

# **CERTIFICATE MAINTENANCE MODULE**

**Antepartum Care  
2026-2028**

**Online Submissions Must Be Completed By  
12/15/2028**

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

**AMERICAN MIDWIFERY CERTIFICATION BOARD®**

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Successful completion of the Antepartum Module 2026-2028 will award 20 ACNM approved contact hours; 6 contact hours have been designated as pharmacology education.

### ANTEPARTUM CARE MODULE 2026-2028

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 12/15/2028 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 ANTEPARTUM CARE MODULE 2026-2028

### Headaches

- Arnold, M. (2022). Headaches in pregnancy and postpartum: ACOG Clinical Practice Guideline no. 3. *Obstetrics and Gynecology*, 139(5), 944–972. <https://doi.org/10.1097/AOG.0000000000004766>

### Management of Early Pregnancy Loss

- Baker, C. C., Wu, B. T., Han, G., Flynn, A. N., & Creinin, M. D. (2023). Early pregnancy loss medical management in clinical practice. *Contraception*, 126, 110134. <https://doi.org/10.1016/j.contraception.2023.110134>

### STI in Pregnancy

- Bateson, B., Brown, D., & Kennedy, R. (2024). Non-HIV sexually transmitted infections in pregnancy. *Obstetrics, Gynaecology and Reproductive Medicine*, 35(3), 57-62. <https://doi.org/10.1016/j.ogrm.2024.12.001>

### Vaccination

- Cotter, S., Taylor, L., Grace, R., Miao, D., & Ratan, B. M. (2024). Routine maternal vaccine uptake during the COVID-19 pandemic. *American Journal of Perinatology*, 41(S 01), e508–e513. <https://doi.org/10.1055/a-1905-4966>

### COVID and Pregnancy

- Egloff, C., Roques, P., & Picone, O. (2023). Impact of COVID-19 on pregnant women's health: Consequences in obstetrics two years after the pandemic. *Journal of Reproductive Immunology*, 158, 103981. <https://doi.org/10.1016/j.jri.2023.103981>

### Hypertension in Pregnancy

- Jenner, B. (2024). Hypertension in pregnancy and pre-eclampsia. *Medicine (Abingdon, England: UK Ed.)*, 52(10), 620-626. <https://doi.org/10.1016/j.mpmed.2024.07.011>

### Aspirin and Pre-Eclampsia

- Jones Pullins, M. E., & Boggess, K. A. (2025). Aspirin dosage for preeclampsia prophylaxis: an argument for 162-mg dosing. *American Journal of Obstetrics & Gynecology MFM*, 7(1S), 101620. <https://doi.org/10.1016/j.ajogmf.2025.101620>

## Measles

- Khalil, A., Samara, A., Campbell, C., & Ladhani, S. N. (2024). Pregnant women and measles: we need to be vigilant during outbreaks. *EClinicalMedicine*, 72, 102594. <https://doi.org/10.1016/j.eclinm.2024.102594>

## Anticoagulation

- Kilkenney, K., & Frishman, W. (2024). Venous thromboembolism in pregnancy: A review of diagnosis, management, and prevention. *Cardiology in Review*. <https://doi.org/10.1097/CRD.0000000000000756>

## Assisted Reproductive Technology

- Mahabamunuge, J., & Seifer, D. B. (2024). Moving toward narrowing the United States gap in Assisted Reproductive Technology (ART) racial and ethnic disparities in the next decade. *Journal of Clinical Medicine*, 13(8), 2224. <https://doi.org/10.3390/jcm13082224>

## Mental Health

- Mamun, A., Biswas, T., Scott, J., Sly, P. D., McIntyre, H. D., Thorpe, K., Boyle, F. M., Dekker, M. N., Doi, S., Mitchell, M., McNeil, K., Kothari, A., Hardiman, L., & Callaway, L. K. (2023). Adverse childhood experiences, the risk of pregnancy complications and adverse pregnancy outcomes: a systematic review and meta-analysis. *BMJ Open*, 13(8), e063826. <https://doi.org/10.1136/bmjopen-2022-063826>

## Gestational Diabetes Mellitus

- Mohan, S., & Egan, A. M. (2024). Diagnosis and treatment of hyperglycemia in pregnancy: Type 2 diabetes mellitus and gestational diabetes. *Endocrinology and Metabolism Clinics of North America*, 53(3), 335–347. <https://doi.org/10.1016/j.ecl.2024.05.011>

## Substance Use Disorder

- Muñoz, E., Solis, E., & Mitchell, S. (2023). Cannabis use in pregnancy and postpartum: Understanding the complicated history and current recommendations to facilitate client-centered discussions. *Advances in Family Practice Nursing*, 5(1), 151–168. <https://doi.org/10.1016/j.yfpn.2022.12.002>

## Rural Healthcare

- Sheffield, E. C., Fritz, A. H., Interrante, J. D., & Kozhimannil, K. B. (2024). The availability of midwifery care in rural United States communities. *Journal of Midwifery & Women's Health*, 69(6), 929–936. <https://doi.org/10.1111/jmwh.13676>

## Colostrum Collection AP

- Simonsen, M. B., Bentzen, S. B., Möller, S., Holm, K. G., Vinter, C. A., & Zachariassen, G. (2025). Safety of antenatal breastmilk expression from week 34 of pregnancy: a randomized controlled pilot study (The Express-MOM study). *Maternal Health, Neonatology and Perinatology*, *11*(1), 2.  
<https://doi.org/10.1186/s40748-024-00197-1>

## Syphilis

- Stanford, K. A., Mason, J., Friedman, E., Hazra, A., Augustine, E., & Schneider, J. (2024). An opt-out emergency department screening intervention leads to major increases in diagnosis of syphilis. *Open Forum Infectious Diseases*, *11*(9), ofae490.  
<https://doi.org/10.1093/ofid/ofae490>

## Professional Issues

- Thumm, E. B., Goh, A. H., & Phillips, E. (2025). The decision to leave the midwifery workforce in the United States: A qualitative investigation. *Journal of Advanced Nursing*.  
<https://doi.org/10.1111/jan.17074>

## OBJECTIVES FOR ANTEPARTUM CARE 2026-2028

### Headaches

- Identify non-pharmacologic treatment options for the management of primary headaches in pregnancy
- Understand potential causes of headaches during pregnancy and breastfeeding
- Identify red flags for secondary headaches

### Management of Early Pregnancy Loss

- Identify evidence-based strategies for management of early pregnancy loss
- Evaluate the effectiveness of various medical management options for early pregnancy loss
- Understand complications that can occur with medical management of early pregnancy loss

### STI in Pregnancy

- Understand consequences of STIs in pregnancy
- Identify management of STIs in pregnancy
- Discuss guidance on screening for STIs in pregnancy

### Vaccination

- Identify differences among racial/ethnic groups related to receipt of vaccines in pregnancy during the Covid-19 pandemic
- Discuss vaccine uptake in pregnancy during the Covid-19 pandemic
- Understand reasons for changes in vaccine uptake during the Covid-19 pandemic

### COVID and Pregnancy

- Identify maternal complications associated with COVID-19 infection during pregnancy
- Evaluate the safety and efficacy of the COVID-19 vaccination during pregnancy
- Understand how vertical transmission can impact neonates

### Hypertension in Pregnancy

- Understand the hypertensive disorders of pregnancy
- List potential future medical problems related to a history of hypertensive disorders in pregnancy
- Identify recommended prophylaxis for the prevention of pre-eclampsia for pregnant people with chronic hypertension

### Aspirin and Pre-Eclampsia

- Describe the evidence comparing 81 mg versus 162 mg aspirin dosing for preeclampsia prevention
- List proposed mechanisms for how aspirin may reduce preeclampsia risk
- Identify potential risks of taking aspirin in pregnancy

## **Measles**

- Describe the events leading to recent measles outbreaks
- List risks posed by measles in pregnancy
- Discuss clinical management of measles in pregnancy

## **Anticoagulation**

- Understand the pathophysiology of Venous Thromboembolism (VTE) in pregnancy
- Identify the risk factors of VTE during pregnancy
- Summarize the current recommendations for diagnosis, management and prevention of pregnancy associated VTE

## **Assisted Reproductive Technology**

- Understand inequities in Assisted Reproductive Technology (ART) care
- Describe infertility rates in the United States
- Discuss factors that influence access to ART care in the United States

## **Mental Health**

- Describe the relationship between Adverse Childhood Experiences (ACE) events and pregnancy complications
- Describe the relationship between ACE events and adverse pregnancy outcomes
- Discuss barriers to screening for ACE events in antenatal care
- Discuss possible mechanisms for how ACE events adversely affect health in the antepartum

## **Gestational Diabetes Mellitus**

- Understand the prevalence of diabetes in pregnancy
- Identify risk factors for Gestational Diabetes
- Discuss monitoring and management of diabetes in pregnancy

## **Substance Use Disorder**

- Identify major symptoms clients report trying to treat with cannabis during pregnancy
- Discuss legal health risks of cannabis use in pregnancy
- Identify the utility of using bias-informed and client-centered language when counseling pregnant people

## **Rural Healthcare**

- Identify hospital-level characteristics associated with the absence of midwifery care in rural communities
- Summarize the trend in midwifery program enrollment between 2016 and 2021
- Describe the availability of midwifery care in majority BIPOC rural counties

### **Colostrum Collection AP**

- Identify at what gestational age antenatal breastmilk expression is appropriate
- Investigate whether antenatal breastmilk expression induces preterm labor
- Examine how antenatal breastmilk expression promotes the availability of mother's own milk after birth and how it affects breastfeeding outcomes

### **Syphilis**

- Describe potential benefits of opt-out syphilis screening in emergency rooms
- Describe the differences found in demographic groups after implementation of opt-out syphilis screening in emergency rooms
- Demonstrate understanding of the utility of opt-out syphilis screening in emergency rooms

### **Professional Issues**

- Explore reasons for midwives leaving practice
- Propose a theoretical premise for midwifery turnover
- Identify challenges midwives face in the United States

## QUESTIONS FOR ANTEPARTUM CARE 2026-2028

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

YES

### Headaches

1. Which of the following is a non-pharmacologic treatment option for management of primary headaches in pregnancy?
  - a. Black cohosh
  - b. Acupuncture
  - c. Castor oil
2. Which of the following best describes headaches associated with pre-eclampsia?
  - a. Sudden, fluctuating headache that is transient in nature with blindness
  - b. Thunderclap headache with neck pain
  - c. Severe and bilateral in nature that can progress to cortical blindness if untreated
3. All of the following are red flags for secondary headaches EXCEPT:
  - a. Rapid onset or change from baseline
  - b. Non-focal neurologic defects
  - c. Altered consciousness
4. Which of the following treatment options is recommended for management of an acute primary headache in pregnancy?
  - a. Caffeine 2000mg daily
  - b. Acetaminophen 1000mg
  - c. Magnesium oxide 400mg
5. Which of the following is a treatment option for management of acute headache during lactation at 6 weeks postpartum?
  - a. Nonsteroidal anti-inflammatory medications
  - b. Ergotamine
  - c. Epidural blood patch

### Management of Early Pregnancy Loss

6. What medications were used in this study for management of early pregnancy loss?
  - a. Mifepristone 200mg orally and Misoprostol 800mcg vaginally or buccally
  - b. Misoprostol 800mcg vaginally and repeat dosing in 48 hours
  - c. Mifepristone 200mg orally combined with Ibuprofen 800mg orally
7. Approximately what percentage of patients in this study had retained products after medical management requiring uterine aspiration?
  - a. 10%
  - b. 20%
  - c. 30%

8. What is one common reason requiring uterine aspiration after initial pharmacologic treatment?
  - a. Thin endometrium
  - b. Persistent or heavy bleeding
  - c. Endometritis
  
9. What was the overall success rate using mifepristone and misoprostol in this study?
  - a. 69%
  - b. 79%
  - c. 89%
  
10. According to this study, which of the following is NOT an accurate predictor for the need for future surgical intervention?
  - a. Endometrial thickness
  - b. Retained products
  - c. Persistent gestational sac

### **STI in Pregnancy**

11. What class of antibiotics is safe for pregnant and breastfeeding people?
  - a. Quinolones
  - b. Tetracyclines
  - c. Cephalosporins
  
12. If left untreated, what infection may lead to tubal infertility?
  - a. Candidiasis
  - b. Chlamydia
  - c. Hepatitis B
  
13. What infection, if present at delivery, may predispose an individual to postpartum sepsis?
  - a. Trichomoniasis
  - b. Gonorrhea
  - c. Chlamydia
  
14. What is the recommended treatment for chlamydia during pregnancy?
  - a. Metronidazole
  - b. Ceftriaxone
  - c. Azithromycin
  
15. What is the minimum time interval recommended to do a test of cure after treatment of gonorrhea?
  - a. 7 days
  - b. 10 days
  - c. 14 days

16. Which of the following is commonly associated with flu-like symptoms?
- Mycoplasma genitalium
  - Primary herpes outbreak
  - Genital warts
17. Which of the following is a non-penicillin alternative for the treatment of syphilis?
- Erythromycin
  - Imiquimod
  - Moxifloxacin

## **Vaccination**

18. How did vaccine uptake in pregnancy change during the COVID-19 pandemic?
- Increased
  - Decreased
  - No change
19. What was a secondary effect of the COVID-19 pandemic?
- Increased discussion about vaccines
  - Temporary pause on vaccines in pregnancy
  - Increased access to healthcare
20. During the COVID-19 pandemic, which racial/ethnic group had a notable increase in influenza vaccine uptake?
- Hispanic
  - Non-Hispanic Black
  - No group
21. Which racial/ethnic group demonstrated the greatest decrease in influenza vaccine uptake?
- Non-Hispanic Asian
  - Non-Hispanic Black
  - Non-Hispanic White
22. Which racial/ethnic groups were less likely to receive the COVID-19 vaccine during pregnancy?
- Non-Hispanic Black and Non-Hispanic White
  - Non-Hispanic White and Asian
  - Non-Hispanic Black and Hispanic

## **COVID and Pregnancy**

23. All of the following statements regarding SARS-CoV-2 infection during pregnancy are correct EXCEPT:
- Pregnancy does not increase susceptibility but worsens the clinical course
  - Severe complications can occur including pneumonia and maternal death
  - Pregnant individuals are less likely to need mechanical ventilation

24. Pregnant individuals with COVID-19 have what rates of venous thromboembolism as compared to pregnant individual without COVID-19?
- Two-fold higher
  - Three-fold higher
  - Four-fold higher
25. Which of the following is INCORRECT regarding COVID-19 infection during pregnancy and the development of pre-eclampsia?
- Lower rates of pre-eclampsia with severe features
  - Higher rates among patients with symptomatic COVID-19
  - Higher rates of HELLP syndrome
26. Which of the following statements regarding COVID-19 and vertical transmission is true?
- Vertical transmission is rare
  - Vertical transmission can cause congenital malformations
  - Vertical transmission cannot cause brain injury
27. Which of the following statements regarding COVID-19 vaccination during pregnancy is correct?
- COVID-19 vaccination acceptance rates are highest with provider recommendation
  - COVID-19 vaccination increases the risk of miscarriage and fetal malformations
  - COVID-19 vaccination has no impact on prevention of severe complications

### **Hypertension in Pregnancy**

28. People with hypertensive disorders in pregnancy have an increased risk of future development of which medical problem?
- Stroke
  - Chronic pain
  - Hypothyroidism
29. What medication is recommended as pre-eclampsia prophylaxis for all pregnant people with chronic hypertension?
- ACE Inhibitors
  - Low dose aspirin
  - Hydrochlorothiazide
30. Which of the following is NOT a secondary cause of hypertension?
- Attention deficit hyperactivity disorder (ADHD) medication
  - Anemia
  - Sleep apnea

31. Which of the following defines gestational hypertension?
- Chronic hypertension with proteinuria prior to pregnancy
  - New onset of hypertension before 20 weeks gestation with proteinuria
  - New onset of hypertension at or after 20 weeks gestation without proteinuria
32. What medication can be given intravenously for the management of hypertension of pregnancy?
- Spironolactone
  - Enalapril
  - Hydralazine
33. Which of the following medications is associated with postpartum depression?
- Labetalol
  - Methyldopa
  - Nifedipine

### **Aspirin and Pre-Eclampsia**

34. A 2017 meta-analysis found that aspirin significantly reduces the risk of preterm preeclampsia if initiated before how many weeks gestation?
- 16 weeks
  - 18 weeks
  - 20 weeks
35. Meta-analyses identified what dose of aspirin as the minimum effective dose for reducing preeclampsia risk?
- 81 mg
  - 100 mg
  - 150 mg
36. A meta-analysis found that delaying initiation of >100mg aspirin until after 16 weeks was associated with which complication?
- Placental abruption
  - Placenta previa
  - Gastroschisis
37. A Swedish study of more than 300,000 participants found that those who took aspirin and had vaginal births had an increased risk of which complication?
- Postpartum preeclampsia
  - Postpartum hemorrhage
  - Rebound headache

38. Which of the following is a risk of initiating aspirin prior to the US Preventative Task Force recommendation of 12 weeks gestation?
- Vaginal bleeding
  - Stroke
  - Early pregnancy loss

## Measles

39. How did the 1988 Wakefield Lancet paper lead to the current measles outbreaks?
- It demonstrated a connection between the measles, mumps, and rubella (MMR) vaccine and autism
  - It falsely asserted a connection between the measles, mumps, and rubella (MMR) vaccine and autism
  - It described the link between side effects from the measles, mumps, and rubella (MMR) vaccine and autism
40. How did the COVID-19 pandemic impact immunization rates worldwide?
- It was associated with a large decline in routine childhood vaccine uptake
  - More children received routine vaccines in addition to the COVID-19 vaccine
  - It resulted in increased care-seeking behaviors, including routine vaccinations
41. Pregnancy complications associated with measles infection include which of the following?
- Pregnancy loss, growth restriction, pneumonia
  - Postpartum hemorrhage, gestational hypertension
  - Depression, premature rupture of membranes, stillbirth
42. What is subacute sclerosing panencephalitis?
- Eclampsia caused by measles infection in pregnancy
  - A rare neurodegenerative complication of measles that can be fatal
  - A side effect from the measles, mumps, and rubella (MMR) vaccine leading to seizures
43. Which of the following might describe symptoms of a mild measles infection?
- Fever under 39C, localized rash, runny nose
  - Fever, generalized pustular rash, coryza
  - Fever over 39C, vesicular rash, cough
44. Which is the appropriate management for pregnant people born after 1990 who are exposed to measles?
- If negative for measles antibodies they should receive immunoglobulin
  - If negative for measles antigen they should receive the measles, mumps, and rubella (MMR) vaccine
  - If negative for measles antibodies they should isolate for 4 days

## Anticoagulation

45. Which physiologic change in a normal pregnancy increases the risk of venous thromboembolism?
- Venous stasis
  - Insulin resistance
  - Increased tidal volume
46. Pulmonary embolism occurs least commonly during which period?
- Antepartum
  - Postpartum
  - Intrapartum
47. Which of the following is the most notable risk factor for venous thromboembolism during pregnancy?
- Maternal weight gain
  - Personal history of thrombosis
  - Parity
48. Which is the preferred agent for anticoagulation therapy in both pregnancy and postpartum women?
- Low molecular weight heparin
  - Warfarin
  - Aspirin
49. Which of the following is an indication for anticoagulation during pregnancy?
- History of unprovoked venous thromboembolism
  - Conception through assisted reproductive technology
  - History of uncomplicated cesarean section with no risk factors

## Assisted Reproductive Technology

50. When compared to White people, what are infertility rates among Black people?
- Equal
  - Less than
  - Higher than
51. Which of the following factors contributes to disparities in fertility care?
- Increased tubal disease
  - Increasing human papilloma virus vaccination rates
  - Equivalent knowledge about contraception
52. Which group of people is most represented for live births associated with infertility treatment?
- Asian
  - Non-Hispanic White
  - Hispanic

53. Which is NOT a factor in disparities related to utilization of Assisted Reproductive Technology (ART)?
- Financial constraints
  - Contraceptive choices
  - Cultural stigma
54. Among patients with certain cancers, what were the odds of referral for fertility preservation for White people when compared to those of other races?
- Equivalent
  - 2 times higher
  - 5 times higher

### **Mental Health**

55. Which of the following Adverse Childhood Experiences (ACE) were associated with increased risk of preterm birth?
- Poor academic performance
  - Economic advantage in childhood
  - Experiencing collective violence in childhood
56. Which of the following could represent a possible mechanism for how ACE cause pregnancy complications?
- Increased activation of the vagus nerve
  - Pathologic alteration of immune function
  - Decreased systemic levels of cortisol
57. What does this study describe as a potential difficulty in screening for ACE events?
- Screening for ACE events is only performed in primary care practices
  - Asking about ACE events may trigger mental health issues that cannot be readily addressed
  - Healthcare providers do not find screening for ACE to be helpful
58. A history of ACE events increases the risk for which of the following?
- Sexual abuse during pregnancy
  - Post-term pregnancy
  - Successful initiation of lactation
59. Which of the following statements describes the significance of exposure to multiple ACE events for childbearing people?
- It can increase positive coping behaviors in adults
  - It increases likelihood of substance use
  - It does not disrupt neuroendocrine function

## Gestational Diabetes Mellitus

60. What was the prevalence of gestational diabetes in the United States in 2021?
- 5.4%
  - 8.3%
  - 26.1%
61. Which of the following is a risk factor for gestational diabetes?
- Active lifestyle
  - Obese BMI
  - Prior history of SGA
62. What is the recurrence risk of developing gestational diabetes in subsequent pregnancies?
- 70%
  - 60%
  - 50%
63. What is the first line pharmacotherapeutic for the management of gestational diabetes?
- Insulin
  - Glucagon like peptide-1
  - Metformin
64. What is the recommended follow-up interval for the assessment of insulin dose adjustments in the treatment of gestational diabetes?
- Every 2-4 days
  - Every 1-2 weeks
  - Every 1-2 months
65. When should metformin use be avoided in the treatment for gestational diabetes?
- Intrauterine growth restriction
  - Pre-eclampsia
  - Cholestasis
66. What is the recommendation for patients with diabetes in pregnancy if additional risk factors are identified?
- Jardiance
  - Glyburide
  - Low-dose aspirin

## Substance Use Disorder

67. According to the article, patients should be counseled about which of the following risks of cannabis use during pregnancy?
- Additives such as fentanyl may cause dependence and unexpected withdrawal symptoms
  - Active ingredient concentration is consistent between preparations
  - In all states where cannabis is legal, use during pregnancy is protected by law

68. Which of the following is NOT a common reason patients use cannabis in pregnancy?
- Braxton Hicks contractions
  - Nausea and vomiting
  - Depression and anxiety
69. The authors recommend using client-centered nonjudgemental language to discuss which of the following?
- Consequences of a positive cannabis test should be provided after test administration
  - Patients may not be informed about their state's potential legal consequences for cannabis use in pregnancy
  - Cannabis use is rarely a reason for involvement of Child Protective Services and delayed postpartum discharge
70. What is one risk of screening pregnant patients for cannabis use on the basis of individual practice?
- Provider implicit bias can result in testing applied in a discriminatory manner
  - Patients who use cannabis may be missed in the absence of universal testing
  - Insurance is less likely to cover testing for cannabis when not universally required

## **Rural Healthcare**

71. What percentage of rural hospitals with current childbirth services reported no locally available midwifery care?
- 25%
  - 55%
  - 75%
72. Which hospital characteristic was more common in rural communities without midwifery care?
- Fewer than 30% of patients traveling more than 30 miles for care
  - At least 50% of births funded by Medicaid
  - Affiliation with an academic medical center
73. Which of the following trends was noted about midwifery education program enrollment between 2016 and 2021?
- Declined by 15%
  - Remained stable
  - Increased by 29%
74. What implication is suggested by the authors regarding policy changes?
- Policies should focus only on hospital reimbursement rates
  - Rural midwifery expansion is unnecessary due to physician availability
  - Targeted efforts are needed to expand midwifery care in underserved rural communities

75. What was the predicted probability of *not* having locally available midwifery care in majority BIPOC counties?
- a. 33%
  - b. 49%
  - c. 73%

### **Colostrum Collection AP**

76. In the absence of colostrum, what is a primary source of nutrition for preterm infants in the first days of life?
- a. Goat's milk
  - b. Donor human milk
  - c. Fortified breast milk
77. In this study, at what gestational age did participants express the greatest volume of antenatal colostrum?
- a. 37 weeks
  - b. 39 weeks
  - c. 41 weeks
78. Preterm infants receiving mother's own colostrum showed protection against which illness?
- a. Necrotizing enterocolitis
  - b. Patent ductus arteriosus
  - c. Intracranial hemorrhage

### **Syphilis**

79. In 2022, what percentage of congenital syphilis cases occurred amongst those who were not tested or diagnosed late?
- a. 37%
  - b. 55%
  - c. 88%
80. In this study, what criteria flagged patients for opt-out syphilis screening?
- a. No HIV test result on file from the previous 12 months
  - b. History of positive syphilis test
  - c. No documented COVID-19 vaccine
81. What was the number needed to screen in order to detect one presumed active syphilis infection?
- a. 75
  - b. 125
  - c. 225

82. After implementation of the screening program, syphilis diagnoses amongst pregnant people increased by what percent?
- a. 250%
  - b. 500%
  - c. 750%
83. After implementation of the screening program, the proportion of positive syphilis screens doubled amongst which population?
- a. Hispanic
  - b. Non-Hispanic White
  - c. Non-Hispanic Black

### **Professional Issues**

84. What percentage of Certified Nurse Midwives and Certified Midwives work outside of midwifery?
- a. 12%
  - b. 15%
  - c. 23%
85. Which framework did researchers use for thematic analysis?
- a. Racial congruence
  - b. Social determinants of health
  - c. Social constructivism
86. Which theme came up in all interviews?
- a. Caring for self and family became incompatible with work
  - b. Negative psychosocial safety climates
  - c. Increased racism in midwifery
87. Which was a proposed reason for feeling disrespected at work?
- a. Number of hours on call
  - b. Lack of understanding of midwifery
  - c. Positive psychosocial environments
88. How did participants describe the process of leaving midwifery?
- a. Difficult deliberation
  - b. An easy decision
  - c. Seamless

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

## PROGRAM EVALUATION FOR ANTEPARTUM CARE MODULE 2026-2028

1. The articles for this module were relevant to my practice.
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
2. The information learned in these articles will affect my clinical practice.
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
3. I am integrating anti-racism and equity materials such as those included in the CMP Modules in my practice or teaching.
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
4. The articles provided me with new information.
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
5. The questions assessed my comprehension of the articles.
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
6. I was able to find the answers within the articles.
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
7. I think the website is user friendly.
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
8. Were the objectives clearly stated?
  - a. Yes
  - b. No
9. Are the articles easy to obtain without purchasing them from AMCB?
  - a. Yes
  - b. No
  - c. N/A
10. Did you purchase the articles from AMCB?
  - a. Yes
  - b. No

11. Were you satisfied with the time it took to receive your article order?

- a. Yes
- b. No
- c. N/A

12. Do you think the cost of the article set is appropriate?

- a. Yes
- b. No
- c. N/A

13. Do you think the cost of CMP fees are appropriate for the service you receive?

- a. Yes
- b. No

14. Did you receive a timely notice about my upcoming recertification deadline?

- a. Yes
- b. No
- c. N/A

15. Did you receive the appropriate number of reminders before the recertification deadline?

- a. Yes
- b. No
- c. N/A

16. What ideas are missing from the articles that you would recommend we include?

17. Are there any other comments you would like to provide about the content or clarity of this module?