

CERTIFICATE MAINTENANCE MODULE

**Antepartum and Primary
Care of the Pregnant Woman
2020-2022**

**Online Submissions Must Be Completed By
12/15/2022**

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

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Successful completion of the Antepartum Module 2020-2022 will award 20 ACNM approved contact hours. 6 contact hours have been designated as Pharmacology education.

ANTEPARTUM AND PRIMARY CARE OF THE PREGNANT WOMAN MODULE 2020-2022

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 12/15/2022 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 this module may contain sensitive topics that some individuals might find disturbing or objectionable. The overall scope of midwifery practice extends beyond the Core Competencies; this material is 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 OF THE PREGNANT WOMAN MODULE 2020-2022

Advanced Maternal Age

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Alcohol Use in Pregnancy

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Fetal Growth Restriction

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Genetic Counseling

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Infectious Diseases

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Marijuana

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Shared Decision Making

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Single Gene Disorder Screening

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Social Determinants of Health

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Syphilis

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TDaP Vaccination

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Transgender Care

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OBJECTIVES FOR ANTEPARTUM AND PRIMARY CARE OF THE PREGNANT WOMAN MODULE 2020-2022

Advanced Maternal Age

- Identify pregnancy risks for women of advanced maternal age
- Describe co-morbidities that may affect the rate of adverse pregnancy outcomes in persons of advanced maternal age
- Review characteristics of different age groups in relation to adverse pregnancy outcomes

Alcohol Use in Pregnancy

- Identify components of screening and intervention related to alcohol use in pregnancy
- Discuss who should be screened and when for risky alcohol use
- Define a standard drink

Anemia

- Discuss the progression of the physiologic anemia of pregnancy
- Identify markers for increased risk of thalassemia
- Describe therapeutic approaches to the management of anemia

Antenatal Steroids

- Indicate medical benefit to newborn from administration of antenatal steroids
- Recognize potential risk factors to infant born after steroid administration
- Discern appropriate candidates for antenatal steroid dosing

Bipolar Disorder

- Compare risks associated with continuing versus stopping medication for bipolar disorder during pregnancy
- Identify important supplements women with bipolar disorder should take during pregnancy and the reasons for each
- When pregnant individuals have medication resistant bipolar disease, describe potential recommendations that may be made

Fetal Growth Restriction

- Understand the diagnosis and management of fetal growth restriction
- Describe the pathophysiologic basis of fetal growth restriction
- Identify emerging therapies for the prevention of fetal growth restriction

Genetic Counseling

- Identify recommended genetic screening tests for pregnant women based on risk factors
- Describe options for genetic screening tests and interpretation of potential results
- Provide pre-test counseling for genetic screening in pregnancy

Gestational Trophoblastic Disease

- Demonstrate understanding of laboratory monitoring of GTD
- Individualize care plans based on lab results and patient history
- Identify risk factors for GTD

Infectious Diseases

- Identify recommendations to treat cystitis and pyelonephritis in pregnancy
- Discern best practices for the pharmacologic treatment of infections in pregnancy
- Select best recommendations to treat pneumonia in pregnant persons

Marijuana

- Describe the effects of marijuana on the brain
- Explain the mechanism by which marijuana use might affect a fetus
- Discuss the utility of drug testing for marijuana use in pregnancy

Racial Disparities

- Identify birth outcome disparities between American black women and African black women
- Select socioeconomic contributors to birth outcome disparities
- Compare birth outcomes between women across risk categories

Shared Decision Making

- Discuss the importance of shared decision-making in midwifery
- Summarize the role of each participant in shared decision-making
- Compare models used in shared decision-making

Single Gene Disorder Screening

- Calculate potential risk of having an affected child for autosomal recessive carrier parents
- Identify risk of positive carrier results with expanded testing
- Select type of screening indicated for specific syndromes

Social Determinants

- Identify social determinants of health that impact pregnancy outcomes
- Identify groups that have high rates of known indicators for perinatal morbidity
- Discuss potential actions to ameliorate the effects of systemic disparities

Syphilis

- Describe correct treatment for syphilis diagnosed in pregnancy
- Identify high-risk factors for syphilis in pregnancy
- Apply algorithm to diagnosis and treatment of syphilis in pregnancy

TDaP Vaccination

- Identify the preferred timing for TDaP vaccination during pregnancy
- Discuss factors affecting willingness to be vaccinated in pregnancy
- Identify the role social media may play in decision-making around vaccination

Transgender Care

- Describe structural factors affecting pregnancy care for trans men
- Identify aspects of culturally competent care for this population
- Evaluate clinical practices for appropriateness for this population

QUESTIONS FOR ANTEPARTUM AND PRIMARY CARE OF THE PREGNANT WOMAN MODULE 2020-2022

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

YES

Advanced Maternal Age

1. Which potential confounder for adverse pregnancy outcomes in people of advanced maternal age was controlled for in this study?
 - a. Alcohol abuse
 - b. Parity
 - c. Socioeconomic status

2. No difference in risk was found between age groups for which of the following outcomes?
 - a. Chromosomal abnormalities
 - b. Congenital malformations
 - c. Spontaneous abortion

3. Which of the following is a possible reason for an increased risk of adverse outcomes specific to pregnant people of advanced maternal age in this study?
 - a. Comorbidities
 - b. Labor induction
 - c. Smoking

4. In what way did those in the advanced maternal age groups differ from people of younger ages?
 - a. Less likely to smoke
 - b. Lower BMIs
 - c. More often nulliparous

Alcohol Use in Pregnancy

5. The authors give which example of a standard sized drink?
 - a. 12 ounces of beer or 5 ounces of wine
 - b. 2 ounces of spirits or 12 ounces of wine
 - c. 12 ounces of a wine cooler or 6 ounces of wine

6. Which of these is not a standard part of SBI for alcohol during pregnancy?
 - a. Engage at risk women in motivational intervention
 - b. Use a validated screening tool
 - c. Check urine screens for recent alcohol use

7. The authors recommend screening for at risk alcohol use how often during pregnancy?
 - a. Only at the new visit
 - b. At the new visit and every trimester
 - c. Monthly, if at risk use is suspected

8. For women, the authors define binge drinking as which of these?
 - a. More than 2 drinks a day
 - b. Four or more drinks in 2 hours
 - c. Having 3-4 drinks over 24 hours

Anemia

9. At what gestational age does the pregnancy-related peak in plasma volume occur?
 - a. 16 weeks
 - b. 24 weeks
 - c. 32 weeks

10. How does a disproportionate increase in plasma volume and red blood cell mass affect the following lab levels?
 - a. Hemoglobin increases
 - b. Hematocrit decreases
 - c. Hematocrit unaffected

11. What red blood cell characteristics help identify pregnant women from at-risk ethnic populations at increased risk of thalassemia?
 - a. Macrocytic, hypochromic
 - b. Microcytic, normochromic
 - c. Microcytic, hypochromic

12. What therapy should be considered for an individual at advanced gestation with severe anemia?
 - a. Parenteral iron
 - b. RBC transfusion
 - c. Increased oral iron

13. During pregnancy, daily iron intake should be greater than:
 - a. 13mg/d
 - b. 20mg/d
 - c. 27 mg/d

14. Which of the following treatments is suggested for pregnant people with hereditary thrombotic thrombocytopenic purpura (TTP)?
 - a. Plasma exchange
 - b. Plasma infusion
 - c. Red Blood Cell transfusion

Antenatal Steroids

15. Which of the following has been established as a benefit of antenatal steroids for the preterm newborn?
- Reduced rate of intraventricular hemorrhage
 - Suppression of group B strep infection
 - Less frequent diagnosis of cerebral palsy
16. When counselling a pregnant person about the potential need for a course of antenatal steroids, which statement is correct?
- All fetuses up to 36 weeks 6 days gestation benefit from steroids if preterm delivery is imminent.
 - The risk to benefit ratio between 34 and 36 6/7 weeks gestation is unclear.
 - The rate of preterm premature rupture of membranes before 36 weeks gestation is reduced.
17. Which of these is a short-term risk for an infant born after the administration of antenatal steroids in the late pre-term period?
- Necrotizing enterocolitis (NEC)
 - Transient tachypnea of the newborn (TTN)
 - Neonatal hypoglycemia
18. When counselling a person who is pregnant with twins and at risk of delivering in the late preterm period, which of the following statements is correct?
- There is no evidence of efficacy of antenatal steroids in reducing the respiratory morbidity in twin gestations in the late preterm period.
 - Two extra injections of steroids are required to achieve an efficacious level due to twin gestation.
 - Antenatal steroids given to persons with multiple gestations increases their risk for gestational diabetes.

Bipolar Disorder

19. Pregnant people with bipolar disorder who elect to discontinue medication in pregnancy should be counseled that there is a 71% risk of recurrence with new episodes occurring most frequently in which trimester?
- First
 - Second
 - Third
20. What daily supplement reduces the risk of fetal cardiac malformations associated with lithium exposure in pregnancy?
- Vitamin D, 5000 IU
 - Omega 3, 500 mg
 - Folate, 5 mg

21. Because of increased clearance during pregnancy, how often should clients taking lamotrigine in pregnancy have serum testing for trough concentrations?
 - a. Once per month
 - b. Once per trimester
 - c. Once at any point in pregnancy

22. Pregnant people taking carbamazepine must supplement which vitamin to prevent medication-related deficiency?
 - a. Vitamin A
 - b. Vitamin D
 - c. Vitamin K

23. For pregnant clients with elevated BMI who require atypical antipsychotic medication in pregnancy, which of the following is least likely to cause excess weight gain?
 - a. Lurasidone
 - b. Olanzapine
 - c. Quetiapine

24. In cases of debilitating resistance to medication treatment for bipolar disorder, which of the following should be considered?
 - a. Bright light therapy
 - b. Electroconvulsive therapy
 - c. Dialectical behavioral therapy

Fetal Growth Restriction

25. Which of the following types of prescription medications may act as a teratogen for fetal growth?
 - a. Anti-hypertensive
 - b. Anti-fungal
 - c. Anti-seizure

26. Between which birth weight centiles does the lowest rate of preventable stillbirth occur?
 - a. 10th-25th
 - b. 40th-59th
 - c. 70th-84th

27. Which pregnancy condition is more often associated with fetal growth restriction identified earlier than 32 weeks versus at or after 32 weeks?
 - a. Gestational diabetes
 - b. Pre-eclampsia
 - c. Oligohydramnios

28. Umbilical artery Doppler waveform abnormalities may precede acute fetal deterioration by up to how many days?
- 3
 - 7
 - 10

Genetic Counseling

29. A woman who has had a “no-call” result on non-invasive testing should be referred for genetic counseling because of the higher likelihood of which of the following?
- molar pregnancy
 - fetal aneuploidy
 - cardiac defects
30. Which of the following conditions does ACOG/ACMG recommend be screened for via pan-ethnic screening?
- Spinal muscular atrophy
 - Tay-Sachs
 - Sickle cell disease
31. Which of the following tests is recommended with a reported family history of autism?
- Fragile X
 - Klinefelter syndrome
 - Canavan disease
32. In which situation is microarray testing recommended?
- In place of fetal karyotype when a structural anomaly has been found
 - In addition to cell-free DNA testing in the first trimester
 - As an adjunct to expanded carrier screening
33. Although chorionic villi sampling is considered diagnostic, in rare cases a false positive is seen in the setting of which of the following?
- maternal obesity
 - placental mosaicism
 - uterine anomaly
34. Testing for hemoglobinopathies is considered in certain ethnic groups and in pregnancies with laboratory findings of
- anemia and normal iron studies
 - normal hematocrit with below normal ferritin
 - thrombocytopenia and elevated liver enzymes

Gestational Trophoblastic Disease

35. Malignant gestational trophoblastic disease (GTD) arises from which condition?
- Only partial hydatidiform molar pregnancy
 - Only placental site trophoblastic tumor
 - Any type of pregnancy

36. After treatment for a complete molar pregnancy, laboratory monitoring of beta HCG should occur at what frequency?
- Every 1-2 weeks until normal, then monthly for 6 months
 - Every 4 weeks for 12 months, then at 18 months
 - Every 1-2 weeks until normal, then once at 1 month
37. According to the authors, patients with molar pregnancy who are Rh negative should receive Rho-D Immune Globulin in which situation?
- Only if there is a fetus present
 - Only if gestation progresses past 20 weeks
 - Always at the time of uterine evacuation
38. Which laboratory values raise concern for neoplasia following molar pregnancy?
- Beta HCG levels plateau for a period of 3 weeks or longer
 - Thyroid function tests consistent with hyperthyroidism
 - Persistent macrocytic anemia
39. What is the most common site for an epithelioid Trophoblastic tumor?
- Endometrium
 - Fallopian tube
 - Uterine cervix
40. Which of these people is most likely to have a molar pregnancy?
- Healthy primigravida at age 14
 - Multigravida at age 32 with gestational diabetes
 - Grand multipara at age 27

Infectious Diseases

41. In addition to cephalosporins, semisynthetic penicillins, and nitrofurantoin, which other antibiotic is now recommended to treat urinary tract infections in pregnant persons?
- Oral gentamicin
 - Fosfomycin
 - Doxycycline
42. Which of the following should be used with a cephalosporin in the empirical treatment for pyelonephritis in a pregnant person?
- Gentamicin
 - Nitrofurantoin
 - Fosfomycin
43. For pregnant persons with bacterial upper respiratory infections, what is the first line antibiotic treatment?
- Amoxicillin-clavulanate
 - Azithromycin
 - Doxycycline

44. Which statement best reflects the current recommendation for flu vaccination for pregnant persons?
- Do not vaccinate in the first trimester
 - Only offer the live attenuated vaccine
 - Only offer the tri- or quadrivalent inactivated vaccine
45. Pregnant persons who have community acquired pneumonia and who have received antibiotics within the last three months should be treated with which of the following regimens?
- Azithromycin
 - Azithromycin plus a beta lactam
 - Fluoroquinolone
46. The American College of Gastroenterology recommends which treatment for pregnant persons diagnosed with *Clostridioides difficile* infection?
- No pharmacologic treatment
 - Metronidazole
 - Vancomycin
47. The pregnant person with a penicillin allergy who contracts listeriosis should receive which treatment?
- Gentamicin
 - Trimethoprim-sulfamethoxazole
 - Doxycycline

Marijuana

48. THC interferes with the brain's endocannabinoid signaling system, which affects which of the following?
- emotional stability and affect
 - motor control and memory
 - visual processing and focus
49. According to the Federal Drug Schedule, how is marijuana (cannabis) categorized?
- Schedule I: No accepted medical use/high potential for abuse
 - Schedule II: High potential for abuse/dependence
 - Schedule III: Moderate to low potential for abuse/dependence
50. Which of the following does THC cross?
- placenta and the blood-brain barrier
 - placenta, but not the blood-brain barrier
 - Blood brain barrier but not the placenta

51. According to the authors, routine use of urine drug screening for marijuana is not recommended as a component of standard prenatal care, in part due to
- high cost of universal screening
 - legal issues related to informed consent
 - wide variability of toxicology results

Racial Disparities

52. Which of the following is an environmental factor that may contribute to racial disparities in preterm birth?
- Higher levels of air pollution in predominantly black neighborhoods
 - Interpersonal racial discrimination in public settings
 - Racial segregation in school systems
53. Which of the following chemicals used in the manufacture of fast food packaging and personal care products increases the risk of preterm birth?
- Organochlorines
 - Phthalates
 - Polychlorinated biphenyls (PCBs)
54. What findings were credited with debunking the idea that racial disparities in health outcomes are based on genetic differences between races?
- Birth outcomes were worse among poor women compared to affluent women regardless of race
 - Black immigrant women had birth outcomes more similar to white women than to African American women
 - Fetal deaths were more than twice as common among black women compared with white women
55. Which of the following may be a mechanism by which environmental exposures lead to adverse birth outcomes?
- Higher risk for respiratory diseases
 - Infectious processes
 - Oxidative stress and inflammation
56. Compared to affluent black women, which of these findings best describes birth outcomes of poor white women?
- Worse
 - Same
 - Better

Shared Decision Making

57. Shared decision-making can help alleviate potential threats to which of the following?
- The family's integrity
 - The midwife's authority
 - The woman's autonomy

58. Which of the following is a corollary to informed consent, in which an individual declines to provide authorization for a proposed medical intervention?
- Against medical advice
 - Informed consent
 - Informed refusal
59. Which of the following is a true statement about decision aid tools?
- They cause decision making to be passive.
 - They decrease decisional conflict.
 - They are an alternative to patient-provider communication.
60. Which of the following defines the Decision Talk component of the “three-talk” model that guides shared decision-making conversations?
- Explores alternatives utilizing the principles of risk communication
 - Implements the decision based on preferences
 - Works together to explore choices
61. What term is defined as a clinically appropriate treatment chosen from multiple options based on the individual’s preferences, goals, and values?
- Preference-sensitive condition
 - Shared decision making
 - Situation of equipoise
62. Approximately what percent of maternity recommendations were assigned a category of ‘insufficient evidence’?
- 26%
 - 34%
 - 40%

Single Gene Disorder Screening

63. What is the risk of having an affected child when both parents are carriers for the same autosomal recessive disorder?
- 25%
 - 50%
 - 100%
64. What are the odds of an individual discovering a positive carrier status in expanded carrier screening?
- 1:2
 - 1:4
 - 1:8

65. Which of the following describes the type of screening offered in the case of a pregnant person who has a nephew with Fragile X?
- Ethnic-based
 - Family-based
 - Age-based
66. Which of the following correctly describes the risk for having an affected child of parents found to have discordant carrier screening results for a particular disorder?
- No residual risk
 - Diminished risk
 - Elevated risk

Social Determinants

67. Of the 25 indicators specifically associated with perinatal morbidity, non-Hispanic black women have significantly higher rates of how many?
- 15
 - 19
 - 22
68. The authors chose to use race or ethnicity as a marker for which of these?
- Actual genetic categories
 - Social determinants of health
 - Personal identification
69. The authors understand health disparities to be which of these?
- A difference based on factors an individual could alter
 - Difference not explained by differences in health status or individual preference
 - Evidence of different outcomes in different racial groups
70. When should screening for impact of psychosocial determinants be performed?
- At the first prenatal visit only
 - Systematically during pregnancy
 - When an individual appears to be at risk
71. Which of the following has not been studied as a factor in racial disparity in pregnancy?
- Experiences of racism
 - Discrimination during admission for birth
 - Distrust of the health care system

Syphilis

72. A patient with a recent history of a rash that is now resolved and no other symptoms presents with a reactive TIA and a reactive reflex RPR. What stage of syphilis does this most likely represent?
- Primary
 - Secondary
 - Early latent

73. How often does the Jarisch-Herxheimer reaction to benzathine penicillin G treatment occur in pregnancy overall?
- 20% of the time
 - 32% of the time
 - 44% of the time
74. According to the authors, which of the following is a high-risk factor requiring syphilis testing at 28-32 weeks and again at delivery?
- Chlamydia infection diagnosed two years ago
 - Receiving care at an urban clinic
 - No prior testing during the current pregnancy
75. Which of the following do the authors suggest as a preferred treatment guideline for primary, secondary or early latent syphilis in pregnancy?
- An additional dose of benzathine penicillin G
 - Single dose of benzathine penicillin G
 - Aqueous crystalline penicillin G
76. Although fetal syphilis is most commonly diagnosed with ultrasound, what percentage of infants with congenital syphilis will appear normal on ultrasound?
- 12
 - 31
 - 50

TDaP Vaccination

77. According to the CDC, at what point in pregnancy should the TDaP vaccine be given to maximize prevention of infant pertussis?
- 16 - 20 weeks
 - 26 - 32 weeks
 - 38 - 40 weeks
78. Factors positively affecting antenatal TDaP vaccination in the current survey included which of these?
- Living in the Northeast and identifying as non-Hispanic white
 - Living in the South and attending a public clinic
 - Living in the West and having a higher household income
79. According to this study, what was the most common factor influencing a woman's decision to receive the TDaP vaccine in pregnancy?
- Family or friend recommendation
 - Heard babies can die of pertussis
 - Provider recommendation

80. When women in this study sought information about TDaP in order to decide if they should receive it, what was the most common place they went to find this information?
- Family
 - Friends
 - Internet/social media

Transgender Care

81. Which of the following is a structural force within healthcare that affects health disparities for transgender individuals?
- Erasure
 - Forced sterilization
 - Physical violence
82. Which of the following is an example of a LACK of cultural competency by providers, as reported by participants in this study?
- Denial of care by staff and providers
 - Discussing gender identity as though it is sexual orientation
 - Insistence on unnecessary pelvic exams
83. All the following are characteristics of positive healthcare experiences reported by study participants EXCEPT:
- Misgendering
 - Normalization
 - Privacy
84. For study participants, which of the following was the top priority in seeking a healthcare provider?
- Ability to answer all questions about transgender pregnancy
 - Being accepted and respected for who they are
 - Providers who expect patients to teach them
85. All the following are recommendations for providing compassionate, culturally competent care for pregnant transgender men EXCEPT:
- Ensure questions are clinically meaningful and not motivated by idle curiosity
 - Encourage patients not to take it personally when they are misgendered
 - Reflect the language patients use to describe their reproductive organs

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

**PROGRAM EVALUATION FOR ANTEPARTUM AND PRIMARY CARE
OF THE PREGNANT WOMAN MODULE 2020-2022**

Please evaluate this module in relation to the following:

A Strongly Agree	B Agree	C Disagree	D Strongly Disagree
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1. The articles for this module were relevant to my practice.
2. This information will affect my clinical practice.
3. The articles provided me with new information.
4. The objectives were clearly stated.
5. The questions assessed my comprehension of the articles.
6. I was able to find the answers within the articles.
7. The articles are easy to obtain without purchasing them from AMCB.
8. I think the website was user friendly.
9. I purchased the printed article packet from AMCB.
10. I am satisfied with the time it took to receive my article packet. (Use “E” if Not Applicable)
11. I think the cost of the article packet is appropriate.
12. I think the cost of CMP fees is appropriate for the service I receive.
13. I received a timely notice about my upcoming recertification deadline (if re-certifying within one year or use “E” if not applicable).
14. I received the appropriate number of reminders before my recertification deadline (if re-certifying within one year or use “E” if not applicable).

If you have any other comments, concerns, suggestions, module topics, or suggestions for articles for future modules please email Jackie Hill at jhill@amcbmidwife.org.