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**

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Which item is covered by the International Code? (PI #1)

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

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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?

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.

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?

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.

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

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

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.

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.

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.

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.

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.

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.

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.

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.

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.

Why is immediate and uninterrupted skin-to-skin between mother and newborn is 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.

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

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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

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.

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.

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.

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.

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.

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.

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.

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.

