

CERTIFICATE MAINTENANCE MODULE

Intrapartum, Postpartum and Newborn 2018-2020

**Online Submissions Must Be Completed By
12/15/2020**

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

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INTRAPARTUM, POSTPARTUM, AND NEWBORN MODULE 2018-2020 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 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.

ONLINE GRADING: Modules are now available 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 IP Module online will be 12/15/2020 at 11:59pm EST.**

SCANTRON GRADING: Effective January 1st, 2015, scantron grading will no longer be available. If you are unable to have your Module scored through the AMCB Portal system, please contact our office at 410-694-9424.

REFERENCES FOR INTRAPARTUM, POSTPARTUM, AND NEWBORN MODULE 2018-2020

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Cervical Ripening

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Postpartum Hemorrhage

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Postpartum Hypertension

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Breastfeeding

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Vitamin D

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Palliative Care

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Precepting

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OBJECTIVES FOR INTRAPARTUM, POSTPARTUM, AND NEWBORN MODULE 2018-2020

Amniotic Fluid Embolism

- Review the pathophysiology of acute amniotic fluid embolism.
- Describe the clinical manifestations of amniotic fluid embolism.
- Discuss the best way to diagnose amniotic fluid embolism in women who survive the event.

Rebozzo

- Describe the different *Rebozzo* techniques that can be used during pregnancy and labor.
- Review the indications and contraindications to using the *Rebozzo* during pregnancy and labor.

Shoulder Dystocia

- Review the maneuvers currently in use to resolve a shoulder dystocia
- Describe shoulder dystocia maneuver(s) thought to minimize stretching of the brachial plexus.

Occiput Posterior

- List the potential complications of manual rotation of occiput posterior position in labor.
- Review the appropriate use of ultrasonography in confirming an occiput posterior position.
- Discuss best approaches to management of occiput posterior position in various labor and delivery scenarios.

Oxytocin

- Describe the management of an oxytocin infusion after an episode of tachysystole.
- Review the pharmacokinetics of exogenous oxytocin when used to augment or induce labor.
- Describe the recommended dosing protocol for oxytocin use in labor induction or augmentation.

Venous Thromboembolism

- Review current guidelines for prevention and treatment of obstetric thromboembolism.
- Discuss factors that may cause increase rates of venous thromboembolism in the United States.
- Identify best practice in regard to the timing of anticoagulation dosing and neuraxial anesthesia.

Cervical Ripening

- Identify outpatient cervical ripening options.
- Review the mechanism of action for cervical ripening agents.
- Discuss the comparative maternal/fetal risks associated with various methods of cervical ripening.

PROM/CHORIO

- Discuss alternative approaches to managing an isolated maternal fever during labor.
- Review the neonatal implications of using the term “suspected chorioamnionitis” during labor.
- Identify factors that may lead to extended antibiotic treatment in newborns born to mothers with a fever in labor.

Obesity

- Identify strategies that may optimize the chances obese pregnant women will have a vaginal delivery.
- Discuss current theories regarding the higher incidence of cesarean delivery among obese pregnant women.
- Identify priority management considerations for pregnant women with extreme obesity (BMI \geq 50).

Postpartum Hemorrhage

- Review recommended approaches to prevent postpartum hemorrhage.
- Discuss strategies to improve provider readiness and response to postpartum hemorrhage.

Postpartum Depression

- Review the differences in symptom presentation and recommended treatment of postpartum blues, postpartum depression, and postpartum psychosis.
- Discuss the recommended medication therapy and duration of treatment for postpartum depression.

Postpartum Pain

- Compare the efficacy of pharmacological agents used to treat postpartum pain.
- Review recommended non-pharmacological treatments for various types of postpartum pain.

Postpartum Hypertension

- Review the appropriate medical management of postpartum hypertension.
- Identify strategies to improve the maternal morbidity and mortality associated with postpartum hypertension and preeclampsia.

Breastfeeding

- Identify effects of maternal alcohol use on breastfeeding.
- Review neonatal outcomes from exposure to methadone during breastfeeding.
- Discuss the challenges in counseling substance-abusing women on the risks/benefits of breastfeeding.

Vitamin D

- Review recommended dosing regimens for Vitamin D supplementation in breastfed infants.
- Identify factors that affect maternal decision-making and compliance with Vitamin D supplementation.

Palliative Care

- Discuss implications for parents facing a prenatal diagnosis of trisomy 13 or 18.
- Review strategies to improve provider-parent communication when discussing care options in cases of lethal fetal diagnosis.

Precepting

- Review the principles of adult learning theory.
- Discuss differences in generational learning styles.
- Describe strategies to facilitate student success based on learning domains.

QUESTIONS FOR INTRAPARTUM, POSTPARTUM, AND NEWBORN MODULE 2018-2020

Amniotic Fluid Embolism

1. According to growing consensus, the acute clinical manifestations seen with amniotic fluid embolism (AFE) are more likely a result of:
 - a. A massive inflammatory reaction similar to anaphylaxis
 - b. Physical obstruction of pulmonary vessels by fetal material
 - c. Initial pulmonary vasodilation following entry of fetal cells
2. If a laboring woman suddenly develops severe abrupt hypotension, difficulty breathing and changes in neurological status, which phase of AFE is most likely occurring?
 - a. Initial phase
 - b. Second phase
 - c. Precursory phase
3. How is AFE typically diagnosed in women who survive the event?
 - a. Chest x-ray
 - b. Lab analysis
 - c. Clinical manifestations
4. What percent of women will not survive the first 2 hours after an acute AFE event?
 - a. 27%
 - b. 56%
 - c. 74%

Rebozzo

5. When do the authors recommend using the *Rebozzo* in the setting of labor dystocia due to a malpositioned fetus?
 - a. Continuously throughout labor
 - b. Only during second stage arrest
 - c. Once or twice for 5-10 minutes
6. Which of the following is a contraindication to using the *Rebozzo* techniques during labor?
 - a. Epidural anesthesia
 - b. Frank breech presentation
 - c. Continuous fetal monitoring
7. When performing the Lying-on-the-Back *Rebozzo* technique, which maneuver is thought to “unlock the fetus from the pelvis”?
 - a. Rocking
 - b. Quick tug
 - c. Knee Bounce

8. Which of the following accurately describes the authors' hypothesis on how the *Rebozzo* technique facilitates optimal positioning of the fetal head in the pelvis?
 - a. De-stationing of the fetus
 - b. Strengthening of the pelvic floor
 - c. Relaxation of the pelvic ligaments and muscles

Shoulder Dystocia

9. Which of the following techniques will minimize stretching of the brachial plexus during a shoulder dystocia?
 - a. Axial traction
 - b. Steady moderate force
 - c. Continuous downward traction

10. According to evidence presented in this article, which secondary maneuver has consistently demonstrated the highest success rate?
 - a. Rubin's Maneuver
 - b. Woods Corkscrew Maneuver
 - c. Delivery of Posterior Shoulder

11. If the Posterior Axilla Sling Traction (PAST) technique fails to deliver the posterior shoulder, what other maneuver can the sling then be used for?
 - a. Axial traction
 - b. Shoulder rotation
 - c. Gaskin Maneuver

12. The Menticoglou Maneuver involves overlapping of the provider's middle fingers to apply downward and outward traction to which part of the fetal body?
 - a. Posterior axilla
 - b. Anterior shoulder
 - c. Under the mentum

Occiput Posterior

13. Determining position of the fetal occiput using ultrasonography depends on identification of which of the following?
 - a. Position of the fetal orbits
 - b. Assessment of fetal station
 - c. Identification of the fetal lie

14. Attempting a manual rotation of the fetal occiput before the woman is fully dilated could result in?
 - a. Higher rates of success
 - b. Umbilical cord prolapse
 - c. Fourth degree laceration

15. If gentle force does not affect the desired rotation to an occiput anterior (OA) position, what does the author recommend as a potential 2nd maneuver before abandoning the attempt?
 - a. Place the woman on all fours
 - b. Reduce the amount of flexion
 - c. Elevate the fetal head to a higher station

16. What does the author recommend as the best approach to management of an occiput posterior (OP) position during a normally progressing first stage of labor?
 - a. Augmentation with oxytocin
 - b. Prophylactic manual rotation
 - c. Standard expectant management

17. According to the author, which of the following situations is a contraindication to vaginal delivery in the presence of a persistent OP position?
 - a. Android pelvis features
 - b. Poor maternal expulsive effort
 - c. Estimated fetal weight of 4000 grams

Oxytocin

18. How long does it take for exogenous oxytocin to achieve a steady state in the bloodstream?
 - a. 3 to 5 minutes
 - b. 10 to 12 minutes
 - c. 30 to 60 minutes

19. The antidiuretic effect of exogenous oxytocin is thought to occur through which of the following mechanisms?
 - a. Hypernatremia from over use of intravenous normal saline
 - b. Vasopressin action on the kidneys resulting in water retention
 - c. Insensible fluid losses during labor causing decreased urine osmolality

20. At what maximum infusion dose of exogenous oxytocin do the majority of women delivery vaginally?
 - a. 3 to 5 milliunits/min
 - b. 11 to 13 milliunits/min
 - c. 18 to 20 milliunits/min

21. According to the treatment algorithm presented by the authors, when tachysystole occurs in the presence of a Category 1 fetal heart rate tracing, how should the oxytocin infusion be managed?
 - a. Turn the oxytocin off
 - b. Leave the infusion rate as is
 - c. Decrease the infusion by half
22. Which type of oxytocin dosing protocol is most consistent with current knowledge and pharmacokinetic principles?
 - a. High dose protocols
 - b. Low dose protocols
 - c. Intermediate dosing protocols

Venous Thromboembolism

23. According to evidence presented by the authors, why has obstetric thromboembolism increased by 72% in the United States?
 - a. Higher prevalence of obesity
 - b. Rising cesarean delivery rates
 - c. Inconsistent or late entry prenatal care
24. Based on past medical history, which of the following newly pregnant women should be started on prophylactic anticoagulation dosing with low-molecular-weight heparin (LMWH) or unfractionated heparin (UFH) to prevent venous thromboembolism (VTE)?
 - a. Multiple VTE episodes
 - b. VTE while on oral contraceptives
 - c. Acquired low risk thrombophilia with no VTE events
25. How many hours after a pregnant woman receives her last dose of therapeutic unfractionated heparin (UHF) can she receive neuraxial anesthesia?
 - a. 6 hours
 - b. 12 hours
 - c. 24 hours
26. When using a risk-factor-based approach to anticoagulation for discharge home after delivery all of the following situations require LMWH/UFH for 6 weeks postpartum EXCEPT:
 - a. VTE during the current pregnancy
 - b. Personal history of low risk thrombophilia
 - c. Family history of VTE with high risk thrombophilia

Cervical Ripening

27. Prostaglandins ripen the cervix through which of the following mechanisms of action?
 - a. Enzymatic collagen degradation
 - b. Release of natural prostaglandins
 - c. Thickening of the extracellular matrix

28. Which of the following cervical ripening agents is associated with higher rates of tachysystole?
- Misoprostol
 - Nitric oxide donors
 - Cervical ripening balloon
29. According to the evidence from one of the randomized controlled trials presented in this article, women receiving isosorbide mononitrate (nitric oxide donors) experienced which of the following side effects?
- Nausea
 - Diarrhea
 - Headaches
30. Although data is limited, which of the following cervical ripening methods appears to be a safe option for outpatient cervical ripening?
- Oral misoprostol
 - Vaginal dinoprostone
 - Cervical Foley balloon

PROM/CHORIO

31. The use of the term “suspected chorioamnionitis” in labor has led to which of the following outcomes?
- Improved diagnostic accuracy of intrauterine infection
 - Unnecessary neonatal laboratory testing and treatment
 - Increased incidence of maternal anaphylaxis from penicillin
32. According to recommendations made by the authors, which of the following is the appropriate management for an isolated maternal fever of 38.0° C. (100.4° F.)?
- Start antimicrobial therapy immediately
 - Repeat the temperature orally in 30 minutes
 - Obtain a sample of amniotic fluid for gram stain
33. According to the proposed algorithm presented by the authors, in the setting of isolated, intrapartum maternal fever not attributable to Triple I (intrauterine inflammation or infection or both), a full-term, well-appearing newborn can be managed with
- Observation with re-evaluation
 - Full diagnostic work-up and antibiotics
 - Continuous apnea monitoring for 24 hours
34. Use of the “sepsis calculator” developed by Puopolo et al., in well-appearing, full term infants has been used to predict which of the following?
- Length of stay in the NICU
 - Incidence of early-onset sepsis
 - Accurate dosing of antimicrobials

35. What is the reason cited in this article for the common practice of treating newborns with antimicrobial agents for 5 or more days when the mother received intrapartum antibiotics?
- Prophylaxis against late-onset sepsis
 - Concern about the validity of the blood cultures
 - Possibility of false negative maternal Group B Strep cultures

Obesity

36. What is the primary management strategy for optimizing the chances of a vaginal delivery for obese pregnant women?
- Use a high dose oxytocin protocol
 - Schedule induction of labor at 39 weeks
 - Allow adequate time for active labor progress
37. According to the Danish Birth Cohort, a pre-pregnancy BMI ≥ 35 increases the risk of prolonged pregnancy beyond 42 weeks by about:
- 20%
 - 35%
 - 50%
38. What reason do the authors give to explain the higher rates cesarean birth for non-reassuring fetal status among obese pregnant women?
- Failure to use internal fetal monitoring
 - Provider anxiety about difficult delivery
 - Increased inflammatory infiltrates in the placenta
39. Care of pregnant women with extreme obesity (BMI ≥ 50), includes which of the following priority management considerations?
- Prenatal anesthesia consult
 - Social service consult postpartum
 - Neonatal consult when admitted in labor

Postpartum Hemorrhage

40. What is the single most important approach to preventing postpartum hemorrhage?
- Response team simulation drills
 - Active management of the third stage
 - Periodic assessment of hemorrhage risk
41. An example of a readiness activity in the obstetric hemorrhage safety bundle would be to:
- Create a unit culture of debriefing
 - Establish a massive transfusion protocol
 - Teach active management of third stage

42. Women who refuse blood products, such as those who self-identify as Jehovah's Witnesses should have which of the following?
- Antenatal multidisciplinary plan
 - Massive transfusion protocol on standby
 - Admission evaluation of coagulation status
43. Which of the following is a leading cause of delayed response to a postpartum hemorrhage?
- Provider under-estimation of blood loss
 - Refrigeration of certain postpartum medications
 - Lack of adequate blood products in the hospital

Postpartum Depression

44. How can healthcare professionals distinguish between postpartum blues and postpartum depression?
- Frequent assessment of mood at multiple time points
 - Review the woman's previous mental health records
 - Identify if symptoms are worse during breastfeeding
45. What percent of most selective serotonin reuptake inhibitors (SSRI) pass into the mother's breast milk?
- 10%
 - 25%
 - 50%
46. Seventy percent of women have baby blues. The peak symptoms for most healthy women occur:
- After 6 weeks
 - 2 to 5 days after birth
 - 2 to 4 weeks after birth
47. To reduce the risk of relapse, how long should antidepressant medication be continued when treating a woman for postpartum depression?
- Until the next pregnancy
 - Once symptoms have resolved
 - For a minimum of 6 to 12 months
48. According to the authors, which SSRI is often recommended as first-line treatment for postpartum depression?
- Sertraline
 - Duloxetine
 - Mirtazapine

Postpartum Pain

49. According to a Cochrane review cited in this article, which medications were shown to be the most effective in treating the pain associated with normal uterine involution?
 - a. Opioids
 - b. Acetaminophen
 - c. Non-steroidal anti-inflammatory (NSAIDS)

50. If an opioid medication is needed to treat postpartum pain in a breastfeeding mother, which of the following agents is preferred in order to reduce the risks of sedation in the newborn?
 - a. Codeine
 - b. Hydrocodone
 - c. Hydromorphone

51. What percentage of women post vaginal birth will report persistent pain 2 to 6 months postpartum?
 - a. 4%
 - b. 6%
 - c. 8%

52. Which of the following is generally recommended for the treatment of postpartum nipple pain?
 - a. Applying all-purpose nipple ointment
 - b. Multimodal systemic pain management
 - c. Washing nipples with water and allow to air dry

53. What is the recommended regimen for localized cooling therapy when treating perineal pain and/or swelling?
 - a. Alternate with warm packs every 2 hours
 - b. Apply for 10 to 20 minute intervals with breaks
 - c. Leave ice pack in place for a minimum of 1 hour

Postpartum Hypertension

54. Which of the following medications should be discontinued when a postpartum woman develops hypertension?
 - a. Codeine
 - b. Ibuprofen
 - c. Acetaminophen

55. If severe post-partum hypertension does not respond to the full treatment threshold with labetalol, transition to which of the following medications should be considered?
 - a. Hydralazine
 - b. Nifedipine
 - c. Magnesium sulfate

56. Which long-acting anti-hypertensive medication was found to achieve blood pressure control at lower doses with fewer adverse effects?
- Labetalol
 - Nifedipine
 - Furosemide
57. What strategy does the American College of Obstetricians and Gynecologists (ACOG) endorse for all postpartum women to prevent the morbidity and mortality associated with delayed or undiagnosed preeclampsia?
- Daily baby aspirin until the 6 week check-up
 - Blood pressure check at a local pharmacy 1 week postpartum
 - Educate patients and providers on signs/symptoms of preeclampsia

Breastfeeding

58. What is the most critical challenge facing healthcare providers when counseling substance-abusing women who wish to breastfeed?
- Potential legal consequences
 - Judgmental attitudes of providers
 - Lack of evidence-based guidelines
59. Which of the following neonatal outcomes is commonly seen when women on methadone maintenance breastfeed their infants?
- Higher incidence of poor weight gain
 - Less severe neonatal abstinence (NAS) symptoms
 - Increased infant sedation with higher methadone doses
60. Infants exposed to second-hand marijuana smoke face a possible increased risk of:
- Early childhood asthma
 - Poor sleep habits and irritability
 - Sudden infant death syndrome (SIDS)
61. In what ways does maternal alcohol use affect breastfeeding?
- Interferes with milk ejection reflex
 - Inhibits prolactin with chronic use
 - Increases risk of fetal alcohol syndrome

Vitamin D

62. According to the American Academy of Pediatrics, regardless of maternal feeding preferences, what is the recommended daily dose of Vitamin D supplementation for newborns?
- 400 IU/d
 - 800 IU/d
 - 1,000 IU/d

63. In this study, which of the following assumptions was cited as a maternal reason for not supplementing infants with Vitamin D?
- Breast milk provides adequate Vitamin D
 - Even low doses of Vitamin D are harmful to infants
 - Taking the infant outside provides adequate Vitamin D
64. As an alternative to infant dosing, which of the following maternal Vitamin D supplementation regimens will adequately enrich breast milk?
- Daily Vitamin D 5,000 IU
 - Weekly Vitamin D 10,000 IU
 - Monthly Vitamin D 50,000 IU
65. What are some advantages of maternal rather than infant Vitamin D supplementation?
- Increased ease of administration
 - Decreased risk of late postpartum hemorrhage
 - Simultaneous prevention of age related bone loss

Palliative Care

66. Infants diagnosed prenatally with a genetic abnormality such as trisomy 13 or 18 were more likely to receive which of the following post-delivery care interventions?
- Warmth and skin-to-skin care
 - Oxygen and intravenous fluids
 - Cardiac and apnea monitoring
67. According to evidence presented in this article, the majority of parents who opted to continue their pregnancies to term cited which of the following as the reason for their decision?
- Religious beliefs
 - Love of their baby
 - Attitudes about abortion
68. One strategy that may improve communication and facilitate trust between parents and providers/caregivers is to:
- Schedule frequent team meetings
 - Assign a dedicated care coordinator
 - Encourage written long-term care plans
69. What is the overarching goal of parents facing adverse fetal diagnosis?
- Have no regrets
 - Hope for a miracle
 - Save their baby's life at all costs

Precepting

70. Which of the following is a guiding principle of adult learning theory?
- Adult learning is problem-focused
 - Adults learn best by observing others
 - Adults respond better to external motivators
71. When considering differences in generational learning styles, which of the following is most typical of millennial learners?
- Enjoy fast paced learning
 - Less comfortable with technology
 - Require more structure and feedback
72. A student having difficulty mastering elements of the midwifery management process is experiencing what type of learning problem?
- Cognitive
 - Affective
 - Psychomotor
73. Possible solutions for students experiencing barriers to learning in the affective domain include:
- Hand skills simulation
 - Communication practice
 - Learning Styles Inventory

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

**PROGRAM EVALUATION FOR INTRAPARTUM, POSTPARTUM, AND NEWBORN
MODULE 2018-2020**

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 types of articles for future modules please email Karin Henderson at khenderson@amcbmidwife.org.