

Successful completion of the Intrapartum Module 2015-2017 will award **20 ACNM approved contact hours**. 8 contact hours have been designated towards Pharmacology.

### **INTRAPARTUM, POSTPARTUM AND NEWBORN MODULE 2015-2017 AMCB Certificate Maintenance Program (CMP) Module Introduction**

The Certificate Maintenance Program (CMP) is designed to assist CNMs/CMs to demonstrate the highest level of knowledge in all areas of midwifery practice, not only at the time of initial certification but throughout an individual's professional career.

The AMCB CMP Modules are designed as self-learning tools to enable Certified-Midwives and Certified Nurse-Midwives to learn up-to-date, evidence-based knowledge of current practice in obstetrics, gynecology, newborn, and primary care. Each module contains current evidence-based articles and the full scope of midwifery practice is sufficiently covered within the 3 existing modules. These articles are updated every 3 years to ensure current information is included. Each module also requires an attestation that the articles were read and completion of a post-test that assesses key points in each of the articles.

A module consists of:

1. References
2. Objectives
3. Attestation
4. Multiple-choice questions based on the corresponding references
5. Evaluation

Answers are based on the specific references for each module 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. 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
- Attestation that each article was read in its entirety
- Completion of the module evaluation section

ONLINE GRADING: Modules are now available for online submission. This service allows you to receive and print your module results instantly. Please be aware that module results are only available for modules completed within your current certification cycle. Once you recertify and begin a new certification cycle, module results from the previous cycle are no longer accessible from your online portal. Please be sure to print all module results before completing the Recertification Application.

If you have not done so already, please call our office at 410-694-9424 to set up a username and password for online access.

**Final deadline for submitting the IP Module is 12/15/2017 11:59PM EST.**

## REFERENCES FOR INTRAPARTUM, POSTPARTUM AND NEWBORN MODULE 2015-2017

### **Preactive Verses Active Labor**

- Neal JL, Lamp JM, Buck JS, et al. Outcomes of nulliparous women with spontaneous labor onset admitted to hospitals in preactive versus active labor. *Journal of Midwifery & Women's Health* 2014; 59(1): 28-34.

### **Nitrous Oxide**

- Starr SA, Baysinger CL. Inhaled nitrous oxide for labor analgesia. *Anesthesiology Clinics*, 2013; 31: 623-634.

### **Category II Fetal Heart Rate Tracings**

- Clark SL, Nageotte MP, Garite TJ, Freeman RK, et al. Intrapartum management of category II fetal heart rate tracings: towards a standardization of care. *American Journal of Obstetrics & Gynecology*, 2013; 29(2): 87-97

### **Delayed Umbilical Cord Clamping**

- Raju T. Timing of umbilical cord clamping after birth for optimizing placental transfusion. *Current Opinion in Pediatrics*, 2013; 25: 180-187.

### **Counseling Women with a Previous Cesarean Birth**

- Cox KJ. Counseling women with a previous cesarean birth: Towards a shared decision-making partnership. *Journal of Midwifery and Women's Health*, 2014; 59: 237-245.

### **Giving Birth with Rape in One's Past**

- Halvorsen L, Nerum H, Oian P, Sorlie T. Giving birth with rape in one's past: a qualitative study. *Birth*, 2013; 40(3): 182-91.

### **Home Birth**

- Cheyney M, Bovbjerg M, Everson C, et al. Outcomes of care for 16,924 planned home births in the United States: The Midwives Alliance of North America Statistics Project, 2004-2009. *Journal of Midwifery Women's Health*, 2014; 59: 17-27.

### **Oral Misoprostol**

- Radoff KA. Orally administered misoprostol for induction of labor with prelabor rupture of membranes at term. *Journal of Midwifery and Women's Health*. 2014; 59: 254-263.

### **Postpartum Gestational Diabetes Screening**

- Oza-Frank R. Postpartum diabetes testing among women with recent gestational diabetes mellitus: PRAMS 2009-2010. *Maternal Child Health Journal*, 2014; 18: 729-736.

### **Lactation Dermatoses**

- Barrett ME, Heller MM, Stone FS, Murase JE. Dermatoses of the breast in lactation. *Dermatologic Therapy* 2013; 26: 331-336.

### **Puerperal Infection**

- Karsnitz DB. Puerperal infections of the genital tract: A clinical review. *Journal of Midwifery & Women's Health*, 2013; 58(6): 632-642

### **Use of Galactogogues in Breast Feeding**

- Forinash AB, Yancey AM, Barnes KN, Myles TD. The use of galactogogues in the breastfeeding mother. *Annals of Pharmacotherapy*, 2012; 46: 1392-1404.

### **Vitamin K**

- Burke C. Vitamin K deficiency bleeding: Overview and considerations. *Journal of Pediatric Health Care*, 2013; 27: 215-221.

### **Circumcision**

- Mielke RT. Counseling parents who are considering newborn male circumcision. *Journal of Midwifery & Women's Health*, 2013; 58: 671-682.

### **Preventing Infant Pertussis**

- Terranella A, Beeler Asay GR, Messonnier ML, Clark TA. Pregnancy dose Tdap and postpartum cocooning to prevent infant pertussis: A decision analysis. *Pediatrics*, 2013; 131: e1748-e1756.  
Available online at <http://pediatrics.aappublications.org/content/131/6/e1748.full.html>

### **Critical Congenital Heart Defects**

- Ewer AK. Review of pulse oximetry screening for critical congenital defects in newborn infants. *Current Opinion in Cardiology*, 2013; 28(2): 92-6.

### **Professional Issues: Cultural Competence**

- Wilson L. Cultural competence: Implications for childbearing practices. *International Journal of Childbirth Education*, 2012; 27(1): 10-17

## **OBJECTIVES FOR INTRAPARTUM, POSTPARTUM AND NEWBORN MODULE 2015-2017**

### **Preactive Verses Active Labor**

- Discuss the current incidence of endogenous oxytocin use during labor.
- Describe potential adverse outcomes for women admitted in preactive labor.
- Summarize recommendations for labor admission decision-making for low-risk nulliparous women.

### **Nitrous Oxide**

- Compare the advantages of nitrous oxide with other forms of analgesia.
- Identify contraindications and potential side effects of nitrous oxide use in labor.
- Review recommendations for maternal pulse oximetry monitoring when nitrous oxide is used during labor.

### **Category II Fetal Heart Rate Tracings**

- Describe the statistics regarding the incidence of category II fetal heart rate tracings.
- Apply the algorithm developed by Clark et al to potential obstetric clinical scenarios.
- Review the evidence regarding the efficacy of intrauterine resuscitation interventions.

### **Delayed Umbilical Cord Clamping**

- Discuss alternative strategies when immediate cord clamping is necessary.
- Identify effects of immediate and delayed cord clamping to mother and infant.
- Specify the recommended minimal amount of time to delay cord clamping after birth.

### **Counseling Women with a Previous Cesarean Birth**

- Compare and contrast various decision-making models.
- Review the most recently reported vaginal birth after cesarean rates in the United States.
- Identify the best methods for improving comprehension and objective accuracy of numerical data.

### **Giving Birth with Rape in One's Past**

- Describe statistics on rape in the United States.
- Review strategies for caring for women during labor who have a history of rape.
- Identify the predominant emotional reactions and feelings experienced by women with a history of rape during labor and/or birth.

### **Home Birth**

- Discuss the generalizability of available studies on home birth to US practices.
- List the reasons for intrapartum transfer to a hospital during a planned home birth.
- Describe possible reasons women with high-risk pregnancies in the US continue to choose home birth.

### **Oral Misoprostol**

- Discuss risk factors for chorioamnionitis.
- Compare the efficacy of oral versus vaginal misoprostol administration.
- Identify contraindications to the use of misoprostol for cervical ripening or induction of labor.

### **Postpartum Gestational Diabetes Screening**

- Identify predictors for postpartum diabetes testing rates.
- Describe the recommended postpartum diabetes screening tests.
- Discuss the impact of lifestyle modification in the prevention and treatment of type 2 diabetes mellitus.

### **Lactation Dermatoses**

- Review recommended treatment regimen for the treatment of bacterial mastitis.
- Differentiate the physical exam findings of common breast dermatoses seen during lactation.
- Identify the correct corticosteroid medication used for treatment of eczematous nipple dermatitis.

### **Puerperal Infection**

- Describe the gold standard treatment for postpartum endometritis.
- Identify symptoms and etiologies of common puerperal infections.
- Discuss interventions that reduce the incidence of common puerperal infections.

### **Use of Galactogogues in Breast Feeding**

- Review contraindications to common galactogogues.
- Identify risks of long term use for common galactogogues.
- List the most commonly used dosing regimens for galactogogues.

### **Vitamin K**

- Discuss the function of Vitamin K in the body.
- Identify what populations are at greatest risk for Vitamin K deficiency bleeding.
- Understand the current recommendations and concerns for Vitamin K prophylaxis.

**Circumcision**

- List the medical indications for newborn male circumcision.
- Discuss methods of analgesia commonly used for newborn male circumcision.
- Describe specific parental care instructions for both circumcised and uncircumcised male newborns.

**Preventing Infant Pertussis**

- Describe the primary sources of pertussis transmission to infants.
- Discuss the infant benefits of maternal antepartum Tdap vaccination.
- Compare the efficacy of various vaccination strategies to reduce the incidence of infant pertussis.

**Critical Congenital Heart Defects**

- Describe the detection rates of pulse oximetry screening for critical congenital heart defects (CCHD).
- Identify the optimal time for newborn pulse oximetry screening for CCHD.
- Discuss other benefits and limitations of pulse oximetry screening for CCHD.

**Professional Issues: Cultural Competence**

- Identify the best methods for gaining cultural competence.
- Recognize specific cultural practices related to childbearing.
- Discuss key terms and definitions related to cultural competence.

**ATTESTATION FOR INTRAPARTUM, POSTPARTUM AND NEWBORN MODULE  
2015-2017**

**\*\*The attestation will be required prior to submitting the module for grading\*\***

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

**YES**

**QUESTIONS FOR INTRAPARTUM, POSTPARTUM AND NEWBORN MODULE  
2015-2017**

**Preactive Verses Active Labor**

1. According to recent studies, approximately what percent of women experience exogenous oxytocin use during labor?
  - a. 25%
  - b. 50%
  - c. 75%
  
2. In this study, which group had higher maximum temperatures following amniotomy?
  - a. Active admission group
  - b. Preactive admission group
  - c. There were no differences between groups
  
3. Under what conditions do Neal et al. propose that it is reasonable to consider admitting a laboring woman at 4-5 centimeters dilatation with near complete effacement?
  - a. The woman is unable to cope with her contractions at home.
  - b. There has been a 2 centimeter change in dilatation in the past 4 hours.
  - c. Cervical dilatation of 4 centimeters has been present for more than 24 hours.
  
4. When a diagnosis of active labor cannot be made with relative certainty, which of the following actions is recommended by the authors?
  - a. Observe the woman and re-evaluate cervical dilatation prior to admission.
  - b. Discharge the woman to home with careful instructions on when to return.
  - c. Refuse the woman's request for admission until she is at least 6 centimeters dilated.

**Nitrous Oxide**

5. Caution is advised when administering nitrous oxide to laboring women with a history of:
  - a. asthma
  - b. retinal surgery
  - c. seizure disorders
  
6. Maternal side effects of nitrous oxide use include which of the following?
  - a. Drowsiness
  - b. Urinary retention
  - c. Low blood pressure

7. One of the advantages nitrous oxide has over parenteral opioids (such as remifentanyl) in labor includes:
  - a. increased maternal sedation
  - b. minimal effects on the fetus
  - c. shortened first stage of labor
  
8. According to the American Society of Anesthesiologists practice guidelines, nitrous oxide use in labor requires continuous maternal pulse oximetry monitoring in which of the following situations?
  - a. Whenever nitrous oxide is used
  - b. When concentrations less than 50% are used
  - c. Only if the woman has received systematic opioids within 2 hours

### **Category II Fetal Heart Rate Tracings**

9. What percent of fetuses in labor are thought to demonstrate category II fetal heart rate tracings?
  - a. 25%
  - b. 50%
  - c. Greater than 80%
  
10. According to the proposed algorithm by Clark et al, if a woman in latent labor has a fetal heart rate tracing with moderate variability and significant (>50%) decelerations for more than one hour following appropriate corrective measures, the next step in her plan of care should be to:
  - a. proceed with cesarean delivery
  - b. continue observation until active labor
  - c. insert fetal scalp electrode and intrauterine pressure catheter
  
11. Which of the following intrauterine resuscitation interventions has NO evidence supporting its efficacy in improving newborn outcomes?
  - a. Discontinuation of oxytocin
  - b. Maternal oxygen administration
  - c. Amnioinfusion for variable decelerations
  - d. Lateral positioning of gravid uterus
  
12. All of the following fetal heart rate patterns were excluded from the algorithm decision tree by Clark et al, **EXCEPT**?
  - a. Fetal tachycardia
  - b. Absent variability
  - c. Marked variability
  - d. Prolonged decelerations

### **Delayed Umbilical Cord Clamping**

13. What is the immediate neonatal consequence of delayed cord clamping?
  - a. Increased blood volume
  - b. Stabilization of core temperature
  - c. Improved 1 minute APGAR scores
  
14. When the need for neonatal resuscitation (i.e. during a maternal emergency) requires immediate cord clamping, which of the following strategies could be considered?
  - a. Bulb suctioning of the infant to delay immediate clamping.
  - b. Placing the infant skin to skin with the mother for 30 seconds.
  - c. Milking the cord towards the baby 2-4 times prior to clamping.
  
15. Which of the following outcomes were unaffected by the timing of the umbilical cord clamping?
  - a. Need for phototherapy
  - b. Duration of the third stage
  - c. Infant hemoglobin or hematocrit
  
16. What is the minimal recommended time to delay cord clamping after birth?
  - a. 30 seconds
  - b. 60 seconds
  - c. 90 seconds

### **Counseling Women with a Previous Cesarean Birth**

17. According to revised birth certificate data from 2010, what is the vaginal birth after cesarean rate in the United States?
  - a. 9.2%
  - b. 28.3%
  - c. 52.4%
  
18. Women who pursue their birth choice from a perspective of equal priority for mother and baby embrace which type of philosophy?
  - a. "Childbirth"
  - b. "Sharedbirth"
  - c. "Motherbirth"
  
19. Which of the following is a unique characteristic of the consumerist decision-making model?
  - a. The woman deliberates and decides alone.
  - b. Both parties have equal investment in the decision.
  - c. The provider selects the best options for the woman.

20. Comprehension and objective accuracy of numerical information can be improved through the use of:
- icon arrays and graphs
  - percentages and probabilities
  - descriptors such as “rare” or “unlikely”

### **Giving Birth with Rape in One’s Past**

21. According to United States statistics, what percent of women have been subject to a rape in the course of their lifetime?
- 5-8%
  - 12-18%
  - Greater than 20%
22. Women in this study described an emotional reaction during labor in which they felt their only option was to mentally escape out of their bodies. This sub-category was identified as:
- Escape
  - Struggle
  - Surrender
23. Good birth care for women with a past history of rape should include all of the following strategies **EXCEPT**
- perform minimal vaginal exams
  - include the woman in all decisions
  - offer nitrous oxide or an early epidural
  - provide an opportunity to wash after the birth
24. What was the predominant feeling experienced by the women in this study after giving birth?
- Indifference
  - Profound shame
  - A sense of relief

### **Home Birth**

25. In this study, what was the most common reason for intrapartum transfer to a hospital during a planned home birth?
- Failure to progress
  - Desire for pain relief
  - Fetal malpresentation

26. According to references cited by the authors, why are the outcomes from studies on home birth performed in other countries not generalizable to the United States (US)?
- Direct entry midwives in the US often choose not to report their birth data due to high rates of adverse outcomes.
  - An integrated maternity system with clear communication between birth settings does not currently exist in the US.
  - Physicians practicing in the US generally oppose home birth and actively seek to restrict women's access to this choice.
27. Postpartum hemorrhage rates from this study (>500mL) were higher than the rate reported by others. The authors identified which of the following as a proposed rationale for this inconsistency?
- The inappropriate use of 500 mL as a benchmark in a physiologic birth population.
  - The increased frequency of oxytocin use and active management of the third stage.
  - Underestimation of blood loss by midwives using the MANA Stats reporting system.
28. According to the authors, why do some women with higher-risk pregnancies continue to choose home birth?
- They have no insurance coverage for hospital birth.
  - There are limited options supporting normal physiologic birth at their local hospitals.
  - Their religious or cultural beliefs forbid many typical hospital interventions during labor.

### **Oral Misoprostol**

29. The TermPROM study identified several risk factors for developing chorioamnionitis that included which of the following independent predictors?
- Greater than 3 vaginal examinations
  - Use of a foley balloon for cervical ripening
  - Prolonged latent labor greater than 12 hours
30. When compared with vaginal dosing, oral administration of misoprostol is associated with:
- more consistent absorption
  - lower 5 minute APGAR scores
  - uterine contractions within 1-2 hours
31. Which of the following is an acceptable dosing regimen for oral misoprostol use in term premature rupture of membranes?
- 25 micrograms (mcg) every 2 hours up to 6 doses
  - 50 mcg every 4 hours up to 6 doses
  - 100 mcg every 6 hours up to 6 doses
32. Misoprostol is contraindicated in which of the following clinical scenarios:
- Maternal history of previous uterine surgery
  - Nulliparous woman with a Bishops Score of 6
  - Prolonged rupture of membranes greater than 24 hours

### Postpartum Gestational Diabetes Screening

33. What percent of women with gestational diabetes mellitus (GDM) will have overt diabetes or impaired glucose tolerance at 6-12 weeks postpartum?
- 18%
  - 33%
  - 52%
34. How was adequate prenatal care associated with postpartum diabetes testing rates in this study?
- Screening rates were increased
  - Screening rates were decreased
  - There was no difference in screening rates
35. Which of the following is the recommended postpartum diabetes screening test?
- Fasting plasma glucose alone
  - Fasting 75 g, 2 hour glucose tolerance test
  - Either test can be used
36. Early detection, lifestyle modification, and moderate drug therapy can reduce progression to type 2 diabetes by what percent?
- 25%
  - 50%
  - 75%

### Lactation Dermatoses

37. Which of the following topical corticosteroids should be avoided during treatment of eczematous nipple dermatitis?
- Category I
  - Category V
  - Category VI
38. How long should mothers with suspected *Staphylococcus aureus* breast infection be treated with oral antibiotics?
- At least 1 week, preferably 2-3 weeks
  - At least 10 days, preferably 2 weeks
  - At least 2 weeks, preferably 4-6 weeks
39. When examining the newborn mouth for *Candida* infection, it is important to avoid confusion with which of the following physical findings?
- Epstein's pearls
  - Sebaceous cysts
  - Hypertrophy of gums

40. Which of the following diagnoses is most likely when inspection of the nipple or areola reveals vesicles on an erythematous base?
- Candida mastitis
  - Herpes simplex virus
  - Plugged lactiferous ducts
41. Breastfeeding women diagnosed with Raynaud's phenomenon of the nipple can be safely treated with which of the following medications?
- Nifedipine
  - Propranolol
  - Diphenhydramine

### **Puerperal Infection**

42. A high fever greater than 102.2 F (39.0 C) that occurs in the first twenty-four hours after delivery is most likely caused by
- epidural anesthesia
  - maternal dehydration
  - group A Streptococcus
43. Which of the following intravenous regimens is considered the gold standard treatment for moderate to severe postpartum endometritis?
- Clindamycin 900 mg plus gentamycin 1.5 mg/kg every 8 hours
  - Penicillin 5 million units every 6 hours plus aztreonam 2 g every 8 hours
  - Metronidazole 500 mg every 12 hours plus ampicillin 2 g every 6 hours
44. How long must a women desiring intrauterine contraception be free of intrauterine infection before placement?
- 6 weeks
  - 3 months
  - 6 months
45. Perineal wound infections after a laceration repair are most commonly treated with:
- sitz baths every 8 hours
  - topical antibiotic ointment
  - re-suturing with catgut sutures
46. Which of the following interventions has been shown to significantly reduce genital tract infections associated with cesarean birth?
- Wearing two pairs of latex-free gloves during the surgery.
  - Administration of prophylactic antibiotics 60 minutes prior to the incision.
  - Vaginal cleansing with an antimicrobial solution immediately after the surgery.

### **Use of Galactogogues in Breast Feeding**

47. Fenugreek is thought to increase breast milk supply through which of the following proposed mechanisms of action?
- Inhibition of dopamine
  - Increased sweat production
  - Direct effect on cortisol levels
48. One possible maternal risk of long term use of metoclopramide is:
- tardive dyskinesia
  - deep vein thrombosis
  - focal migraine headaches
49. A postpartum woman who is taking a selective serotonin receptor inhibitor (such as sertraline) should not use which of the following galactogogues?
- Fenugreek
  - Milk Thistle
  - Domperidone
  - Metoclopramide
50. Domperidone has been found to increase milk supply within 48 hours with which of the following oral dosing regimens?
- 10 mg every 8 hours for 2 weeks
  - 20 mg daily until milk supply doubles
  - 10 mg titrated dosing over 7 to 14 days

### **Vitamin K**

51. Which of the following is the primary function of vitamin K in the body?
- Synthesis of clotting factors
  - Inhibition of platelet aggregation
  - Transportation of anticoagulation proteins
52. Which infant is more likely to develop vitamin K-dependent bleeding (VKDB)?
- Breastfed, received vitamin K injection
  - Breastfed, did not receive vitamin K injection
  - Formula fed, did not receive vitamin K injection
53. Parental refusal of injectable vitamin K to newborns at birth has resulted in what percent of VKDB?
- 2-10%
  - 18-25%
  - 31-70%

54. In order to prevent early onset VKDB of the newborn, oral vitamin K daily in the third trimester should be given to women taking which of the following medications?
- Rifampin
  - Paroxetine
  - Levothyroxine

### **Circumcision**

55. Medical indications for male newborn circumcision include which of the following?
- Newborn hypospadias
  - Maternal HIV infection
  - Newborn pathological phimosis
  - Parental refusal of newborn vitamin K prophylaxis
56. According to the Academy of Pediatrics Task Force recommendations, what is preferred method of analgesia for newborn male circumcision?
- Dorsal penile nerve block
  - Body positioning and sucrose pacifiers
  - Application of a topical anesthetic cream
57. Discharge instructions for new parents on the care of their male newborn's uncircumcised penis should include which of the following?
- Do not forcibly retract the foreskin.
  - Apply talcum powder to the genital region after bathing.
  - Use a petroleum gauze dressing to keep the foreskin moist.
58. Counseling parents in resource-rich health environments such as the United States regarding male newborn circumcision would include all of the following **EXCEPT**:
- unbiased information on health benefits
  - risks and complications of the procedure
  - recommended pain management techniques
  - confirmed adverse effects on future sexual function

### **Preventing Infant Pertussis**

59. When evaluating sources of pertussis transmission to newborn infants, besides the parents, which family members pose the greatest risk?
- Siblings
  - Grandparents
  - Other close contacts
60. Infants are most at risk from pertussis infection:
- After 6 months of age
  - In the first 2 months of life
  - If they are placed in daycare

61. Maternally derived antibodies from a Tdap vaccine given during pregnancy will persist in a newborn infant for approximately:
- 0 to 4 weeks
  - 5 to 8 weeks
  - 6 months or more
62. In this study, which of the following strategies demonstrated the highest annual reduction of infant mortality and morbidity from pertussis?
- Tdap vaccination postpartum
  - Tdap vaccination during pregnancy
  - Tdap vaccination to other close contacts

### **Critical Congenital Heart Defects**

63. Several studies have identified that the addition of pulse oximetry screening could increase the detection rates of critical congenital heart defects (CCHD) by what percentage?
- 50%
  - 75%
  - 90%
64. One key advantage of pulse oximetry screening in newborns is that it may also detect which of the following serious non-cardiac illness?
- Cerebral palsy
  - Early onset sepsis
  - Hypoxic Ischemic Encephalopathy (HIE)
65. Lower false positive rates are seen when newborn pulse oximetry screening is performed:
- After 24 hours of age
  - Prior to 24 hours of age
  - Timing does not make a difference
66. What is the most common cardiac lesion missed by newborn pulse oximetry screening?
- Ventral septal defects
  - Coarctation of the aorta
  - Transposition of the great vessels

### **Professional Issues: Cultural Competence**

67. Which of the following is the best way to gain cultural competence?
- Read books about other cultures.
  - Watch movies about other cultures.
  - Firsthand experience with other cultures.
68. Culture can best be defined as:
- having a set of learned and shared beliefs and values
  - the perception that one's own way is best when viewing the world
  - a sense of belonging to, identifying with, and having specific characteristics

69. Which laboring woman may perceive braiding her hair as bad luck?
- Hispanic
  - Native American
  - African American
70. Refusing to breastfeed during the first few days postpartum is commonly seen among:
- Asian women
  - Hispanic women
  - African American women

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

**PROGRAM EVALUATION FOR INTRAPARTUM, POSTPARTUM AND NEWBORN  
MODULE 2015-2017**

Please evaluate this module in relation to the following:

A <b>Strongly Agree</b>	B <b>Agree</b>	C <b>Disagree</b>	D <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).
15. I would be interested in joining the CMP committee to assist with constructing new future modules.

If you have any other comments, concerns, or suggestions for topics and/or articles for future modules please email Rebecca Herzfeld at [rherzfeld@amcbmidwife.org](mailto:rherzfeld@amcbmidwife.org).