

CERTIFICATE MAINTENANCE MODULE

**Intrapartum, Postpartum, and
Newborn
2024-2026**

**Online Submissions Must Be Completed By
12/15/2026**

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

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Successful completion of the Intrapartum Module 2024-2026 will award 20 ACNM approved contact hours; 6 contact hours have been designated as pharmacology education.

INTRAPARTUM, POSTPARTUM, AND NEWBORN MODULE 2024-2026

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 IP Module online will be 12/15/2026 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

2024-2026

Birth Equity

- Altman, M. R., Afulani, P. A., Melbourne, D., & Kuppermann, M. (2022). Factors associated with person-centered care during pregnancy and birth for Black women and birthing people in California. *Birth: Issues in Perinatal Care*, 50(2), 329–338. doi:10.1111/birt.12675

Shared Decision-Making

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Postpartum Readmission

- Do, S. C., Leonard, S. A., Kan, P., Panelli, D. M., Girsén, A., Lyell, D. J., El-Sayed, Y. Y., Druzin, M. L., & Herrero, T. (2022). Postpartum readmission for hypertension after discharge on labetalol or nifedipine. *Obstetrics & Gynecology*, 140(4), 591–598. doi:10.1097/aog.0000000000004918

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Inclusive Birth

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Rural Healthcare

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Postpartum Preeclampsia

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Postpartum Hemorrhage

- Igboke, F. N., Okwuchukwu, V., Dimejesi, B. I., & Lawani, L. O. (2022). Tranexamic acid for reducing blood loss following vaginal delivery: a double-blind randomized controlled trial. *BMC Pregnancy and Childbirth*, 22(1), 1–8. doi:10.1186/s12884-022-04462-z

Birth Centers

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Breastfeeding Equity

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Breastfeeding Anaphylaxis

- Knutson, J., & Youssef, A. (2023). Supporting Families facing lactation anaphylaxis: a case report. *Journal of Midwifery & Women's Health*, 68(4), 531–534. doi:10.1111/jmwh.13490

Trauma Informed Care

- Owens, L., Terrell, S. M., Low, L. K., Loder, C., Rhizal, D., Scheiman, L., & Seng, J. S. (2022). Universal precautions: the case for consistently trauma-informed reproductive healthcare. *American Journal of Obstetrics and Gynecology*, 226(5), 671–677. doi:10.1016/j.ajog.2021.08.012

Substance Use Disorder

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Induction of Labor

- Soni, A., Sharma, A., Sharma, C., & Verma, S. K. (2021). Simultaneous use of high-volume Foley catheter (60 ml) and misoprostol for labor induction in nulliparous women: A randomized controlled trial. *International Journal of Gynecology & Obstetrics*, 158(1), 44–49. doi:10.1002/ijgo.13943

Community Birth

- Sperlich, M., & Gabriel, C. (2022). “I got to catch my own baby”: a qualitative study of out of hospital birth. *Reproductive Health*, 19(1). doi:10.1186/s12978-022-01355-4

OBJECTIVES FOR INTRAPARTUM, POSTPARTUM, AND NEWBORN MODULE 2024-2026

Birth Equity

- Identify care-related factors related to perceived person-centered care in this study.
- Identify demographic intersections for the black birthing people in this study which correlate with higher and lower perceptions of person-centered care.
- Identify health-related factors related to perceived person-centered care.

Shared Decision-Making

- State barriers that impact uptake of postpartum contraception.
- Understand the historical context of reproductive coercion in the United States in the consideration of contraceptive decision making.
- Discuss shared decision making in regards to postpartum contraception.

Postpartum Readmission

- Identify the leading indication for postpartum hospital readmission.
- Describe reasons for preventing postpartum readmission.
- Discuss treatment options for prevention of readmission for postpartum hypertension and rationale for choosing nifedipine over labetalol.

Syphilis

- Understand current trends in Congenital Syphilis.
- Discuss screening recommendations for syphilis in pregnancy.
- Understand management strategies for the treatment of syphilis.

Inclusive Birth

- Identify the major issues experienced by transmen and genderqueer birthing people in the perinatal period.
- Describe at least two interventions that can improve care for transmen and genderqueer birthing people in the intrapartum.
- Appreciate the potential for pregnancy and birth in transmen and genderqueer people.

Rural Healthcare

- Identify how substance use or experiencing underlying mental health conditions impacts prevalence of PPD.
- Identify the range of postpartum depressive symptoms collected by the Pregnancy Risk Assessment Monitoring System (PRAMS).
- Describe themes that pregnant and postpartum rural women identified as barriers for access to care.
- Identify how family history of mental health concerns or substance use is implicated in postpartum depression.
- Describe how these rural women experience discussing postpartum depression with their care providers.
- Identify strategies to address health disparities in rural postpartum care.

Postpartum Preeclampsia

- Identify risk factors for postpartum preeclampsia.
- Describe evaluation for postpartum preeclampsia.
- Discuss recommended treatment for postpartum preeclampsia.

Postpartum Hemorrhage

- Understand the significance of postpartum hemorrhage.
- Understand risk factors for postpartum hemorrhage.
- Understand strategies for the prevention of postpartum hemorrhage.

Birth Centers

- Describe basic characteristics of birth center model of care.
- Describe common obstacles faced by birth centers not usually faced by hospitals.
- Describe reported core outcomes of the birth center model of care.

Breastfeeding Equity

- Identify key outcomes from this study related to racial disparities in inpatient breastfeeding support.
- Discuss reasons why addressing disparities in Baby Friendly implementation may not solve differences in exclusive human milk feeding.
- Describe how alerting staff to existing racial disparities in care provision might impact staff behavior based on findings of this study.

Breastfeeding Anaphylaxis

- Identify signs and symptoms of lactation anaphylaxis.
- Describe medical management of lactation anaphylaxis.
- Discuss care considerations for people facing lactation anaphylaxis.

Trauma Informed Care

- Understand the differences between trauma-informed care and trauma-specific care in the intrapartum period.
- Identify barriers to trauma informed care in the intrapartum period.
- Describe the effects of trauma on the intrapartum period.

Substance Use Disorder

- Identify appropriate pain management strategies for opioid using people during childbirth and recovery.
- Discuss specific clinical considerations for different medications used to treat OUD in pregnancy.
- Describe the interaction of maternal therapies with neonatal withdrawal syndrome.

Induction of Labor

- Understand potential complications of labor induction with an unfavorable cervix.
- Understand mechanism of action of cervical ripening methods.
- Understand evidence related to methods of cervical ripening for labor induction.

Community Birth

- List some reasons people may choose out-of-hospital birth (OOHB).
- Describe some ways in which recognizing the role of previous trauma and discrimination might inform birth professionals' interactions with pregnant people.
- Discuss the ways in which people reflected on their community birth experiences.

QUESTIONS FOR INTRAPARTUM, POSTPARTUM, AND NEWBORN MODULE 2024-2026

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

YES

Birth Equity

1. In this study “continuity of care” was associated with significantly higher perceived “patient centered care”. How did the authors define “continuity of care”?
 - a. At least one provider of the same race as the patient
 - b. One-to-one care on labor and delivery
 - c. Seeing the same provider or group of providers throughout the pregnancy and birth
2. Which is true regarding the sample studied by Altman?
 - a. The patients were primarily college-educated
 - b. There were only heterosexual participants
 - c. Many patients were children of immigrants
3. Which intrapartum-related factor(s) were associated with higher perceived person-centered care?
 - a. Spontaneous compared to induced labor
 - b. Vaginal birth compared to cesarean
 - c. Midwifery compared to physician care during labor
4. Which health-related factors were associated with lower perceived person-centered care?
 - a. Lower self-rated health
 - b. Higher self-rated health
 - c. Asymptomatic hypertension

Shared Decision-Making

5. Which of the following is specifically identified in this article as a factor that impacts postpartum contraceptive uptake?
 - a. Parity
 - b. Cultural context
 - c. Social media

6. A potential drawback to clinical use of the One Key Question framework is:
 - a. Clinical comfort
 - b. Increased visit time
 - c. Patient satisfaction with delivery experience

7. What is an example of stratified reproduction?
 - a. Complicated contraception consent processes
 - b. Voluntary discontinuation of a prescribed method
 - c. Contraceptive education during pregnancy

8. Which of the following is an example of interpersonal/systemic barrier to care?
 - a. Unlimited access to care
 - b. Stigma from partner
 - c. Patient autonomy

9. What is a characteristic of shared decision-making?
 - a. Clinical led
 - b. Based on insurance coverage
 - c. Patient guided

Postpartum Readmission

10. What percentage of pregnancies in the United States are complicated by hypertensive disorders?
 - a. 13% - 15%
 - b. 8% - 10%
 - c. 18% - 20%

11. According to this article, what is the most common indication for postpartum readmission?
 - a. Hemorrhage
 - b. Hypertension
 - c. Endometritis

12. Which medications are most commonly used for treatment of postpartum hypertension?
 - a. Low dose aspirin and nifedipine
 - b. Nifedipine and labetalol
 - c. Nifedipine and hydralazine

13. According to this article, which of the following groups were more likely to be readmitted within 6 weeks?
- Asian individuals
 - Preterm delivery
 - Vaginal delivery
14. Readmission rates for mild hypertensive disorders were significantly higher in which of the following?
- Labetalol alone
 - Nifedipine alone
 - Combined therapy
15. Readmission for hypertension occurred in 4.5% of patients discharged on labetalol versus what percentage of those discharged on nifedipine?
- 7.2%
 - 5.7%
 - 2.1%
16. Which characteristic of nifedipine may contribute to lower rates of readmission?
- More frequent dosing so patients remember to take medication
 - Improves renal blood flow and resultant diuresis
 - Providers are more familiar with nifedipine so are more likely to prescribe it

Syphilis

17. What has happened with congenital syphilis rates between 2012 and 2020?
- Increased two-fold
 - Remained stable
 - Increased seven-fold
18. At which stage of infection does neurosyphilis develop?
- Latent stage
 - Any stage
 - Primary stage
19. Which of the following is a clinical feature of secondary syphilis?
- Headache
 - Hearing loss
 - Painless chancre

20. What antibiotic is the recommended treatment for perinatal syphilis?
- Keflex
 - Clindamycin
 - Penicillin
21. Approximately what percent of infected neonates are asymptomatic for congenital syphilis?
- 70%
 - 80%
 - 90%
22. Almost half of all 2020 congenital syphilis cases were reported in what two US States?
- Florida and Alabama
 - Texas and California
 - Texas and Mississippi
23. According to the authors, which of the following is NOT related to the recent increase in rates of congenital syphilis?
- Lack of timely prenatal care
 - Increased funding for screening and prevention
 - Poverty
24. Which of the following reflects the CDC recommended syphilis screening schedule for high-risk pregnant people?
- First prenatal and postpartum visit
 - Pre-conception, 20 weeks gestation, and 36 weeks gestation
 - First prenatal visit, 3rd trimester, at the time of delivery
25. Which screening test may remain positive throughout life after successful treatment for syphilis?
- Venereal Disease Research Laboratory (VDRL)
 - Reactive Plasma Reagin (RPR)
 - Treponema Pallidum Particle Agglutination (TP-PA)
26. What is the recommended management of syphilis for pregnant people with a penicillin allergy?
- Cephalosporin
 - Desensitization
 - Tetracycline

Inclusive Birth

27. Approximately what percentage of transmen are potentially capable of pregnancy?
 - a. 90%
 - b. 85%
 - c. 80%

28. The review found that transmen often chose home or community birth for what reason?
 - a. Decreased likelihood of bias
 - b. Decreased likelihood of cesarean birth
 - c. Decreased sense of control over setting

29. Exogenous testosterone use prior to pregnancy was associated with changes to which outcome?
 - a. Mean gestational age of birth
 - b. Neonatal birth weight
 - c. Anemia in pregnancy

30. The authors recommend which of the following to improve care during the intrapartum for transmen and genderqueer birthing people?
 - a. Use of correct names and pronouns
 - b. Ensuring extra staff are present for exams
 - c. Including these clients in group tours to avoid singling them out

31. Low-dose exogenous testosterone in the lactating parent has what effect on the serum testosterone levels of infants fed that parent's milk?
 - a. Increased levels
 - b. Decreased levels
 - c. No change

Rural Healthcare

32. How does the incidence of postpartum depression in people using substances and/or experiencing underlying mental health conditions compare to the general population?
 - a. Higher
 - b. Lower
 - c. Similar

33. What is the prevalence of postpartum depression symptoms according to the Pregnancy Risk Assessment Monitoring System (PRAMS)?
- 0.5% to 8.2%
 - 9.7% to 23.5%
 - 25.7% to 54.3%
34. Which of the following barriers to care is a theme identified in this article?
- Family history of mental health issues and access to reliable transportation
 - Adverse weather conditions and empathy displayed by care teams
 - Lack of awareness of postpartum depression and geographic isolation
35. When considering family history of mental health concerns or substance use, which of the following were found in this article's interviews?
- A history of trauma, substance use and multigenerational mental health concerns was prevalent
 - History of trauma, mental health concerns and substance use were usually isolated within one generation
 - Family history of mental health concerns and substance use were not identified
36. When discussing postpartum depression with their providers, the participants experienced which of the following?
- Empathy and referral to resources to manage postpartum depression
 - Robust discussions and education surrounding postpartum depression
 - Judgmental, dismissal, or lack of knowledge about postpartum depression
37. Strategies to address the disparities in rural health care identified in this article include which of the following?
- Identifying historical and generational trauma and implementing trauma informed care
 - Increasing access to nurse home visits and telehealth visits
 - Each of these strategies was identified as ways to address the disparities

Postpartum Preeclampsia

38. Which is NOT a risk factor for postpartum preeclampsia?
- Maternal age > 35 years
 - Primiparous status
 - BMI > 40kg/m²

39. Cesarean birth increases risk of postpartum preeclampsia by what magnitude?
- Two to seven-fold
 - No increase compared to vaginal birth
 - Eight to thirteen-fold
40. Which intrapartum factor increases the risk for postpartum preeclampsia?
- Epidural anesthesia
 - Greater volume of IV fluids
 - Use of vasopressors
41. People with headache or vision changes that persist after management of severe hypertension should undergo neuroimaging to rule out which of the following?
- Migraine
 - Postdural puncture headache
 - Cerebrovascular accident
42. Symptoms of volume overload or pulmonary edema may be treated with which of the following?
- Diuresis with furosemide
 - Nifedipine for BP control
 - Exercise to decrease third-spacing
43. Differential diagnosis for postpartum hypertension include all BUT which of the following?
- Lupus exacerbation
 - Hypothyroidism
 - Pre-existing renal disease
44. Which of the following is NOT a first-line agent for managing acute severe postpartum hypertension?
- IV labetalol
 - Extended-release nifedipine
 - Immediate-release nifedipine
45. What is recommended by the authors to reduce the risk of morbidity related to postpartum preeclampsia?
- Home BP monitoring
 - Daily low-dose aspirin at diagnosis
 - 6-week PP office BP check

Postpartum Hemorrhage

46. What is considered to be the critical window for postpartum hemorrhage prevention?
 - a. Between delivery of the newborn and the expulsion of the placenta
 - b. Between the start of second stage and delivery of the newborn
 - c. Between expulsion of the placenta and the first void

47. True blood loss is often underestimated because of which of the following:
 - a. Active management of third stage
 - b. Problems with visual blood estimation
 - c. Estimation of blood loss not being done as a routine practice

48. Tranexamic acid (TXA), which works to support hemostasis, is part of which drug class?
 - a. Antifibrinolytic
 - b. Uterotonic
 - c. Vasopressor

49. Risk factors for postpartum hemorrhage include:
 - a. Multiparity
 - b. Oligohydramnios
 - c. Prolonged or augmented labor

50. Prophylactic use of tranexamic acid was found to have what impact on blood loss after delivery?
 - a. Reduced blood loss
 - b. Increased blood loss
 - c. No impact on blood loss

Birth Centers

51. How do the authors describe the birth center model of care?
 - a. Labor and delivery units designated as the hospital's birth center
 - b. Midwifery led facilities built on individualized, evidence-based care
 - c. Facilities using only licensed CM's or CNM's

52. What did the authors conclude regarding racial disparities in their findings?
- Access to birth center care is approximately equal between white and non-white people
 - Black and Hispanic birthing people express less interest in BC care than white people
 - Racial differences in birth center utilization appear related to insurance reimbursement
53. What outcome differences were seen between centers utilizing CPMs and CNMs, after adjusting for risk factors?
- CPM models had greater attrition and fewer labor inductions
 - CNM models had greater attrition and fewer labor inductions
 - CNM and CPM models had similar rates of attrition and labor induction
54. What intervention was associated with receiving care in “high volume” community settings amongst low-risk multiparas?
- Higher rates of epidural
 - Lower rates of induction
 - Higher rates of induction

Breastfeeding Equity

55. How did people plan to feed their babies according to the Infant Feeding Plan results?
- Nearly half planned to give both human milk and formula
 - A majority planned to exclusively breastfeed
 - Most people planned exclusively human milk substitutes
56. What disparities were identified in the postpartum nurse education?
- Breastfeeding education was documented equally for all races
 - Black clients were less likely than white clients to receive breastfeeding education
 - Hispanic clients were least likely to have breastfeeding education documented
57. What was the most commonly cited reason for supplementing with formula?
- Sore nipples
 - Supply concerns
 - Parental fatigue

58. What was the most impactful test of change related to disparities in education provided to clients?
- Alerting administrators of disparities
 - Alerting clients to existence of disparities
 - Alerting staff to existence of disparities
59. What was one suggestion as to why Baby Friendly implementation alone may not close the racial gap in exclusive human milk feeding?
- Cultural norms related to formula supplementation
 - Pressure from hospital staff to supplement with formula
 - Physiologic differences in colostrum production by race

Breastfeeding Anaphylaxis

60. What is a proposed mechanism of lactation anaphylaxis?
- Mast cell degranulation related to hormone changes at birth
 - Rapid postpartum increase in progesterone
 - Decreased prolactin after birth
61. Symptoms of lactation anaphylaxis are triggered by which of the following?
- Epidural anesthesia
 - Delayed skin-to-skin contact postpartum
 - Removal of milk from the breast
62. Initial management of lactation anaphylaxis includes administration of which of the following?
- Nonsteroidal anti-inflammatory drugs
 - Antihistamines
 - Cabergoline
63. Which of the following is the best approach to counseling people with lactation anaphylaxis?
- Explain they must exclusively formula-feed
 - Discuss pros and cons of continued breastfeeding
 - Encourage exclusive pumping

64. According to the authors, which is considered the next-best option for newborn nutrition after mother's milk?
- Pasteurized donor milk
 - Infant milk substitutes
 - Informal milk sharing

Trauma Informed Care

65. The term trauma, as defined by the authors, includes which of the following events?
- Structural racism
 - Media reports of trauma
 - Exposure to violent movies
66. Trauma-informed care includes which of the following factors?
- Recognition of the signs of trauma exposure
 - Psychological treatment through behavioral health providers
 - Peer support programs for people who have experienced trauma
67. In case D as presented by the authors, which of the following was observed by the clinician during labor?
- Patient declining multiple aspects of care
 - Patient passive and "frozen"
 - Patient angry and hostile towards staff
68. In case D, what do the authors recommend as a trauma-informed addition to intrapartum care?
- Acknowledge patient's bravery in returning to site of trauma
 - Encourage patient to "put it out of her mind" and focus on current labor
 - Present patient with firm recommendations to relieve her stress
69. What is one of the barriers the authors identify to providing trauma-informed care?
- Lack of information about trauma and subsequent discomfort
 - Lack of reimbursement for trauma informed care
 - Low prevalence of trauma in general population and lack of experience with these patients

70. What strategy is recommended by the authors to promote trauma-informed care in the intrapartum setting?
- Meeting the patient while they are fully dressed
 - Avoiding discussion of possible traumas to avoid upsetting the patient
 - Taking a detailed trauma history for all patients for documentation in the chart

Substance Use Disorder

71. Which of the following is preferred for short term IV pain relief in labor or postpartum for persons on buprenorphine maintenance?
- Nalbuphine
 - Butorphanol
 - Hydromorphone
72. Which of the following is a clinical consideration for methadone use?
- Methadone has partial agonist activity
 - Methadone can cause cardiac Q-T interval shortening
 - Methadone requires slow titration to optimal dosing
73. Which of the following is a clinical consideration for buprenorphine?
- Buprenorphine causes cardiac Q-T interval prolongation
 - Buprenorphine administration is preferred once daily during pregnancy
 - Buprenorphine is a partial mu opioid receptor agonist
74. What is the relationship between Medications for opioid use disorder (MOUD) medications and neonatal opioid withdrawal syndrome (NOWS)?
- The severity of NOWS increases as methadone dosing increases
 - The severity of NOWS “peaks” at lower doses with buprenorphine than methadone
 - The severity of NOWS is greater with methadone compared to buprenorphine
75. Which of the following is recommended for intrapartum/postpartum pain management of persons on MOUD?
- Decrease maintenance doses if other opioids are used for pain control
 - Increase the maintenance dose to minimize euphoria induced relapse
 - Maintain maintenance dose and add medication as needed for pain control

76. What is the preferred management strategy for those on methadone requiring post cesarean opioid pain control?
- Opioids should not be used because they may trigger relapse
 - Methadone dose should be increased to treat the pain
 - Maintain methadone dose and use short acting opioids such as oxycodone
77. How may the Clinical Opioid Withdrawal Scale (COWS) be useful in labor and postpartum?
- It provides an objective scale for predicting neonatal opioid withdrawal severity
 - It provides guidance on using supportive medications during labor and postpartum
 - It is useful for initiating MOUD, but should not be used in acute settings

Induction of Labor

78. Which of these is NOT a potential complication of labor induction with an unfavorable cervix?
- Chorioamnionitis
 - Poor Apgar scores
 - Pre-eclampsia
79. Which of the following correctly reflects the mechanism of action of transcervical Foley catheter in labor induction?
- Inhibits natural prostaglandins
 - Mechanically dilates the cervix
 - Ripens myometrial fibers
80. Which of the following are the methods of labor induction compared in the study?
- Low volume transcervical foley catheter and vaginal misoprostol compared to high volume transcervical foley catheter and vaginal misoprostol
 - Vaginal misoprostol and transcervical foley catheter compared to oral misoprostol and transcervical foley catheter
 - Vaginal misoprostol compared to transcervical foley catheter

81. Which intervention resulted in a significantly shorter duration of labor?
- High volume foley catheter and vaginal misoprostol
 - Low volume foley catheter and vaginal misoprostol
 - There was no significant difference between the intervention groups
82. Which of the following was significantly improved in the group that received the high volume foley catheter and vaginal misoprostol?
- Low Apgar score at 1 minute
 - Vaginal delivery rates
 - NICU admission

Community Birth

83. What were some ways in which study participants informed themselves prior to choosing OOHB?
- Stories, articles and videos on the internet
 - Hospital-based birthing classes
 - Discussions about options for birth location with prenatal care providers
84. Which of the following contributed to people choosing unassisted birth?
- Recommendations from family
 - Lack of access to home birth providers
 - The cost of hospital birth
85. How did participants describe the impacts of OOHB on their history of trauma?
- Felt their sexual abuse trauma was healed
 - Improved emotional support but the pain was unbearable
 - Strengthened their fear of the medical system
86. The authors suggest that learning from women who have rejected the medical model of birth can result in which of the following?
- Increased belief that OOHB is unsafe
 - Restricted access to OOHB
 - Reflection on and improved care

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

**PROGRAM EVALUATION FOR INTRAPARTUM, POSTPARTUM, AND NEWBORN
MODULE 2024-2026**

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?