COMPETENCY VERIFICATION TOOLKIT

**ENSURING COMPETENCY OF DIRECT CARE PROVIDERS TO IMPLEMENT THE BABY-FRIENDLY HOSPITAL INITIATIVE**

**WEB ANNEX E**

**MULTIPLE CHOICE QUESTIONS FOR KNOWLEDGE VERIFICATION (ANSWER KEY)**

Which item is covered by the International Code? (PI #1)[[1]](#footnote-1)

* Breast pumps.
* Foods marketed for infants over 6 months.
* **Formula marketed for children up to 3 years.**
* Nipple shields.

*Explanation: Breast pumps, nipple shields and foods marketed for infants over 6 months are not covered by the Code.*

Which of the following undermines breastfeeding? (PI #2)

* Providing a list of community support groups.
* **Offering formula in the first few hours after birth.**
* Discussing individualized infant feeding plans with mothers.
* Affirming that the mother is doing a good job.

*Explanation: Anything that erodes or undermines the mother's ability to breastfeed and interfere with building an adequate milk supply should be avoided.*

How should a direct care provider respond if offered informational materials provided by an infant feeding company representative? (PI #3)

* Accept materials about topics other than infant feeding.
* Accept patient education materials about breastfeeding.
* Accept clinical tools with company logos.
* **Accept scientific and factual information only about their products.**

*Explanation: Materials provided by manufacturers and distributors may include subtle biases and lead health care providers to subtly favour infant feeding company products, thereby undermining breastfeeding.*

How should a direct care provider respond if offered gifts provided by an infant feeding company representative? (PI #4)

* Accept supplies for homeless patients.
* **Refuse to accept any financial or material gifts.**
* Refuse financial gifts but can accept material gifts.
* Accept office supplies because those do not affect judgment.

*Explanation: Health care providers should refuse all financial or material gifts from infant feeding company representatives because doing so may subtly favour infant feeding company products over breastfeeding.*

Why should direct care providers refuse financial or material inducements? (PI #5)

* Acceptable if budgets are tight
* It is acceptable if parents don't see it.
* Acceptable if all infant feeding companies are treated equally.
* **It gives the appearance of product endorsement by the provider.**

*Explanation: Accepting financial or material inducements may unintentionally sway the provider to recommend products to patients that are not specific to their needs.*

How can direct care providers help or influence facilities to avoid deliberate or accidental promotion of feeding bottles or teats? (PI #6)

* **Prohibit any posters or materials with images of bottles and teats.**
* Allow products that fall under the Code be visible to parents.
* Display images and posters featuring bottle-feeding infants.
* Allow marketing of bottles and teats to the public.

*Explanation: Facility should not post any images featuring infants being bottle fed. Breastfeeding should be featured as the norm.*

Which is a key element to include in the facility's infant feeding policy? (PI #7)

* Specific infant feeding products used in the facility.
* Medications used for lactation suppression.
* **Support for all mothers including those who do not breastfeed.**
* Visitation times and guidelines.

*Explanation: An infant feeding policy should include all Ten Steps, the Code, support to all mothers including the ones who decide not to breastfeed, and how the facility monitors progress towards the Ten Steps.*

As a direct care provider in this facility, which of these aspects can you ignore? (PI #8)

* Informing parents about the policy.
* Collecting data about breastfeeding rates.
* Informing the general public about the facility's policy.
* **Determining who is responsible for Code compliance.**

*Explanation: Direct care providers are always expected to comply with the entire infant feeding policy of the facility.*

What does a direct care provider need to do regarding the infant feeding policy? (PI #8)

* Comply with the policy only in public.
* **Comply with the infant feeding policy in all interactions with parents.**
* Discipline other providers who violate the IFP.
* Determining who is responsible for Code compliance.

*Explanation: Direct care providers are expected to comply with the Code and assist the facility in complying with the Code.*

Why are hospital practices monitored? (PI #9)

* The higher administration has to compile data.
* **To determine whether established targets are met.**
* Administration wants to make sure all patients are treated the same,
* We have an auditing group that does it to report to authorities.

*Explanation: Hospitals monitor practices to determine if established targets are met in many aspects of health care.*

Which is considered a sentinel (key) indicator for monitoring BFHI practices? (PI #10)

* Caesarean section rate
* Maternal satisfaction with hospital service.
* Training hours of health staff.
* **Rate of initiation and exclusive breastfeeding.**

*Explanation: Early and exclusive breastfeeding are sentinel (key) indicators of health.*

Which is an open-ended question? (PI #11)

* Is there someone who supports your feeding decisions?
* **What have you heard about breastfeeding?**
* Are you planning to breastfeed?
* Did your mother breastfeed?

*Explanation: Open-ended questions solicit more than a 'yes-no" response and lead to more conversations and options.*

When discussing the importance of breastfeeding with a pregnant woman, which is the most appropriate language to use? (PI #12)

* Lactation for many months reduces your risk of breast cancer.
* Postpartum fertility is delayed with exclusive breastfeeding.
* Infant more readily progresses through the instinctive stages.
* **Breastfeeding is healthy for you and your baby.**

*Explanation: Simple, direct sentences and terms are more likely to be understood and accepted by young women or those with less education. The other responses use complex, technical terms.*

A mother says, "I am afraid that breastfeeding will hurt." Which response is likely to increase her confidence in breastfeeding? (PI #13)

* For most women, the pain won't last long.
* If you listen to what I explain to you, it will not hurt.
* Unfortunately, pain is present for many mothers.
* **You are afraid it will hurt…did you witness this with someone you know?**

*Explanation: An empathetic response that acknowledges the mother's fears followed by a positive framing is likely to increase the mother's confidence.*

A mother says, "My mother didn't breastfeed and doesn't know how to help me." Which suggestion shows that you understand her concerns? (PI #14)

* **Are you worried that your mother won't be able to help you breastfeed?**
* Give her this pamphlet about how breastfeeding works so she can understand.
* Grandmothers tend to give much advice. It may be better if you focus on newer information.
* I hear that from many pregnant women. She will find ways to help you.

*Explanation: A response that helps her identify workable solutions that are responsive to her specific concerns and circumstances is likely to build her confidence.*

What is the global recommendation for duration of exclusive breastfeeding? (PI #15)

* At least one month.
* Four to six months.
* Twelve months.
* **Six months.**

*Explanation: The global recommendation is six months of exclusive breastfeeding.*

What is the global recommendation for how long a baby should be breastfed? (PI #15)

* Until the mother's milk dries up.
* **Two years or longer.**
* As long as possible.
* At least one year.

*Explanation: The World Health Organization recommends exclusive breastfeeding for six months and then continued breastfeeding combined with solid foods for 2 years or as long as mother and baby desire.*

What is the global recommendation for when breastfeeding should begin? (PI #15)

* By 24 hours after birth.
* Within 12 hours after birth.
* **Immediately after birth (within the first hour).**
* When the mother's milk comes in.

*Explanation: The baby is able to crawl to the breast and begin breastfeeding within the first hour of birth. Delays of even a few hours are harmful.*

Which of the following is a risk for babies who are not breastfed? (PI #15)

* **Higher risk of diarrhoea.**
* Higher risk of not bonding with father.
* Higher risk of guinea worm infection.
* Higher risk of malaria.

*Explanation: The major risk of not breastfeeding (formula feeding) is the lack of immune protection.*

Why is breastfeeding important for the baby? (PI #15)

* Breastfed babies remain closer to their mothers throughout their lives.
* Formula feeding allows the baby’s father to be more involved.
* I do not believe it is different from formula feeding.
* **Breastfed babies are healthier.**

*Explanation: Formula-fed babies are more likely to get sick from infections.*

Why is breastfeeding important for the mother? (PI #15)

* It's part of a mother's duty.
* **Breastfeeding reduces risk of breast and ovarian cancer.**
* It reduces the risk of high cholesterol.
* Breastfeeding allows her to get pregnant soon after giving birth.

*Explanation: Breastfeeding reduces risk of breast and ovarian cancer, type II diabetes, and postpartum depression.*

What is an important reason for immediate and sustained mother-baby skin-to-skin contact after birth? (PI #16)

* **The baby is colonized with mother's normal and healthy bacteria, and baby is warmed by mother's body.**
* The health care provider can do all the post-birth procedures.
* Mother is colonized with baby's bacteria.
* Mother can tell the gender of the baby.

*Explanation: Immediate and sustained skin-to-skin colonizes the baby with mother's normal and healthy bacteria flora and stabilizes the baby.*

What should you discuss with a pregnant woman about breastfeeding? (PI #16)

* Special foods that will help her make more milk.
* **Early and exclusive breastfeeding.**
* How to diaper the baby.
* What kind of feeding bottles are best.

*Explanation: Prenatal discussions with mothers should include, at a minimum: the importance of breastfeeding; global recommendations on exclusive breastfeeding for the first 6 months, the risks of giving formula or other breastmilk substitutes, and what to expect after giving birth.*

What will you make sure to discuss with a pregnant woman about breastfeeding? (PI #16)

* **The importance of breastfeeding and exclusivity.**
* The importance of making sure of the partner's approval.
* The importance of her mother's approval.
* The importance of preparing her breasts for breastfeeding.

*Explanation: A protocol for antenatal discussion of breastfeeding includes at a minimum: the importance of breastfeeding; global recommendations on exclusive breastfeeding for the first 6 months, the risks of giving formula or other breastmilk substitutes, and the fact that breastfeeding continues to be important after 6 months when other foods are given; the importance of immediate and sustained skin-to-skin contact; the importance of early initiation of breastfeeding; the importance of rooming-in; the basics of good positioning and attachment; recognition of feeding cues.*

Name at least one factor that improves the mother's childbirth experience (PI #17)

* Routine shaving of pubic hair and administering an enema.
* **Emotional support from the continuous presence of a companion of choice.**
* Requiring mother to lie flat on her back during labour.
* Withholding food and fluid during labour.

*Explanation: A companion, food & fluid intake, mobility and choice of position, and/or pain relief improve the birth experience.*

Why is immediate and uninterrupted skin-to-skin between mother and newborn important for the mother at the physiological level? (PI #18)

* Mother’s attention is on the infant and not on the birthing room routines.
* **Breastfeeding is facilitated because of the hormones involved with skin-to-skin contact.**
* Umbilical cord can pulsate 60 seconds before it is cut.
* Mothers like it.

*Explanation: Skin-to-skin facilitates breastfeeding especially when it is immediate and uninterrupted, because of the hormonal surge it brings in the mother.*

Why is immediate and uninterrupted skin-to-skin between mother and newborn is important for the mother at the psychological level? (PI #18)

* **Bonding is facilitated because of eye-to-eye contact and touch**
* Mother recognizes her infant
* Mother can stimulate her infant
* Infant is calmer because mother is calmer

*Explanation: Eye-to-eye contact and touch are essential elements for psychological aspects of mother-baby bonding.*

Why is immediate and uninterrupted skin-to-skin between mother and newborn is important for the infant at the physiological level? (PI #19)

* Skin-to-skin increases the infant’s heart rate.
* Breastfeeding is facilitated because the infant is close to the nipple.
* Infant’s glycemia (blood glucose) increases.
* **Glycemia (blood glucose) is maintained within normal limits.**

*Explanation: Immediate and uninterrupted skin-to-skin contact after birth fosters normalization of the baby's cardiac, respiratory, and blood glucose levels.*

Why is immediate and uninterrupted skin-to-skin between mother and newborn is important for the infant at the psychological level? (PI #19)

* **Infant bonds faster with the mother because of mutual vocalizations.**
* Infant is less stressed because the mother is calmer.
* Infant cries less so parents are happy.
* Infant feels more secure, and so does mother.

*Explanation: Babies hear their mother's voice during pregnancy and respond quickly during immediate and uninterrupted skin-to-skin contact after birth. Mothers respond to their baby's early vocalizations at a deep psychological level.*

What is the recommended sequence when placing the infant skin-to-skin with the mother? (PI #20)

* Dry the infant to reduce evaporation; assess the infant’s breathing, coloration, responsiveness; then place the infant side-lying with the mother.
* **Immediacy of the skin-to-skin contact; when skin-to-skin, infant’s head and back are thoroughly dried; determine the stability of the infant while skin-to-skin with mother.**
* First determine the stability of the infant before placing him on the mother; dry the infant to reduce evaporation; then place the infant face-to-face with the mother.
* Immediacy of the skin-to-skin contact for all term infants; determine the stability of the infant while skin-to-skin with mother; assess the infant’s breathing, coloration, eye opening.

*Explanation: Immediately after birth, the wet naked baby should be placed on the mother's naked upper body, and the infant's head and back should be dried thoroughly.*

What are key points that should be assessed when the newborn is skin-to-skin with the mother? (PI #21)

* Weight of baby, heart rate, cap or hat on baby.
* Crying, position, temperature.
* Vocalizations, opening of eyes, oxygen saturation.
* **Colour, breathing, free movements of head and neck.**

*Explanation: The baby's colour, breathing, and free movements of head and neck should be checked and monitored while the newborn is in skin-to-skin contact with mother.*

Why should skin-to-skin be uninterrupted? (PI #22)

* Infant's glycemia (blood glucose) will increase.
* **Infant’s temperature will decrease.**
* Infant’s tone will decrease.
* Infant’s cortisol will decrease.

*Explanation: Any interruptions to skin-to-skin contact after birth, even brief ones, cause stress to the baby including decreased temperature and higher levels of cortisol.*

When would it be acceptable to interrupt skin-to-skin within the first 2 hours after birth? (PI #23)

* Mother had a caesarean section.
* For a first thorough observation of the infant.
* **In presence of a medical issue.**
* Mother is nauseated.

*Explanation: Interruption of skin-to-skin contact in the first two hours after birth should only occur if there is an urgent medical complication of mother or baby.*

What is the recommended sequence for transferring mother and infant together in another room? (PI #24)

* Place the wrapped newborn vertically between mother’s breasts; the mother crosses her arms around the baby for a secure hold.
* Place the newborn skin-to-skin on the support person, covered with a dry blanket.
* Place the wrapped newborn in the support person’s arms.
* **Keep baby skin-to-skin with the mother, covered with a dry blanket; make sure the baby is secure.**

*Explanation: Keep the baby skin-to-skin and securely on the mother's body, covered with a dry blanket during any transfer to another room.*

Why is suckling at the breast important in the first 2 hours, when the baby is ready? (PI #25)

* Prevents infant dehydration.
* Infant is fed so glycemia (blood sugar) is normal.
* Mother can safely rest after first suckling.
* **Sucking triggers normal onset of milk production.**

*Explanation: Sucking at the breast in the first two hours trigger normal onset of lactation (breastmilk production), increases uterine contractions, and reduces risk of infant mortality.*

Which sequence best describes at least 3 aspects of safe care of the newborn in the first 2 hours after birth? (PI #26)

* Mother is in recumbent position; infant lies flat on the mother’s abdomen; infant is well covered with two blankets to keep temperature stable.
* Mother is lying flat on the bed; infant’s breathing, coloration and responsiveness are regularly assessed; blanket is tight around the baby, so the temperature is stable.
* **Mother is in semi-recumbent position; infant’s breathing, coloration and responsiveness are checked regularly; infant’s nose and mouth are always visible.**
* Mother is lying flat on the bed; infant lies flat on the mother’s abdomen; mother's blood pressure and pulse are assessed regularly.

*Explanation: The mother is semi-recumbent; the baby's breathing, colour and responsiveness are monitored frequently. The baby's nose and mouth always remain visible.*

When the baby is placed skin-to-skin on the mother at birth, what behaviours should he demonstrate instinctually before latching? (PI #27)

* Slowly calming down so a helper can assist the baby to reach the breast
* Crying vigorously and then resting without movement.
* **Moving to the breast and touching the mother's body and breast.**
* Slowly going into deep sleep then starting to move hands and feet.

*Explanation: Babies go through nine instinctive stages after birth as they move to the breast, touch the mother's breast and body, then begin breastfeeding. If the baby briefly rests, merely observe until the baby begins moving again.*

What should you discuss with a mother to prevent engorged breasts? (PI #28)

* Advise mother to breastfeed every 4 hours.
* **Respond promptly to infant feeding cues.**
* Recommend mother to only feed for 10 minutes per breast.
* Recommend mother limit fluid intake.

*Explanation: Prompt response to the baby's feeding cues and unrestricted length and letting the baby nurse as often and long as desired is the best way to prevent breast engorgement.*

Which statement about exclusive breastfeeding is correct? (PI #29)

* Mothers do not have enough breast milk in the first few days.
* Some supplementation with artificial milk won't alter the intestinal microflora.
* **Baby will get all the nutrients needed by effective exclusive breastfeeding.**
* Mother needs to exclusively breastfeed every 3-4 hours to have enough milk.

*Explanation: Frequent effective breastfeeding could provide baby the needed energy and fluid. Even one dose of formula changes the microbiota. There should be no time limit for exclusive breastfeeding.*

What information would you share with a mother about a normal baby's typical feeding patterns in the first 36 hours of life? (PI #30)

* Feeding patterns are determined by the mother so that the infant is correctly trained to a feeding schedule.
* Mother should only feed the baby 6 times per 24h.
* **Minimum feeding frequency is 8 times per 24 hours.**
* Cluster feeding indicates low milk transfer and baby necessitates supplementation.

*Explanation: Newborns normally nurse frequently - at least 8 times in 24 hours - in the first days of life.*

What is a common normal nursing pattern for a newborn in the first few days? (PI #30)

* **Baby nurses for 10-30 minutes, at least 8 times a day in the first few months.**
* Feeds for 10 minutes then needs to be burped.
* Feeds every 4 hours for 5-10 minutes.
* Nurses 4-6 times a day and sleeps 3-4 hours at a time.

*Explanation: Normal breastfed babies nurse for about 10-30 minutes per feed, taking one or both breasts, about 8-12 or more times a day.*

Which of the following is a sign of adequate transfer of milk in the first few days? (PI #31)

* Stools are dark for the first week of life.
* At least 4 stools by Day 2.
* Baby has a large stool every day.
* **Baby passes meconium stool followed by increase in stool output.**

*Explanation: Passing meconium (dark) stool and increasing stool output, becoming more yellow, is a reliable sign of adequate milk intake by the baby.*

Name an important aspect that is observed at the end of a full breastfeeding assessment. (PI #32)

* **Mother’s nipple is wet with milk, intact, and comfortable.**
* Baby brings fist to mouth and begins sucking again.
* Mother’s nipple is creased at the tip.
* Milk is spurting from the mother’s breast and the breast is still feeling full.

*Explanation: At the end of the feed, the nipple should be wet with milk, intact and comfortable, and the baby relaxed and showing signs of satiation.*

What are 2 things that should be observed when assessing a full breastfeeding session? (PI #32)

* **Infant has rhythmic bursts of sucking with brief pauses; infant releases the breast at the end of feed in obvious satiation.**
* Mother's nipples hurt a little at the beginning of the feed; infant has rhythmic bursts of sucking.
* Mother supports he infant's head; mother admits her nipples hurt a little during feeds.
* Infant has sucking movements at the jaw; infant sucks at both breasts.

*Explanation: Behaviours to observe during a full breastfeeding session include infant sucking rhythms, bursts of sucking, and the infant's release of the breast at the end of the session in obvious satiation.*

What is the BEST way to help a mother achieve a comfortable and safe position for breastfeeding during the hospital stay? (PI #33)

* Encourage a mother to try a number of different positions very early on so she can choose the one she prefers.
* Show the mother by placing her baby at the breast for her.
* **Help the mother identify how to hold her baby to best facilitate the baby’s innate reflexes and latching.**
* Use pictures and dolls so that standard advice on one position is always given.

*Explanation: Observe how the mother holds and positions her baby, gently reinforcing what is effective and offering any helpful suggestions.*

What are 2 key points for effective positioning baby at breast? (PI #33)

* **Baby's head and body are in line; baby is supported.**
* All of mother’s areola is in the baby's mouth.
* Latch is painful for the mother.
* Baby's nose is buried in the breast.

*Explanation: Four key points of effective positioning are: baby's head and body are in line; baby is held close to mother's body; baby is supported; and baby's nose touches mother's nipple.*

When helping a mother to achieve an effective and comfortable latch, what is the FIRST thing to do? (PI #34)

* Ensure the mother brings baby to the breast and not breast to baby.
* Demonstrate to the mother how to release a latch that is painful or shallow without hurting herself.
* Explain that pain is normal for the first few weeks.
* **Observe the mother breastfeeding.**

*Explanation: Observation of a full breastfeed is the first step in helping mother and baby achieve comfortable, effective breastfeeding.*

Why does 24-hour rooming-in support breastfeeding? (PI #35)

* Mother learns to cope with interrupted sleep.
* Harder for medical team to examine baby.
* **Mothers learn to recognize and respond to baby’s feeding cues.**
* Easier for mother to tend to baby's diapers.

*Explanation: Rooming-in day and night helps mother recognize her baby's feeding cues and to feed frequently and responsively. Rooming-in also improves bonding.*

Name a reason to separate the baby from the mother because of the baby's condition. (PI #36)

* Baby sleeps better alone
* **Baby needs respiratory support.**
* Easier for staff to examine the baby
* Baby is being treated with phototherapy.

*Explanation: A baby with a ventilator needs professional supervision.*

Which reason to separate a mother and baby is justified because of the mother's condition? (PI #36)

* **Mother is unconscious or medically unstable.**
* Easier for the staff to assess mother's well-being
* Mother is obese
* Mother needs to rest/sleep.

*Explanation: Mother is medically unstable and unable to safely care for her baby.*

Which of the following is an early feeding cue? (PI #37)

* Baby is crying.
* Baby is moving around in the bed.
* **Baby is salivating or rooting.**
* Baby is wide awake.

*Explanation: Feeding cues are subtle changes in the baby's behaviour showing hunger. Cues signal the mother to get ready before the baby becomes impatient and cries.*

Name the most important newborn feeding cue. (PI #37)

* **Baby opens the mouth and turns toward the breast (rooting or seeking).**
* Sucking movements on a pacifier.
* Baby is restless and cannot settle.
* Baby is crying frantically.

*Explanation: The most obvious first feeding cue is baby rooting for the breast. Sucking motions are an early cue but can be masked by pacifier use. Crying is a late hunger cue.*

Why is responsive feeding important for all mother-baby dyads? (PI #38)

* **Babies learn how to self-regulate at the breast or with a bottle.**
* Babies learn to request a feed whenever they want.
* Mothers who bottle-feed should schedule feeds.
* Responsive feeding is for breastfed babies not for bottle-fed babies.

*Explanation: Responsive feeding teaches trust and self-regulation.*

What does responsive feeding mean? (PI #39)

* Ensuring scheduled feedings for the baby.
* **Responding promptly to the infant's cues for feeding.**
* Ensuring baby is fed often and for short periods.
* Responding to all baby's behaviours by breastfeeding the baby at any time.

*Explanation: Responsive feeding is part of nurturing care and means to respond promptly to the infant's needs.*

When demonstrating to a mother how to hand express her milk, it is important to remind her to: (PI #40)

* Slide her fingers from breast to areola.
* Massage the areola vigorously.
* Express for 2 minutes at most.
* **Wash her hands.**

*Explanation: Handwashing before handling her breast prevents any accidental contamination of the milk and her breast.*

Which statement about the appropriate storage of breast milk is correct? (PI #41)

* **Freshly expressed human milk stored in a very warm room for more than 4 hours should be discarded.**
* Freshly expressed warm milk could be added to already cooled or frozen milk to increase the storage amount.
* Containers for human milk storage must be sterilized with boiling water every time they are used. Careful washing in hot soapy water and rinsing are not enough.
* Any plastic containers with a lid are good storage containers.

*Explanation: Freshly expressed human milk may be stored safely at room temperature (10–29C, 50–85F) for some period of time. For room temperatures ranging from 27C to 32C (29C= 85F), 4 hours may be a reasonable limit according to the present evidence. Containers do not need to be sterilized. Complete washing in hot soapy water and rinsing is enough.*

Which statement about handling of thawed expressed breast milk is accurate? (PI #42)

* Re-heat human milk to above 60 degree C to kill the bacteria in the milk.
* Thawing milk in warm water causes less fat loss than slow thawing in the refrigerator.
* Use the earlier expressed milk instead of fresh milk first so the older one will not be wasted.
* **Discard the remaining milk within 1–2 hours after the infant's feed.**

*Explanation: Some bacterial contamination occurs in thawed milk. Current recommendation is to discard any remaining thawed milk 1-2 hours after the infant's feed.*

What is the key point to discuss with a mother know before she breastfeeds her preterm infant? (PI #43)

* A stable preterm infant demonstrates the same behaviours as a term baby.
* There is no such thing as a shallow latch for a preterm baby.
* **Preterm, late preterm, or some weaker infants may not initially open their mouths wide enough to latch.**
* A preterm baby can latch properly only after reaching a certain gestational age.

*Explanation: Preterm, late preterm or weak infants may be unable to open their mouth enough for a deep, effective latch.*

If a preterm, late preterm, or low-birth-weight infant is not sucking effectively at the breast, a conversation with the mother should include: (PI #44)

* A late preterm reacts exactly the same as a term infant.
* **Encouragement to use frequent hand expression and compression of the breast.**
* A caution that prolonged skin-to-skin contact can stress the baby.
* Encouragement to let the baby sleep as along as the baby wants and avoid waking for feeds.

*Explanation: Preterm, late preterm or low-birth-weight babies may not be able to effectively obtain milk at breast. Encourage the mother to hand-express her milk and use breast compression during feeds to assist milk transfer.*

Why does a mother need to be with her sick or preterm infant in the Intensive Care unit? (PI #45)

* Mother brings in bacteria.
* Baby is too fragile.
* **Helps her baby heal and grow; the mother can breastfeed or provide her milk.**
* Reduces workload for the direct care providers.

*Explanation: Sick and preterm babies need their mothers' presence, milk, and touch even more than healthy babies. Mothers should be enabled to visit the intensive care unit as often and for as long as they want.*

What is unique about responsive feeding for preterm infants? (PI #46)

* Responsive feeding for preterm infants is possible only when the baby is over 36 weeks gestational age.
* Preterm infants do not show feeding cues, so they have to be awakened at frequent intervals.
* Breastfeeding should be scheduled more frequently because the preterm babies have very small stomachs.
* **Breastfeeding at the breast is guided by the infant’s competence and stability rather than a certain gestational/postnatal/postmenstrual age or weight.**

*Explanation: Breastfeeding at the breast is guided by the preterm infant’s competence and stability rather than a certain gestational/postnatal/postmenstrual age or weight. And mother has to learn discrete signs of readiness to feed.*

Which condition is an absolute contraindication for breastfeeding or breast milk feeding? (PI #47)

* Premature baby with birth weight 1700gm.
* Infant with congenital heart disease.
* **Baby with galactosemia.**
* Mother with COVID-19 infection.

*Explanation: Galactosemia is the only absolute contraindication to breastmilk or breastfeeding in WHO “Acceptable reasons” document. Considering the benefits of breastfeeding and the insignificant role of breast milk in the transmission of other respiratory viruses, a mother could continue breastfeeding if she gets COVID-19 infection.*

A 4 days old exclusively breastfed full-term infant was readmitted to hospital for scant urine, no stool and dehydration. Which of the following actions is the MOST APPROPRIATE? (PI #48)

* **Baby may need supplementation with expressed milk, donor milk or formula until breastfeeding is assessed and corrected.**
* Baby should be bottle fed immediately in order to make sure of the milk intake.
* Infant should be exclusively formula fed because mother's milk is inadequate.
* Infant should not be fed by formula because it will undermine breastfeeding.

*Explanation: Scant urine and no stool are signs of inadequate milk intake, which is a medical indication for supplementation while breastfeeding is improved.*

After a skilled assessment and management of breastfeeding, which of the following condition is a medical indication for supplementing the breastfed newborn? (PI #48)

* A mother with eczema over right breast which itches during breastfeeding. Her 7-day-old baby is gaining weight.
* **A three-day-old baby did not have any stool for two days. His mother had bilateral nipple surgery for inverted nipples in adolescence.**
* A five-day-old baby with body weight same as birth weight, 5 heavy wet diapers per day, 4 yellow brownish stool per day. Mother has diabetes mellitus.
* The mother feels tired because her 4-day-old baby could not sleep longer than 4 hours at night.

*Explanation: The baby did not have adequate intake. Mother's previous nipple surgery may damage the nerve supply and influence the milk production.*

When should supplementation of a breastfed baby with donor milk or formula be considered? (PI #48)

* Mother has requested baby be supplemented.
* Baby needs phototherapy.
* Mother is exhausted or in pain.
* **Hyperbilirubinemia associated with low breast milk intake despite thorough investigation of breastfeeding.**

*Explanation: A thorough breastfeeding evaluation should be done before supplementation is considered.*

Which statements about giving a breastfed newborn any food or fluids other than breast milk, in the absence of medical indication is CORRECT? (PI #49)

* Formula does not change the microbiota of the baby.
* Formula offers complete nutrition, same as breast milk. It does no harm.
* It can prevent infants' dehydration, jaundice or hypoglycaemia.
* **Giving any food or fluids other than breast milk may interfere with the establishment of breast-milk production.**

*Explanation: When there is no medical indication, adding any food or fluid other than breastmilk, does not show any effect as the statement.*

When a 2-day-old breastfed baby with cleft palate needs supplementation following poor suckling at breast even after skilful help, which of the following is the BEST CHOICE? (PI #50)

* Oral glucose water.
* **Mother’s own expressed milk.**
* Standard infant formula.
* Hydrolysate infant formula.

*Explanation: Expressed breast milk from the infant’s mother is the first choice for extra feeding for the breastfed infant.*

A breastfeeding mother is concerned about her 2-day old baby’s frequent crying. She asks to get a bottle of formula so that she and her baby can have a good sleep. What is your best action after you have listened to her concerns? (PI #51)

* **Assess a breastfeed to evaluate the presence of medical indications for supplementation.**
* Give her a pacifier to calm the baby.
* Explain to her the risks of introducing formula.
* Reassure her that it’s common for a baby to cry at the second night and give her a bottle so that they both can sleep for a while.

*Explanation: First, health workers need to evaluate the breastfeeding and other relevant condition to explore the reason of baby’s crying. Only after then, they can give the right timely help.*

A first-time pregnant woman asks: "I am afraid that I may not have enough milk for my baby, like my sister. I want to make sure I know about bottle-feeding also. How often should I formula feed my baby while continue breastfeeding?” Which response of the following is MOST APPROPRIATE? (PI #51)

* You know, early skin-to-skin contact, and frequent breastfeeding will make enough milk for your baby.
* The answer depends on whether you could get help from different direct care providers.
* **It seems that you are worried about not being able to exclusively breastfeed your baby. Could you tell me more about that?**
* You will have enough breast milk for your baby! Don’t worry. Breastfeeding is natural.

*Explanation: This response accepts the feeling of the woman, also uses an open question to explore the underlying cause of the feeling.*

Which step about safe preparation of formula is correct? (PI #52)

* Feed the baby immediately after mixing formula powder with boiled water.
* **Use boiled water and add formula while water is above 70 degrees C.**
* Use reconstituted formula within 4 hours.
* Routinely add one scoop of formula to 30cc boiled water.

*Explanation: Allow the water to cool to not less than 70 °C because powdered formula may contain pathogens which may be killed if the temperature is above 70C.*

What is an important element of safe cup feeding? (PI #53)

* Cup is rocked quickly back and forth to maximize baby’s intake.
* Baby is asleep.
* **Baby should be held securely upright.**
* Baby is lying supine on a flat surface.

*Explanation: During safe cup feeding, the baby should be held securely upright, awake and alert, and the feed should progress at a pace comfortable for the baby.*

What is an UNSAFE action during cup feeding? (PI #53)

* **Pour the milk in the baby’s mouth.**
* Ensure the baby is fully awake, alert and interested in feeding.
* When the baby closes his/her mouth and will not take any more, stop cup feeding.
* Hold baby fairly upright for feeds.

*Explanation: Pouring milk into the baby's mouth may cause aspiration and does not actively involve the baby in feeding.*

What is a safe manner to feed an infant a supplement? (PI#54)

* Lie the baby down flat and feed a bottle.
* Force the baby to take a bottle.
* Insist on having the baby finish a bottle.
* **Observe and respond to satiation cues.**

*Explanation: A safe feeding manner includes: holding the baby fairly upright for feeds, allowing the baby to drink at his/her own pace, and responding to the baby's satiation cues.*

Which method of providing a supplement is MOST likely to preserve breastfeeding? (PI #55)

* Feed with bottle and fast-flow teat.
* Use a dropper in the corner of the baby's mouth.
* **Cup-feed with small open cup.**
* Jiggle the bottle and teat for faster intake.

*Explanation: A small open cup is the safest way to supplement a baby, and most likely to preserve breastfeeding.*

Which feeding device is MOST APPROPRIATE if a preterm baby cannot yet breastfeed but can tolerate oral feeds? (PI #55)

* Teat.
* Tube against a finger.
* Syringe.
* **Open cup.**

*Explanation: If an infant cannot feed from the breast, then the safest alternative is to feed from a cup. Even low-birthweight and premature babies can cup feed.*

A breastfeeding mother of a 2-day old baby asks for a pacifier, saying “My baby sucks so frequently that my nipple could not stand it anymore!" You have assessed a breastfeeding, and everything seems as expected. What will you respond next? (PI #56)

* Transient nipple pain is very common in the first few days. It will pass very soon.
* **You seem anxious that the frequency of the feeds may damage your nipples....**
* It is very common for a 2-day-old baby to suck every 2-3 hours. Do you know the risks of using pacifier?
* I will bring you a pacifier. Don’t worry.

*Explanation: Accept the mother’s feeling and reflect back with empathy, which will make it easier for mother to take your further suggestion.*

Which statement about the use of feeding bottle, teats and pacifiers is correct? (PI #56)

* **The use of a pacifier prevents the mother from observing the infant’s subtle feeding cues, which may delay feeding.**
* Bottles/teats/pacifiers can help mothers overcome the difficulties of breastfeeding.
* Babies need a pacifier to prevent sudden infant death syndrome.
* There is no difference between bottle feeding and breastfeeding.

*Explanation: Baby's sucking cues can be masked by pacifier use. Teats may alter the baby's sucking response at the breast.*

A baby who is having difficulty latching has a short, tight frenulum (band under the tongue). What is the first thing to try to help the baby? (PI #57)

* Have mother express milk and feed with a cup.
* **Help the mother attempt to reposition the baby to achieve a deeper latch.**
* Refer the baby for an oral examination.
* Give the mother a nipple shield.

*Explanation: Attempting direct breastfeeding by repositioning the baby for a deeper latch is the first strategy. If that is unsuccessful, then other actions can be taken.*

If a mother's nipples are flat or inverted, what is the FIRST important action to take? (PI #57)

* **Place the baby in skin-to-skin contact immediately after birth and allow the baby to move to the breast.**
* Help her hand-express her milk and feed it with a cup.
* Give her a nipple shield and explain how to use it.
* Suggest that the mother pull and stretch the nipples before trying to feed.

*Explanation: Immediate skin-to-skin contact and allowing the baby to find the breast is the FIRST action to take. Many babies can nurse effectively even if the mother's nipples are flat or inverted.*

On day 3, the mother's breasts are full and hard, making it difficult for the baby to latch. Which suggestion is most helpful? (PI #57)

* **Help the mother express some milk to soften her breast before attempting to feed her baby.**
* Give her a nipple shield to put over the nipples.
* Apply cold packs to the breasts.
* Apply warm cloths to the breasts.

*Explanation: If the mother's breasts are so full and hard that the baby has difficulty latching, expressing some milk to soften the breast is often helpful.*

When a mother says her nipples are painful, what is the FIRST action that should be taken? (PI #57)

* Give her an ointment to put on her nipples.
* Tell her sore nipples are normal at the start of breastfeeding
* Tell her to shorten the length of the feed.
* **Observe a full breastfeed, looking for deep attachment at breast.**

*Explanation: When a mother says her nipples are sore, first observe a full breastfeed. Then, if needed, help her to reposition the baby with a deeper latch.*

Which of the following contributes to the most common problems of lactating breasts? (PI #57)

* Keeping the baby at her breast for as long as baby desires.
* Keeping the baby in the same room so that the mother can respond to feeding cues.
* Practicing frequent skin-to-skin contact between feeds.
* **Recommending scheduled feeds with set duration.**

*Explanation: Scheduled feeds often cause too much milk to remain in the breast which causes pain and other breast problems. Frequent unrestricted breastfeeding prevents many problems of lactating breasts.*

A mother is feeding her healthy infant in an appropriately frequent pattern. She says her baby is crying frequently. What should you NEXT assess? (PI #58)

* Mother's expectations of baby behaviour.
* Baby's temperament.
* **The baby's effective latch at breast and sucking.**
* Mother's anxiety level

*Explanation: After assuring appropriate feeding frequency and length, the next observation is whether the baby is in a deep, comfortable position at the mother's breast during the entire feed.*

A mother says her healthy infant is crying frequently. What is the MOST LIKELY reason for the baby's crying? (PI #58)

* Baby hasn't had enough sleep and is tired.
* **Baby's feeds are limited in length and/or frequency.**
* Mother is depressed.
* Her milk composition is too low in calories and fat.

*Explanation: Frequent crying in an exclusively breastfed, healthy is most likely due to hunger. Encourage the mother to feed more often and as long as the baby desires.*

What to suggest to new parents for calming their infant who continues crying after an effective feed? (PI #59)

* You should wait until the baby cries before feeding it.
* Let the baby cry it out. Do not let him/her manipulate you.
* **Mother or partner can hold the baby in skin-to-skin contact.**
* Crying is a good exercise for baby. Do not worry about that.

*Explanation: Skin-to-skin contact and holding could help to calm the baby.*

Where do you recommend mothers to seek help on infant feeding once they leave the hospital? (PI #60)

* A baby-products store.
* A help line from an infant feeding product company.
* **Breastfeeding clinics or peer counsellors.**
* Always call her mother first.

*Explanation: Mothers should be given information about Code compliant, locally known local resources in the community.*

What are ways that a hospital can coordinate breastfeeding messages with the community? (PI #61)

* There may be meetings, but we don't know about them.
* This is not the role of the hospital.
* **Sharing similar or same materials to be given to parents.**
* Each organization has different functions.

*Explanation: To get a seamless transition for this population, discussions, meetings, communications should be coordinated.*

What are some of the essential issues related to feeding to discuss with a mother before she leaves the hospital? (PI #62)

* **Basic elements of feeding patterns and how to know her baby is getting enough milk.**
* How to correctly use her breast pump.
* What kind of nipple cream to get for sore or cracked nipples.
* Where to get information about family planning.

*Explanation: Discussions during hospital stay should have been about knowledge, skills the mother could acquire to be confident in what she is doing and to prevent most common complications such as engorgement, sore or cracked nipples, mastitis.*

What information would you share with a mother about when she should bring her baby to a healthcare professional after discharge? (PI #63)

* Baby has yellowish stool more than three times a day.
* Baby feeds 8 or more times per 24 hours.
* Baby sleeps less than 4 hours at a time.
* **Baby has scant amount of urine per day.**

*Explanation: Scant urine is a warning sign of dehydration.*

Which of the following is a warning sign of undernourishment or dehydration in the infant? (PI #63)

* Stools are mustard-coloured and the consistency of yogurt.
* Most feeds last only 20 minutes.
* Baby swallows after every 3–4 sucks.
* **Baby is regularly sleeping for more than 4 hours at a time in the first week and is difficult to arouse.**

*Explanation: A normal healthy newborn has short (60-90 minute) sleep cycles in the early weeks. Sleeping longer than 4 hours and difficulty arousing are signs of undernourishment.*

Which of the following is normal for a breastfeeding mother after discharge? (PI #64)

* **Full breasts before a feed.**
* Persistent painful latch.
* Fever that persists for days.
* Aversion to the child.

*Explanation: Mother's breasts are usually fuller before a feed, and less full after an effective feed throughout the breastfeeding period.*

1. Correct answers are **bolded.** [↑](#footnote-ref-1)