

Essential Care for Small Babies - Knowledge check

Select the best answer to each question or statement

Circle the letter of the correct answer

- Which of the following statements correctly describes a well small baby?
 - Feeds by cup, stays warm with skin-to-skin care, has convulsions
 - Feeds by cup, stays warm with skin-to-skin care, weighs 1600 grams
 - Breastfeeds poorly, breathes at 100 times per minute, maintains temperature in an incubator
 - Feeds by cup, weighs 1200 grams, maintains temperature in an incubator
- Which of the following is an important step in the care of a small baby?
 - Teaching the mother to give a bath
 - Giving the small baby lots of time in the sunlight
 - Preventing infection by washing hands before touching the baby
 - Weighing the small baby five times a day
- Which of the following statements describes preparation for the birth of a small baby?
 - Identify a skilled helper, provide extra warmth in the area for delivery, anticipate need to help the baby breathe at birth.
 - Prepare an area for the baby's bath, check equipment, review emergency plan.
 - Wash hands, prepare herbs for babies first feeding.
 - Anticipate need to help baby breathe at birth, identify a skilled helper, prepare an area for the baby's bath.
- A 1700 gram baby has been placed skin-to-skin with the mother after birth. What other care should be provided in the first 90 minutes after birth?
 - Showing the baby to the extended family
 - Feeding the baby with a nasogastric tube
 - Monitoring breathing and measuring temperature
 - Bathing the baby
- At 90 minutes after birth, an 1800 gram baby is placed skin-to-skin with the mother and has a temperature of 36.7° C. What should you do to help maintain the baby's temperature?
 - Bathe the baby in warm water.
 - Place in direct sunlight.
 - Assist mother with continuous skin-to-skin care.
 - Place the baby on an open warmer set for high heat output.
- Shortly after birth, a small baby is classified based on the temperature, weight, and physical exam. The baby is 1400 grams, is breathing at 90 breaths per minute, and has a temperature of 35° C. What should you do?
 - Put the baby to the breast to assess breastfeeding.
 - Continue to watch for improvement.
 - Place a nasogastric tube to administer a feeding.
 - Arrange a transfer for advanced care.
- How many feedings should a small baby receive in a day?
 - Two to four
 - Five to six
 - Eight to twelve
 - Twenty-four
- Which of the following techniques can help a mother to support or improve a small baby's latch?
 - Wrapping the breasts in tight clothing between feedings
 - Supporting the head of the baby so he is positioned to take the nipple and surrounding area into an open mouth
 - Putting oils on the breast
 - Feeding first with a bottle until sucking is strong
- What is the skin temperature of a well small baby?
 - 35.0-35.5° C
 - 35.5-36.5° C
 - 36.5-37.5° C
 - 37.0-38.0° C
- Shortly after birth, the temperature of an 1800 gram baby is 36° C. After placing the baby skin-to-skin, the baby's temperature remains the same. Which of the following actions should be taken?
 - Place the baby in direct sunlight.
 - Place warm stones around the baby.
 - Bathe the baby in warm water.
 - Remove wet diaper and cover the mother and the baby with a blanket.
- A 1600 gram baby has been maintaining temperature with continuous skin-to-skin care. The baby will not breastfeed or cup feed and requires nasogastric feeding. What do you advise the mother about skin-to-skin care?
 - The mother can continue skin-to-skin care even while the baby is receiving nasogastric feedings.
 - The baby will need to be in an incubator while receiving nasogastric feeding.
 - The baby will need to be on a radiant warmer while receiving nasogastric feeding.
 - The mother must stop skin-to-skin care during nasogastric feeding.
- When a baby cannot feed directly from the breast after support is provided, what should you advise a mother to do next?
 - Give the baby formula.
 - Keep trying to breastfeed the baby.
 - Express her breast milk to feed to the baby by a safe, alternate feeding method.
 - Wait until the baby can feed directly from the breast.
- When a mother expresses her breast milk, how can it be stored safely?
 - In a covered container in a cool place for up to 6 hours
 - In an open container in a shaded area
 - In an open container in direct sunlight
 - In a covered container heated in warm water until used
- When breastfeeding is not effective, which of the following are safe and recommended alternate feeding methods for a small baby?
 - Attempt cup feedings and if not successful, insert a nasogastric tube.
 - Use a syringe to pour milk directly into the baby's mouth.
 - Dip finger or tongue depressor into milk and allow the baby to lick the milk.
 - Give bottle feedings and insert a nasogastric tube.
- Which of the following best describes a 3-day-old 1800 gram baby who needs nasogastric tube feeding?
 - The baby is breastfeeding 8-12 times per day.
 - The baby is gaining 15 grams/kilogram per day.
 - The baby shows feeding readiness cues every 2-4 hours.
 - The baby takes 5-10 mL by cup per feeding for 4 feedings.
- What is the proper length for nasogastric tube insertion?
 - From the tip of the nose to earlobe to half way between the tip of the breast bone and the umbilicus
 - From the mouth opening to the nipple to the umbilicus
 - From the earlobe to the umbilicus
 - From the tip of the nose to the chin to the bottom of the breast bone

17. You have just inserted a nasogastric tube into a small baby who cannot breastfeed or receive cup feedings. Which of the following best describes a method for confirming proper placement of the nasogastric tube?
 - a. Measure the tube outside the nose.
 - b. Inject 2 mL of air while listening with a stethoscope for the sound of air entering the stomach.
 - c. Administer 5 mL of a feeding and then withdraw it back to see if it is mixed with gastric contents.
 - d. Evaluate the baby's breathing.
18. What should a mother be taught to do before administering a nasogastric feeding?
 - a. Wash her hands and reinsert the nasogastric tube.
 - b. Wash her hands and confirm placement of the nasogastric tube by checking that the mark on the tube is at the edge of the nose.
 - c. Wash her hands and confirm placement of the nasogastric tube by checking that the mark on the tube is at the sternum.
 - d. Wash her hands and inject 10 mL of air into the tube.
19. After initial weight loss, how much weight should a small baby gain each day?
 - a. 5 grams per kilogram per day on average
 - b. 15 grams per kilogram per day on average
 - c. 25 grams per kilogram per day on average
 - d. 30 grams per day on average
20. On the day after birth, a 1600 gram baby cannot breastfeed or cup feed, and will be fed every three hours by a nasogastric tube. What volume should be administered for the baby's first feeding?
 - a. 1 mL
 - b. 5 mL
 - c. 12 mL
 - d. 25 mL
21. A 1600 gram baby is fed by a nasogastric tube. After the initial day of feedings, what is the daily increase in the volume of each feeding?
 - a. 4 mL
 - b. 5 mL
 - c. 10 mL
 - d. 15 mL
22. Which of the following indicates feeding intolerance and the need for advanced care?
 - a. Spitting up small amounts
 - b. Tense abdominal distension
 - c. Stooling 6-8 times per day
 - d. Crying before each feeding
23. In a small baby being fed by an alternative method, how often should breastfeeding readiness be assessed?
 - a. At least once per day
 - b. At least once per week
 - c. At least once every two weeks
 - d. At least once per month
24. A small baby is now 10 days old and has been fed by nasogastric tube since birth. During the first attempt to breast feed, he sucks actively, and swallowing sounds are heard. What should be done next to make the transition to breastfeeding?
 - a. Stop nasogastric feeding immediately, pull out the nasogastric tube, and breastfeed only.
 - b. Continue with nasogastric feeding, while gradually increasing the number of breastfeeding attempts per day.
 - c. Stop nasogastric feeding immediately and breastfeed only throughout the daytime.
 - d. Continue with nasogastric feeding, wait two days, and try breastfeeding again.
25. A 1600 gram baby has been receiving nasogastric feeding for 10 days and now has started to feed at the breast. Which of the following is an indication that the baby is ready to receive all the feedings by breast?
 - a. Waking and crying in between feedings.
 - b. Choking during occasional feedings
 - c. Sucking and swallowing audibly for 10 minutes during each feeding
 - d. Weight gain of 5 grams per day when no nasogastric feedings are provided
26. Small babies should be regularly assessed for:
 - a. Frequency and success at feeding, temperature, presence of hiccups
 - b. Activity, breathing, color, temperature and weight gain
 - c. Breathing problems, temperature, and white blood cell count
 - d. Frequency and success at feeding, cough, presence of convulsions
27. A 2-day-old 1700 gram baby has a normal examination and breathing rate. How often should the baby be assessed for temperature, breathing and feeding tolerance?
 - a. Once per day
 - b. Every 2 to 3 hours
 - c. At least once per shift.
 - d. Only if the baby seems ill
28. When should the mother or other providers wash their hands in order to protect a small baby?
 - a. Before touching the baby and before preparing a feeding
 - b. Before greeting the family
 - c. Before closing a window
 - d. Before leaving the hospital at the end of the day
29. A small baby needs to be referred for advanced care to a hospital 1 hour away. What should you do to prepare the baby for transport?
 - a. Place a nasogastric tube so that mother can feed through the tube during transport.
 - b. Communicate with health providers at the receiving facility and the family, and prepare a referral note.
 - c. Bathe the baby to prevent infection.
 - d. Use a radiant warmer to warm the baby to 38°C so that the baby will maintain temperature during transport.
30. Which of the following statements below describes a small baby who should be considered for discharge from the birth facility?
 - a. The mother has not demonstrated competence with infant feeding, the baby has adequate weight gain documented over 3 consecutive days, and breathes 40 breaths per minute.
 - b. The mother has demonstrated competence with infant feeding, the baby has adequate weight gain documented over 3 consecutive days, and the baby breathes 40 breaths per minute.
 - c. The mother has demonstrated competence with infant feeding, the baby has adequate weight gain documented over 3 consecutive days, and the baby is breathing 80 breaths per minute.
 - d. The mother has demonstrated competence with infant feeding, the baby has adequate weight gain documented over 5 consecutive days, and the baby is under a radiant warmer.