use in pregnancy
  - obnoxious behavior to staff or provider
  - refusal of monitoring/testing procedures

85. Schorn advises that prior to discharging a patient from care that the midwife should:
- discuss the case with your consulting physician
  - have a meeting with the client and an outside mediator
  - inform the patient's insurance company
86. To avoid liability in discharging patients from care, Schorn advises the midwife to:
- closely adhere to legal precedent
  - develop and use written policies
  - follow regional or local standards
87. Published structured research abstracts which critically evaluate research methods, such as *Up-to-Date* and *Evidence-Based Mental Health* are:
- consumer resources
  - critical pathways
  - secondary journals
88. Strategies to protect providers and consumers from misleading presentations of research findings include:
- eliminating the use of generic pharmaceuticals
  - outsourcing clinical trials to the private sector
  - registering all clinical trials
89. Montori et al., advise the reader of clinical research articles to:
- examine the location and duration of data collection
  - read the abstract and discussion section prior to results section
  - use secondary abstracts for an additional layer of critique
90. In the Geller et al. study, changes made in either patient, provider or system factors could decrease the U.S. maternal death rate by what percent?
- 20
  - 50
  - 75

91. The maternal mortality rate among blacks is how many times the rate of whites?
- Same rate
  - One and a half times the rate
  - Two times the rate
  - Four times the rate
92. The CDC's definition of a *pregnancy-related death* differs from that of the World Health Organization and the National Center of Health Statistics by:
- expanding the timeframe of maternal deaths to one year after pregnancy termination
  - excluding deaths related to first trimester complications of pregnancy
  - limiting maternal death to those directly attributable to pregnancy itself
93. The Chicago study cited by Geller et al. found that women with near-miss morbidity compared to women with severe morbidity were four times more likely to have had which of the following preventable factors?
- Failure to communicate among providers
  - Delay in diagnosis
  - Patient's noncompliance with care
94. Despite increases in global funding for treating infectious diseases such as HIV/AIDS, TB and malaria, health care goals will not be achieved without more:
- active management of care
  - health staffing resources
  - high technology
95. One component in improving the global crisis in professional midwifery and nursing staffing is to:
- increase financial incentives by promoting private sector enterprise
  - reduce barriers to professions by diminishing entry requirements
  - use a competency-based approach to evaluate professional roles

96. According to the Green article, developed countries are worsening the health care crisis in developing countries through:
- a. predatory recruiting of health care staff
  - b. shipment of expired pharmaceuticals
  - c. short-term medical missions lacking follow-up

## IP Module Evaluation

### Quality of the Certificate Maintenance Process

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

A	B	C	D	E
<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>

97. I am satisfied with the time it took to receive my introductory CMP packet after I was first certified.
98. I am satisfied with the time it took to receive my module after ordering it.
99. I purchased the printed article packet from AMCB.
100. I am satisfied with the time it took to receive my article packet.
101. The articles were legible.
102. I think the cost of the article packet is appropriate.
103. I think the cost of CMP fees is appropriate for the service I receive.
104. I would be willing to pay an additional fee to have modules graded more frequently.
105. I would like to take the module test online.
106. I would like to have online access to the module articles instead of paper copies.
107. I received a timely notice about my upcoming recertification deadline (if re-certifying within one year).
108. I received the appropriate number of reminders before my recertification deadline (if re-certifying within one year).
109. I think the number of modules needed for recertification is appropriate.
110. I feel fewer modules should be required for recertification.
111. I feel more modules should be required to verify midwifery competency.

### Quality of the module

112. The articles for this module were relevant to my practice.
113. This information will affect my clinical practice.
114. The articles provided me with new information.
115. The objectives were clearly stated.
116. The questions assessed my comprehension of the articles.
117. I was able to find the answers within the articles.
118. I feel the module was too easy.
119. I feel the module was too hard.
120. The articles are easy to obtain without purchasing them from AMCB.
121. I would be interested in joining the CMP committee to assist with constructing new modules.
122. 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.