



2021 POEP Updates and Improvements

General Updates	<p>Each POEP module has been updated based on new recommendations, evidence, and reference materials. The updates include definitions, statistics, images, knowledge checks, and pre-and posttest questions. Recognition of gender expression and pronouns is a critical component of providing holistic care. Imbedded in all modules, AWHONN recognizes the existence of diverse gender identities and the use of the words woman, women, and mother; she, her, hers; he and his; as well as gender-neutral terms: people, persons, individual(s), and parents.</p> <p>The modules are designed for instructor-led learning, self-paced learning, or both. To incorporate different teaching methodologies and boost learner engagement, AWHONN has added new interactive elements and more than 500 new images to the modules in this 2021 version.</p> <p>POEP pre-tests are designed for the instructor and participants to assess participants' knowledge related to the stated learning outcomes before the modules are taught. Pre-tests are no longer optional and are required to complete to earn contact hours. Instructors have the capability of generating a report of the participants pre and posttest results.</p> <p>When using POEP in the classroom, instructors will have the ability to "HIDE" the Menu and Notes Tab. In addition, the Administrator/Instructor Manual has been reformatted to include all administrative resources together for each module – the Speaker's Notes, Test Q&A, Knowledge Check Answer Key and, when applicable, Patient Case Scenario.</p> <p>In the past, the National Certification Corporation (NCC) provided codes for AWHONN POEP modules. Since that time, POEP participants have been assessed and found to be mostly early career nurses who are not certified or seeking certification during the early stages of their careers. Related to those early career nurses, NCC coding is simply not needed for POEP. In addition, AWHONN queried NCC during a joint meeting on March 31, 2021 about the possibility of coding AWHONN CNE products aside from annual convention sessions and due to limited NCC staff and time for coding in addition to their other certification efforts, the NCC declined. NCC is the only body that can accurately code CNE courses to meet the NCC criteria.</p>		
Module #	Title	Contact Hours Awarded	Updates/Improvements
Foundation (formerly Module 15)	Perinatal Safety and Risk Management	2.5	<ul style="list-style-type: none"> Because safety and risk management are the foundation of everything nurses do, this module provides indispensable safety and risk management guidelines. The Joint Commission (TJC) information has been updated to reflect the current (2020/2021) list of



			<p>Sentinel Event Alerts and TJC core measures and standards that surround perinatal practice.</p> <ul style="list-style-type: none"> Recommended safety principles for high-risk medications is also included.
1	Overview of Reproductive Health and Infertility	2.0	<ul style="list-style-type: none"> Based on the literature, the causes of infertility and maternal weight regarding infertility have been updated. Polycystic ovary syndrome is a common metabolic disorder. For this reason, the content has been expanded to include the signs and symptoms identified by ACOG.
2	Preconception and Interconception Health	2.25	<ul style="list-style-type: none"> To enhance health status leading to improved maternal and child health outcomes, the following module content has been updated based on the latest evidence and available literature: maternal nutrition, BMI/weight, exercise guidelines, dental care, environmental toxins, STIs, cardiovascular disease, asthma, diabetes, thyroid disease, seizure disorders, autoimmune diseases, prescription medication use, birth defects, and genetic counseling. The module addresses disparities including race (or racism), age, and level of education that may lead to poor outcomes in pregnancy. Intimate partner violence affects women of reproductive age more than other groups of people; the topic content has been updated and expanded. Illicit drugs are used by 5% of pregnant women, this content has been expanded and updated. The module addresses the hormonal changes that can lead to depression and mental illness.
3	Physiologic and Psychosocial Adaptation to Pregnancy	2.75	<ul style="list-style-type: none"> Several physiologic changes occur during pregnancy. These changes provide the foundation to the nursing care provided. To increase the nurses' knowledge base, the following content has been updated based on current references: polyhydramnios, oligohydramnios, hematologic changes, coagulation, respiratory system, renal system, and proteinuria. The physiologic and psychosocial changes that occur during pregnancy impact the woman and her partner, family, and community of friends. Adapting to pregnancy content has been expanded based on current literature and trends.



			<ul style="list-style-type: none"> Guidelines for screenings during pregnancy have been updated based on current guidelines provided by ACOG.
4	Process of Labor and Birth (Normal)	3.25	<ul style="list-style-type: none"> To reflect current recommendations from ACOG and the American Society of Anesthesiologists (ASA) the following has been updated: pain relief in labor – including side effects and nursing care. Content regarding delayed pushing and active management of the third stage of labor have been updated to reflect current literature and recommendations. Nursing care and interventions during labor include the most current evidence-based practice recommendations regarding maternal positioning, open glottis pushing, the use of peanut balls, and hydrotherapy. To provide a point of reference for fetal heart rate content, fetal heart rate strip examples have been added. Leopold's maneuver is presented with a step-by-step video that allows the participant to view the steps while they are being explained.
5	Process of Labor and Birth (Complications)	3.0	<ul style="list-style-type: none"> The ARRIVE study and the PEARLE study results and practice recommendations have been included in this module. TJC information has been updated to reflect the current (2020/2021) standards that surround perinatal practice. To provide a point of reference for fetal heart rate content, fetal heart rate strip examples have been added. ISMP safety measures for oxytocin, low dose versus high dose oxytocin, and documentation requirements with oxytocin have all been updated.
6	Cesarean Birth and Post Anesthesia Care Unit (PACU)	2.25	<ul style="list-style-type: none"> The cesarean birth rate is approximately 30% of all live births. Because cesarean birth can be associated with added morbidities for women and newborns, the following content has been updated according to ACOG recommendations: indications for cesarean birth and requested cesarean birth. Furthermore, because cesarean birth can be associated with added morbidities for women and newborns, the following content has been updated: malignant hyperthermia management; PACU equipment; postop assessments, care, and potential complications; and care



			according to body systems; thermoregulation; maternal-infant bonding; and discharge from PACU.
7	Complications of Pregnancy, Part 1	4.5	<ul style="list-style-type: none"> • Preterm birth is the leading cause of neonatal mortality and the most common cause of antenatal hospitalization; the following content has been updated based on the most current literature and research: preterm birth risk factors, preterm labor demographic risk factors, fetal fibronectin, recommendations for 17-alpha-hydroxyprogesterone caproate (17P), and cervical insufficiency. • Additionally, information about the following medications has been updated based on the most current recommendations: terbutaline, magnesium sulfate management, Procardia, and indomethacin. • Terminology for placenta previa, placenta accreta spectrum, placental abruption, and FHR patterns associated with abruption have been updated based on ACOG terminology. • Obstetric hemorrhage and hypovolemic shock content have been updated to comply with TJC standards that surround perinatal practice. • The recommendations from the Society of Reproductive Medicine have been updated to reflect their effort to decrease high order of multiples.
8	Complications of Pregnancy, Part 2	6.5	<ul style="list-style-type: none"> • Hypertensive disorders of pregnancy content has been updated to comply with TJC standards that surround perinatal practice. The updates include terminology, medications, management, and physiologic changes. • Because 1-4% of pregnancies are affected by maternal cardiac disease, the content has been expanded to include management, risk classifications, and CPR for the OB woman. • Pregnancy symptoms and complications can range from mild to severe; healthcare providers caring for the obstetric population should have an understanding of common complications. For this reason, the following content has been updated based on the most recent literature, research, and professional recommendations: anemia in pregnancy, sickle cell, VTE, pulmonary embolism, anticoagulants, ARDS, pulmonary edema,



			anaphylactoid syndrome of pregnancy, asthma, cystic fibrosis, GDM, antidiabetic medications, hypoglycemia management, DKA, postpartum diabetes, hyperthyroidism, nausea and vomiting and hyperemesis, hepatic disorders, and cholestasis.
9	Complications of Pregnancy, Part 3	2.0	<ul style="list-style-type: none"> • Trauma is considered one of the leading causes of non-obstetric maternal death; the content has been updated and includes assessment, management, and diagnostic testing after trauma. • Obesity carries significant health risks; the content has been expanded to include consequences of obesity, diabetes, fetal monitoring, proper body mechanics, and weight loss surgery.
10	Perinatal Infections	3.25	<ul style="list-style-type: none"> • STIs during pregnancy can have a profound effect on the woman and her newborn. For this reason, the content has been updated and reorganized to reflect the STIs that are most prevalent in the US and to include the most recent CDC recommendations for prevention, treatment, and management. • Pregnancy can increase the risk of severe complications of influenza and COVID-19, therefore, the content regarding vaccinations has been updated. • Infections are the most common complication during pregnancy that may affect the woman and the newborn; the following content has been updated based on the most current literature, research, and professional recommendations: UTI, pyelonephritis, sepsis (including screening guidelines), intraamniotic infections (based on ACOG recommendations), GBS (based on AAP and ACOG recommendations), and cytomegaly virus.
11	Postpartum Assessment and Nursing Care	3.5	<ul style="list-style-type: none"> • Standardized definitions and data points have been recognized by ACOG to advance the interoperability of data in women's health. The traditional and standardized PPH definitions and the recommended length of the postpartum period have been updated. • To ensure the nurse is prepared and knowledgeable in a complete maternal assessment, the content has been updated to reflect the most current recommendations for assessment of the urinary system (including timing and emptying of the bladder) and expansion of the postpartum assessment (BUBBLE-LE). In addition,



			<p>content has been added to include postpartum neuropathy.</p> <ul style="list-style-type: none"> • A majority of new mothers experience transitory mood disorder that could worsen, therefore, women and their partners should be educated about this condition. This content has been expanded based on the current literature, research, and expert recommendations, and includes postpartum depression treatment strategies, depression medication (Zulresso), postpartum depression screening tools, and expansion of bipolar II disorder content. • Since breastfeeding is recognized by leading researchers and medical experts as the best method for promoting healthy growth and development, the following content has been updated: health benefits of breastfeeding, nutritional intake for breastfeeding mothers, smoking and breastfeeding, and the addition of gender-neutral language. • To ensure the mother has the knowledge to care for herself and her newborn after discharge from the hospital, the nurse must be knowledgeable to educate the women regarding warning signs and when to seek assistance. The following content has been updated based on the most current literature, research, and expert recommendations: Coomb's test, family planning – including LARC, cultural considerations in discharge planning, gaps in discharge education, POST-BIRTH Warning Signs, and post discharge support.
12	Newborn Assessment and Nursing Care	5.25	<ul style="list-style-type: none"> • To provide adequate placental transfusion, the content regarding ACOG's recommendation for delayed cord clamping has been updated. • NRP guidelines for resuscitation including initial newborn assessment, sudden unexpected postnatal collapse, and nursing assessment criteria for respirations and heartrate have been updated based on the most current recommendations. • To provide the nurse with a solid foundation of knowledge, the following content has been updated based on current literature, research, and expert recommendations: techniques for nursing assessment, gestational age assessment and time frames, nursing care for abdominal wall disorders, the importance of

			<p>folic acid, skin care (CHG), and various normal and abnormal assessment findings.</p> <ul style="list-style-type: none"> To ensure the mother has the knowledge to care for her newborn after discharge from the hospital, the nurse must be knowledgeable to educate women regarding warning signs and when to seek assistance. The following content has been updated based on current literature, research, and expert recommendations: newborn weight loss, BPA free bottles for storage, contraindications to breastfeeding, formula feeding education, jaundice, inborn errors of metabolism, newborn screening recommendations, PKU, hypothyroidism, discharge criteria, car seat safety, SUID, safe sleep, pacifier use for sleep, and newborn crying. Abusive head trauma (formerly known as Shaken Baby Syndrome) is the leading cause of physical child abuse deaths in children under five and can result in serious long-term consequences, for this reason, the content has been updated based on current literature, research, and expert recommendations.
13	Neonatal Complications	4.25	<ul style="list-style-type: none"> Prematurity is the second leading cause of infant mortality; the following content has been updated based on the most current literature, research, and expert recommendations and includes: timing of delayed bath, hyperbilirubinemia, and breastfeeding the late preterm infant. ACOG recommendations for antepartum testing for postterm pregnancies has been updated. The late preterm infant is at significant risk for many complications; the following content has been updated based on current literature, research, and expert recommendations: evaluation for respiratory distress, recommendations for nasal canula wounds, CHD, therapeutic hypothermia, oral glucose, bubble CPAP, and neonatal sepsis. The prevalence of substance abuse has increased significantly over the past 20 years and can cause serious problems for the mother and her newborn, the following content has been updated based on current literature, research, and expert recommendations:



			marijuana use in pregnancy and nonpharmacologic interventions for NAS.
14	Perinatal Loss	3.0	<ul style="list-style-type: none"> The consequences of perinatal loss can be emotional, physiologic, spiritual, cognitive, psychological, and social in nature. The following content has been updated based on the most current literature, research, and expert recommendations: cultural and religious beliefs, grieving differences including same sex couples, perinatal palliative care, and the effects of perinatal loss on relationships. Perinatal loss is a profound experience and nurses should not try to ignore their own responses. To assist with increasing knowledge in this area, the following content has been updated based on current literature, research, and expert recommendations: nursing self-care including sympathetic and empathetic responses, and compassion fatigue.
	TOTAL AVAILABLE CONTACT HOURS	50.25	