Post-test

 Resident Name or Code: ____________________________________________

Section I: Knowledge

1) The recommended treatment of symptomatic hypoglycemia includes all of the following EXCEPT:
   a) Gavage feeds with glucose water or expressed breast milk
   b) Breastfeeding on demand once symptoms resolve
   c) Glucose monitoring before each feed until glucose is stabilized
   d) Intravenous glucose using 2 cc/Kg 10% glucose bolus, followed by 6–8 mg/kg/min continuous glucose infusion
   e) Examination and evaluation to exclude underlying illness

2) During the postpartum stay, a breastfeeding mother reports that she is having difficulty getting her infant to breastfeed. Your best response to this situation should be to:
   a) Explain that most babies have a difficult time starting out and to just keep trying
   b) Advise that the baby may be getting dehydrated, so he is not interested in feeding
   c) Encourage supplementation until the baby learns to breastfeed
   d) Discharge the infant, so the mother will be more relaxed breastfeeding at home
   e) Request assistance for the mother at the infant’s next feeding to evaluate the breastfeeding technique

3) An adequately breastfed healthy, term infant can be expected to have all of the following EXCEPT:
   a) Infrequent stools in the first 2 weeks of life
   b) Loss of no more than 8%–10% of birth weight initially, with regain of birth weight by about 2 weeks of age
   c) Loose, yellow, seedy stools after most feedings in the early weeks of life, beginning when the mother experiences an increase in her milk production
   d) Desire to feed frequently, at least every 2–3 hours
   e) Weight gain pattern of 15–30 grams per day beginning with mother’s increased milk production

4) When positioning a newborn to breastfeed, all of the following are correct EXCEPT:
   a) After a cesarean section delivery, the side-lying or football hold (clutch) positions are most comfortable for mother.
   b) When using the cradle hold, the infant should be placed in a supine position across the mother’s lap, with the infant’s neck extended and rotated to latch on to the nipple.
   c) The mother needs to be sitting or lying in a comfortable position without excessive strain on her shoulders, arms, or back.
   d) The cross-craddle, or transitional, hold usually works well for most breastfeeding infant and mother when learning to breastfeed.
   e) Alternating or rotating 2 or more breastfeeding positions may help to prevent nipple discomfort in the early days after delivery.
5) The mother of a breastfed infant is going to have surgery (not involving the breast) requiring general anaesthesia and an overnight hospital stay. How soon after surgery can she resume breastfeeding?
   a) 6 hours
   b) 12–24 hours
   c) 48 hours
   d) 1 week
   e) When she is fully awake and able to care for herself

6) Although some older studies found a correlation between breastfeeding and higher intelligence, more recent studies, which controlled or adjusted for maternal education, socio-economic status, and related factors have:
   a) Found no correlation between IQ and breastfeeding duration in full-term infants
   b) Found no correlation between IQ and breast milk intake in preterm infants
   c) Found a small, but statistically significant increase, in IQ and academic performance in breastfed or breast milk-fed infants
   d) Found breastfed infants have a 13–15 IQ point advantage over artificially fed infants

7) The primary hormone responsible for milk synthesis is:
   a) Estrogen
   b) Prolactin
   c) Progesterone
   d) Oxytocin

8) The component of human milk that binds iron locally to inhibit bacterial growth is:
   a) Lactoferrin
   b) Transferrin
   c) Macrophages
   d) Oligosaccharides
   e) Secretory IgA

9) Milk production is increased by:
   a) More frequent milk removal
   b) Forcing fluids
   c) Increasing maternal caloric intake
   d) Vitamin D
   e) Hearing an infant cry

10) A breastfeeding mother with a 3-month-old infant has a red, tender, wedge-shaped area at the outer quadrant of 1 breast. She has flu-like symptoms and a temperature of 39°C. Your management includes all of the following EXCEPT:
   a) Antibiotics for 10 days
   b) Extra rest
   c) Interrupt breastfeeding for 48 hours
   d) Moist heat to the involved area of breast
   e) Fever and pain control with acetaminophen
11) Poor weight gain in the breastfed infant is MOST OFTEN caused by:
   a) Low fat content of the milk
   b) Inappropriate feeding routines
   c) Poor maternal nutrition
   d) Neglect
   e) Inadequate maternal milk intake

12) Exclusive breastfeeding (no other foods) is recommended for the first:
   a) 2 months
   b) 4 months
   c) 6 months
   d) 9 months
   e) 12 months

13) Breastfeeding jaundice is reduced by:
   a) Frequent feedings at the breast (8–12 times per 24 hours)
   b) Water after breastfeeding, given by dropper
   c) Supplemental glucose water
   d) Letting the baby sleep more
   e) All of the above

14) Signs of adequate breast milk intake in the first 4–6 weeks include all below EXCEPT:
   a) At least 3–4 stools in 24 hours
   b) At least 4–6 wet diapers wet with urine in 24 hours
   c) Baby gaining weight
   d) Baby sleeping through the night
   e) Sounds of swallowing

15) Nipple candidiasis can be associated with all of the following EXCEPT:
   a) Burning pain in the breast
   b) Fever, malaise, and headache
   c) Oral thrush in the infant
   d) Pink and shiny appearance of the nipples
   e) Nipple tenderness between breastfeedings

16) Breastfeeding should be temporarily interrupted when:
   a) Mothers are undergoing diagnostic tests with radioactive contrast agents
   b) Mothers have an acute viral illness
   c) Mothers have mastitis
   d) Infants have acute gastroenteritis
   e) All of the above
17) The WHO/UNICEF Baby Friendly Hospital Initiative (BFHI) Ten Steps include all of the following EXCEPT:
   a) Infants should be given nothing but breast milk, unless medically indicated
   b) Infants should room in with their mothers
   c) Mothers should be informed of the benefits and management of breastfeeding
   d) Infants should be given pacifiers to improve their suck coordination
   e) Infants should be put to breast within the first 30 minutes after birth

18) Markers of failure to thrive in the breastfed infant include:
   a) Maximum weight loss of >8% of birth weight
   b) Failure to gain 8–10 oz per week
   c) Weight loss after day 5
   d) Under birth weight by day 7
   e) a and c

19) An acceptable medical reason to supplement a breastfed infant in the hospital is:
   a) To quiet a fussy baby
   b) Separation from the mother due to maternal or infant illness
   c) To teach the baby to take a bottle for later
   d) To prevent dehydration
   e) To allow the mother to rest

20) When women believe they have a low milk supply, they can BEST be helped by:
   a) Supplementing the baby by cup or finger-feeding to give the mother a break
   b) Taking a breastfeeding history and assessing the infant at the breast
   c) Having the mother pump for 15 minutes after every feeding
   d) Teaching the mother to assess urine output
   e) Reassurance that it is only an infant growth spurt — that her milk supply is adequate
Section II: Clinical Practice

This section of the test is meant to assess your normal clinical practices as they relate to breastfeeding care.

21) When do you usually schedule the first postnatal office visit for an infant discharged to home?
   a) At 3–5 days of life
   b) At 2 weeks of life
   c) At 1 month of life
   d) At 2 months of life
   e) Any of the above is acceptable

22) When discussing feeding options with parents of healthy full-term infants in your practice, which one of the following do you usually recommend for the first month of life?
   a) Formula feeding exclusively
   b) Breastfeeding exclusively
   c) Breastfeeding with formula supplement
   d) Make no recommendation/support mother’s choice

23) For approximately what length of time do you recommend exclusive breastfeeding?
   a) 1 month
   b) 2 months
   c) 4 months
   d) 6 months
   e) 9 months

24) How frequently do you usually recommend that infants be breastfed during the first week of life?
   a) Every hour
   b) Every 2 hours
   c) Every 3 hours
   d) Every 4 hours
   e) Whenever the baby seems hungry or fussy (i.e., on demand), approximately 8–12 times per day

25) How frequently do you usually recommend that infants be breastfed during the first month of life?
   a) Every hour
   b) Every 2 hours
   c) Every 3 hours
   d) Every 4 hours
   e) Whenever the baby seems hungry or fussy (i.e., on demand), approximately 8–12 times per day
26) During the past 6 months, how often have you: *Circle 1 response for each item*

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>1 or 2 Times</th>
<th>3 or 4 Times</th>
<th>5 or more Times</th>
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<tbody>
<tr>
<td>a) Observed a patient breastfeeding in a hospital or office setting</td>
<td>1</td>
<td>2</td>
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<td>b) Counseled an expectant or newly delivered mother about infant feeding choices</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>c) Taught a new mother breastfeeding techniques (e.g., latching on, positioning infant at breast)</td>
<td>1</td>
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<td>3</td>
<td>4</td>
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<td>d) Taught a breastfeeding mother how to use a breast pump</td>
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<td>e) Counseled a breastfeeding mother about lactation problems (e.g., mastitis, cracked nipples, low milk supply)</td>
<td>1</td>
<td>2</td>
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<td>f) Performed a prenatal or postpartum breast examination</td>
<td>1</td>
<td>2</td>
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<td>g) Asked a mother about her cultural beliefs and practices regarding intake of colostrum when advising her to breastfeed</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<td>h) Asked a breastfeeding mother about her diet when counseling about breastfeeding</td>
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<td>i) Asked a breastfeeding mother whether she is using medications and how they will affect breastfeeding</td>
<td>1</td>
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<td>j) Asked a breastfeeding mother whether or not she is using herbal supplements or treatments</td>
<td>1</td>
<td>2</td>
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<td>k) Asked for assistance by another member of your staff (chaperone) when breastfeeding was observed and evaluated</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>l) Used a bilingual staff member or certified interpreter for a breastfeeding mother who has low English proficiency (LEP)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>m) Asked about the cultural beliefs and practices of a breastfeeding patient before counseling about breastfeeding</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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27) How confident are you of your ability to do the following? *Circle 1 response for each item*

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<th>Very Confident</th>
<th>Neutral</th>
<th>Not at all Confident</th>
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<tbody>
<tr>
<td>a) Adequately address parents’ questions about breastfeeding</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b) Competently manage common breastfeeding problems</td>
<td>1</td>
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</table>
28) How much influence do you think breastfeeding education during your residency training will have on how you will care for mothers and babies in the future?

<table>
<thead>
<tr>
<th></th>
<th>Very Influential</th>
<th>Neutral</th>
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<td></td>
<td>1</td>
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This post-test was derived in part from:

The Academy of Breastfeeding Medicine: What Every Physician Needs to Know About Breastfeeding Course
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