

# **CERTIFICATE MAINTENANCE MODULE**

**Intrapartum, Postpartum, and  
Newborn  
2021-2023**

**Online Submissions Must Be Completed By  
12/15/2023**

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

**AMERICAN MIDWIFERY CERTIFICATION BOARD®**

**849 International Drive, Suite 120**

**Linthicum, MD 21090**

**Phone: (410) 694-9424**

**Fax: (410) 694-9425**

**[www.amcbmidwife.org](http://www.amcbmidwife.org)**



Successful completion of the Intrapartum, Postpartum, and Newborn Module 2021-2023 will award 20 ACNM approved contact hours. 5.75 contact hours have been designated as pharmacology education.

### **INTRAPARTUM, POSTPARTUM, AND NEWBORN MODULE 2021-2023**

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 midwives about new content. Therefore, please be aware that answering questions based on prior knowledge or experience may result in an incorrect answer. Each participant is 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 about 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 IP Module online will be 12/15/2023 11:59PM EST.**

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

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

## REFERENCES FOR INTRAPARTUM, POSTPARTUM, AND NEWBORN MODULE 2021-2023

### Information Sharing

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### Declined Care

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### Intrauterine Devices

- Averbach SH et al. Expulsion of intrauterine devices after postpartum placement by timing of placement, delivery type, and IUD type: A systematic review and meta-analysis. *American Journal of Obstetrics and Gynecology*. 2020; 223:177-188.

### Peripartum Cardiomyopathy

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### Breastfeeding

- Blair PS, et al. Bedsharing and breastfeeding: The Academy of Breastfeeding Medicine Protocol #6, revision 2019. *Breastfeeding Medicine*. 2020; 15(1):5-16.

### Intermittent Fetal Monitoring

- Chuey M, et al. Maternity providers' perspectives on barriers to utilization of intermittent fetal monitoring. *J Perinat Neonat Nurs*. 2020; 34(1):46-55.

### Neonatal Abstinence Syndrome

- Cook CE, Fantasia HC. Interventions for the treatment of Neonatal Abstinence Syndrome. *Nursing for Women's Health*. 2019; 23(4):357-365.  
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### Postpartum Medicaid

- Eckert E. Preserving the momentum to extend postpartum Medicaid coverage. *Women's Health Issues*. 2020; S1049-3867(20):30071-30072. doi:10.1016/j.whi.2020.07.006

### Management of Term Pregnancy

- Grobman WA, et al. Labor induction versus expectant management in low-risk nulliparous women. *NEJM*. 2018; 379(6):513-23.

### **Care for Disabled Women**

- Hall J, et al. Dignity and respect during pregnancy and childbirth: A survey of the experience of disabled women. *BMC Pregnancy and childbirth*. 2018; 18:328.(13 pages).

### **Structural Racism**

- Hardeman R, et al. Applying a critical race lens to relationship-centered pregnancy and birth: An antidote to structural racism. *Birth*. 2019; 47(1):3-7.

### **Post-Cesarean Opioid Reduction**

- Hedderson M, et al. Enhanced recovery after surgery to change process measures and reduced opioid use after cesarean delivery: A quality improvement initiative. *Obstetrics and Gynecology*. 2020; 134:511-519.

### **Postpartum Depression**

- Jarman AF, et al. Brexanolone for postpartum depression: A novel approach and a call for comprehensive postpartum care. *Clinical Therapeutics*. 2020; 42:231-235.

### **Health Equity**

- Julian Z, et al. Community-informed models of perinatal and reproductive health services provision: A justice-centered paradigm toward equity among Black birthing communities. *Seminars in Perinatology*. 2020; 44(5):151267.  
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### **Neonatal Sepsis**

- Mukhopadhyay S, et al. Drugs for the prevention and treatment of sepsis in the newborn. *Perinatology Clinics*. 2019; 46(2):327-34.

### **Physiologic Birth**

- Neerland CE, Avery MD, Saftner MA. Maternal confidence for physiologic birth: Associated prenatal characteristics and outcomes. *Midwifery*. 2019; 77:110-116.  
doi:10.1016/j.midw.2019.07.004

### **Postpartum Hemorrhage**

- Pacheco LD, et al. Medical management of postpartum hemorrhage: An update. *Semin Perinatol*. 2019; 43(1):22-26.

### **Sexual Trauma**

- Sobel L, et al. Pregnancy and childbirth after sexual trauma: patient perspective and care preferences. *Obstet Gynecol*. 2018; 132(6):1461-8.

## **OBJECTIVES FOR INTRAPARTUM, POSTPARTUM, AND NEWBORN MODULE 2021-2023**

### **Information Sharing**

- List factors that influence perceptions in perinatal care for Black patients
- Identify ways in which providers may change information based on their patient perceptions
- Discuss how providers can improve patient perceptions of care

### **Declined Care**

- Identify reasons patients may decline recommended care
- Consider ways in which discrimination may present in practice
- Discuss factors contributing to discrimination in perinatal care

### **Intrauterine Devices**

- Discuss factors in the timing of IUD insertion postpartum
- Identify the risk factors associated with IUD expulsion after postpartum insertion
- Provide counseling options for patients considering long-acting contraceptive use after childbirth

### **Peripartum Cardiomyopathy**

- Describe important considerations in pharmaceutical management of peripartum cardiomyopathy
- Identify elements of adequate follow-up care in peripartum cardiomyopathy

### **Breastfeeding**

- Identify risks and benefits of bedsharing
- Understand risk factors for sudden infant death syndrome
- Discuss effects of bedsharing on parents

### **Intermittent Fetal Monitoring**

- Understand barriers to the use of intermittent fetal monitoring
- Discuss facilitators of the use of intermittent fetal monitoring
- Differentiate provider responsibility in the use of intermittent fetal monitoring

### **Neonatal Abstinence Syndrome**

- Describe the effects of breastfeeding on infants with NAS
- Discuss the efficacy of non-pharmacologic therapies for NAS
- Identify appropriate pharmacologic therapies for NAS

### **Postpartum Medicaid**

- Describe the link between continuity of care postpartum and decreasing maternal mortality
- Identify groups at risk of discontinuous coverage postpartum
- Discuss the importance of Medicaid reform in both health and economic outcomes

### **Management of Term Pregnancy**

- Identify the study methodology of the ARRIVE trial
- Explain the chief findings of the ARRIVE trial
- Understand conclusions of the authors of the ARRIVE trial

### **Care for Disabled Women**

- Explore the experiences of care of women with disabilities
- Review ways to improve attitudes of maternal care providers
- Give examples of individualized care for women with disabilities

### **Structural Racism**

- Define critical race theory as used in this article
- Explain the Relationship-Centered Care Principles

### **Post-Cesarean Opioid Reduction**

- Embrace outcome measurements for the ERAS program
- Increase awareness of pain management without opioids
- Examine evidence related to surgical site infection prevention

### **Postpartum Depression**

- Describe the pharmacological characteristics of brexanolone
- Demonstrate understanding of the proper administration of brexanolone
- Identify concerns with first-line use of brexanolone

### **Health Equity**

- Describe how racism impacts care for patients
- Identify factors that contribute to equitable patient care
- Discuss differences between provider-centered care and patient-centered care

### **Neonatal Sepsis**

- Identify appropriate treatment regimens for suspected intraamniotic infections
- List most common treatment options for early-onset sepsis in a newborn
- Understand the common antibiotic classes used in the neonatal setting

**Physiologic Birth**

- State characteristics of physiologic birth
- Define attributes of maternal confidence for physiologic birth
- Discuss outcomes associated with maternal confidence for physiologic birth

**Postpartum Hemorrhage**

- Review physiology of postpartum hemorrhage and sequelae
- State recommended steps in medical management of postpartum hemorrhage
- Understand benefits and risks of medications used in management of postpartum hemorrhage

**Sexual Trauma**

- Explore the childbirth experiences and preferences of women with a history of sexual trauma
- Identify trauma-informed care practices of providers who care for women with a history of sexual trauma
- Discuss the unique breastfeeding challenges of women with a history of sexual trauma



**QUESTIONS FOR INTRAPARTUM, POSTPARTUM, AND  
NEWBORN MODULE 2021-2023**

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

**YES**

**Information Sharing**

1. What factors did patients believe improved how information was provided about their health and healthcare?
  - a. Visible signs of privilege, such as higher education
  - b. Failure to acknowledge personal autonomy
  - c. Existing stereotypes about decision-making ability
2. What did patients in this study want from their providers?
  - a. Information about care and shared decision-making
  - b. Limited information about complex issues like prematurity
  - c. Reduction in stress by avoiding distressing topics
3. Difficulty in accessing care resulted in which outcome for these participants?
  - a. Overuse of care that they had worked hard to access
  - b. Avoiding care due to fear of being turned away
  - c. Use of one healthcare system exclusively
4. Study participants believed that providers held all the following stereotypes except:
  - a. Poor and uneducated
  - b. High-risk and potentially sick
  - c. Compliant with care

**Declined Care**

5. Which factor makes patients more likely to decline care, according to the authors?
  - a. Less education
  - b. Private insurance
  - c. Younger age
6. The authors caution that increased self-advocacy in the healthcare system may result in more negative experiences for Black women. Which of the following is NOT a contributing factor?
  - a. Stigma of being a “problem patient”
  - b. Differential impact of stigma by educational level
  - c. Stereotypes of Black women’s motherhood

7. What percentage of Black Americans report experiencing discrimination in the perinatal care setting?
  - a. 22%
  - b. 32%
  - c. 42%
  
8. What do the authors say is an explanation for health disparities by race?
  - a. Implicit bias
  - b. Overt discrimination by providers
  - c. Patient failure to communicate their concerns

### **Intrauterine Devices**

9. At least what percent of postpartum patients have reported resuming intercourse by 6 weeks after the birth?
  - a. 20%
  - b. 35%
  - c. 50%
  
10. Which timing of IUD placement had the lowest risk of expulsion?
  - a. Immediate post-placental placement
  - b. Early postpartum placement
  - c. Interval placement  $\geq 4$  weeks postpartum
  
11. What are the barriers to widespread immediate IUD insertion?
  - a. Lack of insurance coverage and standardized provider training.
  - b. Lack of patient desire for contraception and future childbearing plans.
  - c. Lack of IUD devices and equipment for insertion.
  
12. Which IUD type has the greatest risk for expulsion for patients who have delivered vaginally and elect for immediate IUD placement?
  - a. Copper IUDs
  - b. LNG-IUD
  - c. There was no difference in expulsion rate
  
13. When counseling women about risks of IUD insertion prior to four weeks postpartum, which is the most correct explanation:
  - a. Risks of expulsion vary by childbirth method and timing; because studies differ, women should choose the timing and method that best suits their own circumstances.
  - b. Because the risk is lowest then, women should always wait until at least 4 weeks postpartum to have an IUD insert.
  - c. Since many women do not wait to have intercourse after childbirth, immediate postpartum IUD insertion is always best.

### **Peripartum Cardiomyopathy**

14. Routine follow-up for peripartum cardiomyopathy should include cardiac MRI at what interval after diagnosis?
  - a. 1 month
  - b. 6 months
  - c. 12 months
  
15. Which treatment is indicated for all patients with chronic heart failure, whether pregnant or postpartum?
  - a. Angiotensin-converting enzyme inhibitors
  - b. Beta blockers
  - c. Mineralocorticoid receptor antagonists
  
16. In breast- or chest-feeding dyads where the parent is taking angiotensin-converting enzyme inhibitors, which of the following should be monitored in the infant?
  - a. Bradycardia
  - b. Flushing
  - c. Oedema
  
17. Bromocriptine is thought to be clinically useful in peripartum cardiomyopathy because it suppresses which of the following?
  - a. Estrogen
  - b. Progesterone
  - c. Prolactin
  
18. Patients with peripartum cardiomyopathy should have follow-up monitoring for what length of time?
  - a. Six months
  - b. Twelve months
  - c. Twenty-four months

### **Breastfeeding**

19. What is a consequence of breastfeeding with separate sleep?
  - a. Early weaning
  - b. Mastitis
  - c. Breast pain
  
20. Which of the following is a risk factor for Sudden Infant Death Syndrome (SIDS) and fatal sleeping accidents?
  - a. Sofa-sharing
  - b. Sleeping on firm bedding
  - c. Post-term neonate

21. According to the authors, which position is the optimal sleeping position when breast-sleeping?
- Breastfeeder is curled around infant
  - Breastfeeder sleeps propped on pillow
  - Breastfeeder and infant sleep on their backs
22. In the US and UK, what percentage of bed-sharing with infants less than 3 months old is reported by researchers?
- 10-15%
  - 20-25%
  - 30-35%
23. Which of the following is true about bedsharing, breastfeeding mothers compared to non-bedsharing mothers?
- Achieve greater sleep duration
  - Fall back to sleep less easily
  - Are awake for longer periods

### **Intermittent Fetal Monitoring**

24. Which of the following statements is a perspective found in this study?
- Reliance on continuous EFM has led to the inability to function independent of it.
  - Continuous EFM is more time consuming than intermittent auscultation.
  - Nurse staffing ratios have no influence on the use of EFM.
25. When focus group participants discussed informed consent in their groups, it was most commonly related to which of the following?
- Initiating continuous fetal monitoring
  - Beginning intermittent auscultation
  - Declining continuous fetal monitoring
26. Deflection of responsibility for the use of continuous fetal monitoring was present among which provider group(s)?
- Physicians only
  - Physicians and nurses only
  - Physicians, nurses, and midwives
27. Which of the following facilitates evidence-based fetal assessment during low-risk labor?
- Healthy skepticism about interventions in birth
  - Assumed value of technology
  - Interdisciplinary in-service training

### **Neonatal Abstinence Syndrome**

28. Hospital length of stay for infants with NAS who are breastfed is decreased by what percentage?
- 10%
  - 15%
  - 20%
29. What do the authors suggest as a reason that NAS babies are breast or chest-fed less than the general population?
- The inability to sooth irritable NAS babies decreases appropriate latch
  - Breast- or chest-feeding is contraindicated in the presence of opioid use disorder
  - Lack of knowledge or bias among health care workers
30. Why might a provider choose to utilize morphine instead of methadone for the treatment of NAS?
- Infants treated with morphine had a greater increase in development and motor skills at 2 months of age.
  - Morphine has a longer half-life than methadone and, therefore, has longer dosing interval.
  - Morphine has been clearly shown to shorten treatment days when compared to methadone.
31. When comparing sublingual buprenorphine to oral morphine, which outcome was discussed?
- Oral morphine resulted in fewer days spent in the hospital
  - Sublingual buprenorphine resulted in 50% fewer days on pharmacologic treatment
  - Both treatments were equal in their ability to treat NAS
32. Which medication can be used as a secondary or adjunct treatment for NAS?
- Fentanyl
  - Diazepam
  - Clonidine

### **Postpartum Medicaid**

33. Among at risk individuals including rural residents and Black or Hispanic individuals, Medicaid covers about what percentage of births?
- 25 – 40
  - 50 – 65
  - 75 – 90

34. In states where Medicaid did not expand, how many people on Medicaid lose coverage at some point during the perinatal period?
- 10%
  - 25%
  - 50%
35. According to the author, extending Medicaid past 60 days postpartum may decrease which causes of maternal death?
- Cardiomyopathy and overdose
  - Cardiovascular and homicide
  - Cancer and suicide
36. How great is the increased risk of maternal mortality for American Indian/Alaska Native populations compared to the non-Hispanic white population?
- No difference
  - 2.5 times greater
  - 5 times greater

### **Management of Term Pregnancy**

37. Out of the 22,533 eligible individuals, what percent agreed to consent and underwent randomization?
- 27%
  - 47%
  - 67%
38. In this study, what percent of admission providers were midwives?
- 2%
  - 6%
  - 12%
39. Which of the following is a finding of this study related to members of the induction group?
- Significantly lower risk of cesarean birth
  - Increased rates of hypertensive disorders of pregnancy.
  - Shorter stays on labor and delivery.
40. Which of the following was a conclusion of the authors of this study?
- Policies aimed at avoidance of elective labor induction among low-risk nulliparous women at 39 weeks of gestation are not likely to reduce the rate of cesarean delivery on a population level.
  - The results are clearly generalizable due to the use of a single protocol for induction or labor management.
  - Labor induction in participants with an unfavorable Bishop score resulted in higher cesarean delivery rates compared to those who were expectantly managed.

### **Care for Disabled Women**

41. Dissatisfaction with childbirth experience was greatest for which of the following aspects of care?
  - a. Appropriateness of information for you
  - b. Extent to which your privacy was protected
  - c. Extent your preferences were respected
  
42. Which term frequently appeared in the qualitative data suggesting a power differential in which the service providers were ultimately making decisions?
  - a. Allowed
  - b. Justified
  - c. Recommended
  
43. What suggestion was made by many participants to improve care throughout the pregnancy continuum?
  - a. Team based approach to care
  - b. Continuity of care with same provider
  - c. Access to extra appointments
  
44. What was noted by participants with physical disabilities about the maternity care they received?
  - a. Lack of provider knowledge about the disability
  - b. Difficulty scheduling follow up visits
  - c. Inability to have a support person present
  
45. What percent of women did not feel that reasonable adjustments or accommodations were made for them?
  - a. 30%
  - b. 43%
  - c. 67%

### **Structural Racism**

46. Critical race theory, as the authors use it, asserts which of the following
  - a. American systems promote the marginalization of people of color
  - b. Critique of racism can harm the relationships between people
  - c. Discussions of racism have reached a “critical mass” in American society
  
47. In this paper, the authors assert that Relationship-Centered Care Principle (RCCP) 1 requires which of the following:
  - a. Cultural competency
  - b. Neutral or “colorblind” approach to patient care
  - c. Ongoing critical consciousness

48. Relationship-Centered Care Principle 2 encourages providers to enter relationships with Black patients using
- Empathy
  - Detachment
  - Separation of lived experience from evidence-based practice
49. To fulfill Relationship-Centered Care Principle 3, midwives should
- Lead in decisions because their expertise makes patients feel safe
  - Focus on their individual relationship with the patient rather than larger social systems
  - Develop a “friendship” based in virtue
50. According to Relationship-Centered Care Principle 4,
- Relationships between patients and midwives are morally undesirable
  - Personal relationships are easiest to forge with a shared sense of identity
  - Moral foundations for practice can exist even outside antiracist practice norms

### **Post-Cesarean Opioid Reduction**

51. Enhanced recovery after surgery (ERAS) programs were implemented with which goals in mind?
- Decrease surgical stress and maximize potential for recovery
  - Decrease risk of aspiration pneumonia by lengthening time of fasting
  - Eliminate all opioid use and encourage early mobility
52. In this study, post ERAS patients received pain control by:
- Intrathecal lidocaine drip for 12 hours
  - Opioids for the first 24 hours only
  - Acetaminophen and NSAIDs every 6 hours
53. In the ERAS study, the preoperative care process included:
- Clear liquids allowed up to 4 hour and solids up to 6 hours before arriving to hospital
  - Chlorhexidine wipes were given to patients to use at home
  - Patients told to drink apple juice 1 hour prior to hospital arrival
54. By what percentage did the ERAS program decrease average opioid exposure?
- 50%
  - 75%
  - 100%

### **Postpartum Depression**

55. Brexanolone is a neurosteroid believed to mimic which of the following?
- Allopregnanolone
  - Etiocholanone
  - Ganaxolone



56. Brexanolone is thought to target decreased levels of which of the following hormones?
- Oxytocin
  - Progesterone
  - Prolactin
57. Brexanolone is administered by intravenous infusion in an in-patient setting across what period of time?
- 24 hours
  - 48 hours
  - 60 hours
58. The authors cite which of the following as a major barrier to widespread use of brexanolone?
- Exorbitant expense
  - Side-effect profile
  - Production difficulties
59. The data informing advice on the relative safety of brexanolone during breast- or chest-feeding is best described as which of the following?
- Conflicting
  - Extensive
  - Scant

### **Health Equity**

60. Structural racism, according to the authors, is characterized by
- Deliberate decisions by individuals to harm others based on race
  - Policies and practices that give unearned privilege to white people
  - Prejudice or stereotypes about another racial group
61. Which of the following is a characteristic of patient-centered healthcare systems?
- Approachability for care
  - Hierarchical structure to ensure accountability
  - Limited focus to improve service
62. Physician-centered obstetric care focuses on which of the following?
- Risk reduction via individual visits
  - Systems-based changes to mitigate risk
  - Assessment of an institution's contribution to risk
63. Community-informed models prioritize
- Clinical health risk mitigation
  - Knowledge accumulation
  - Social justice and self-determination

64. In order to increase equity in perinatal and reproductive healthcare (PRH), the authors recommend
- Increasing the number of providers uniformly
  - Reducing focus on physicians in care provision
  - Interprofessional education in preparation for starting clinical work

### **Neonatal Sepsis**

65. Intra-amniotic infection is confirmed by which of the following:
- Amniotic fluid Gram stain or culture
  - Maternal fever, leukocytosis, and fetal tachycardia
  - Abdominal tenderness and mucopurulent cervical tenderness
66. Which of the following would NOT be an appropriate choice to use in combination with gentamicin for intrapartum treatment of suspected intraamniotic infection?
- Ampicillin
  - Meropenem
  - Vancomycin
67. Which of the following is the most frequent choice for empiric early-onset sepsis therapy for a newborn?
- Ampicillin plus gentamicin
  - Oxacillin plus vancomycin
  - Vancomycin plus gentamicin
68. Which of the following is the most common systemic cephalosporin used in neonates?
- Cefotaxime
  - Gentamicin
  - Meropenem
69. Which of the following classes of antibiotics is NOT recommended for initial empiric treatment of early-onset sepsis for a newborn?
- Aminoglycosides
  - Beta-lactams
  - Third generation cephalosporins

### **Physiologic Birth**

70. Which of the following is a defining attribute of maternal confidence for physiologic birth?
- Adequate support during labor and birth
  - Strong desire to avoid cesarean birth
  - The belief that childbirth is a normal process

71. Which of the following is NOT a characteristic of physiologic birth, as reported by the authors of this study?
- Characterized by spontaneous onset and progression of labor
  - Leads to 6 months of exclusive breastfeeding
  - Results in vaginal birth of infant and placenta
72. Which of the following is an outcome associated with maternal confidence for birth?
- Decreased pain in labor
  - Labor support from family and friends
  - Position changes in labor
73. Which of the following was found to be significantly associated with maternal confidence for physiologic birth?
- Birth mode
  - Maternal education
  - Previous birth experience
74. Which group do the authors suggest may particularly benefit from future interventions to increase confidence for physiologic birth?
- Nulliparous women
  - Women receiving care from physicians
  - Women intending to use pain medication

### **Postpartum Hemorrhage**

75. Which of the following is the first serum clotting factor to fall to critical levels in an active postpartum hemorrhage?
- Fibrinogen
  - Prothrombin
  - Von Willebrand
76. According to ACOG and the authors of this article, which of the following should be considered as a second-line agent in postpartum hemorrhage?
- Methyl maleate ergonovine
  - Prostaglandin E1
  - Tranexamic acid
77. Which of the following is the correct maximum recommended dose of Tranexamic acid?
- 1g in 24 hours
  - 2g in 24 hours
  - 3g in 24 hours
78. How many units of cryoprecipitate are needed to raise the serum fibrinogen level by 50 mg/dL?
- 5
  - 10
  - 15

79. Which of the following hemostatic agents has a high risk of thrombosis?
- Desmopressin acetate
  - Recombinant-activator Factor VII
  - Tranexamic acid

### **Sexual Trauma**

80. What did the participants cite as the primary reason for trauma disclosure to their healthcare provider?
- Trusting relationship
  - Gift card compensation
  - Emotional instability
81. What frustration was expressed by participants concerning the labor and delivery team?
- Inability to conceal personal history
  - Providers being too sensitive to patient history
  - Uneven provider awareness of sexual trauma history
82. What did participants with a history of sexual trauma commonly cite as a reason they wanted control over who was in the labor room and how individuals entered the labor room?
- Exposure of their bodies
  - Avoidance of verbal trauma cues
  - Creation of a calm environment
83. What did the authors want readers to be cognizant of when providing breastfeeding support for women with a history of sexual trauma?
- Providers should stress the harms of not breastfeeding
  - Traumatized individuals may choose not to breastfeed
  - Mindfulness is of primary importance

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

**PROGRAM EVALUATION FOR INTRAPARTUM, POSTPARTUM, AND  
NEWBORN MODULE 2021-2023**

Please evaluate this module in relation to the following:

<b>A</b> <b>Strongly Agree</b>	<b>B</b> <b>Agree</b>	<b>C</b> <b>Disagree</b>	<b>D</b> <b>Strongly Disagree</b>
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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](mailto:jhill@amcbmidwife.org).