

Please select the single best answer to each question. To obtain continuing education credits, complete this on-line post test, evaluation and continuing education validation information.

**1. The primary goals of antenatal steroid administration is:**

- Reduce the risk of maternal infection.
- Improve severity of respiratory illness in preterm infants.
- Reduction in overall mortality and the incidence of IVH.
- B and C are correct.

**2. The benefit of antenatal corticosteroid use in preterm pregnancy has not been shown to exceed the risk and therefore caution should be used in consideration of candidates for treatment.**

- True
- False

**3. Weekly administration of ANS is associated with which of the following?**

- Smaller fetal head size
- Lower birthweight
- Significant improvement in outcome over single course treatment
- A & B both

**4. An elevated risk of head and somatic growth delay from ANS treatment is seen with how many courses?**

- One course
- Two courses
- More than 2 courses
- More than 5 courses

**5. True or false: Decisions regarding use of ANS should take gender, race and availability of good NICU care into consideration when identifying appropriate candidates for treatment.**

- True
- False

**6. If preterm delivery (24-34 weeks) is anticipated in less than 24 hours, consideration of ANS use is:**

Not indicated as the full course can not be administered

Indicated as treatment for less than 24 hours can be associated with significant reduction in neonatal mortality as well as RDS and IVH.

**7. True or False: Betamethasone is the first choice of steroid for ANS because fewer injections are needed and much of the outcome data for ANS was done using betamethasone instead of dexamethasone.**

True

False

**8. Which of the following are accurate medication administration regimes for ANS?**

Betamethasone 12 mg, intramuscular injection, two doses, 24 hours apart.

Dexamethasone, 6 mg, intramuscular injection, four doses, 12 hours apart.

All of the above

Neither of the above

**9. True or false: ANS treatment may be indicated after 34 weeks gestation in specific circumstances, in the presence of an immature lung profile.**

True

False

**10. True or False: ANS may be used in preterm premature rupture of membranes, without clinical chorioamnionitis, at less than 30-32 weeks gestation.**

True

False

**11. True or false: Regardless of the risk to the mother, ANS should be given to all patients when delivery is imminent prior to 34 weeks.**

True

False

**12. Please rate the following components of the educational program.**

	Poor	Fair	Good	Very Good	Excellent	N/A
Adequacy of materials	jn	jn	jn	jn	jn	jn
Course organization	jn	jn	jn	jn	jn	jn
Topic relevance	jn	jn	jn	jn	jn	jn
Content	jn	jn	jn	jn	jn	jn
Audio Visual/ Electronic Materials	jn	jn	jn	jn	jn	jn
Level of Presentation	jn	jn	jn	jn	jn	jn
Syllabus Materials	jn	jn	jn	jn	jn	jn
Authors Knowledge	jn	jn	jn	jn	jn	jn
	jn	jn	jn	jn	jn	jn

**13. Comments/Recommendations**

	5
	6

Required for continuing education credits

**14. Full Name**

**15. License Number**

**16. Profession**

**17. Your area of specialty**

- L&D     Post Partum     Nursery     NICU     Management     OB     Peds     Family Practice     Other

**18. Home Address**

Street

City

State

Zip COde

Country (if outside of USA)

**19. Telephone Number**

Area Code

Number

**20. E-mail Address**

**21. Affiliation**

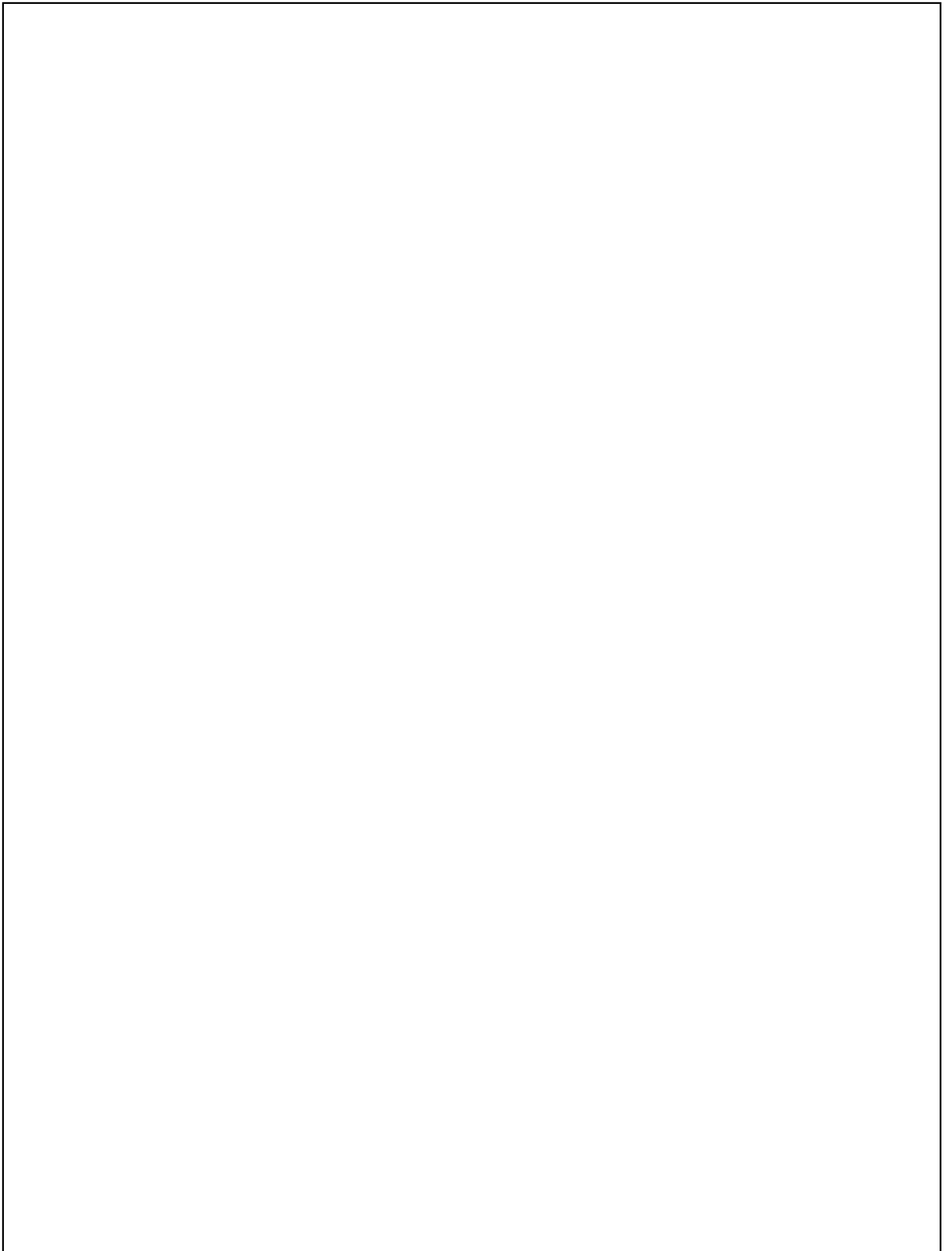
Facility/Company

Department

I have completed the self-paced module and its requirements to obtain continuing education credits

**22. Check all sections completed.**

- Study the self-paced learning module
- Read Antenatal Steroid Administration Toolkit
- Complete on-line post-test (passing score of 80% or greater)
- Complete evaluation



Correct post-test answers are as follows:

1-D, 2-F, 3-D, 4-C, 5-F, 6-B, 7-T, 8-C, 9-T, 10-T, 11-F