



Post-Partum as a Specialty: Excellence in Breastfeeding Post Test

7.0 BRN Contact Hours (Nursing)

Please complete the information below. Note that your **name** and **license number** are required.

If you do not provide a license number, or do not have a license appropriate to your field, your certificate will be issued as General Credit.

Please note that tests may take up to **two weeks** to be processed. To check on the status of a test, or to confirm that your test has been received, please call:

When test is completed, please send by mail or fax to:

Name: (Required)	Supervisor Name:
License #: (Required - if none, license will be issued as "unaccredited")	Supervisor Facility:
Phone #: (Required)	Supervisor Dept.:
Work Address:	Supervisor Work Address:
Home Address and phone # (optional):	

Where would you like your results sent? (pick one):	What type of credit do you want? (pick one):
<input type="checkbox"/> Home address	<input type="checkbox"/> BRN (Nursing) 7.0 Contact Hours
<input type="checkbox"/> Work address	<input type="checkbox"/> Unaccredited (proof of completion)



CVN Home Study Feedback Form: Post-Partum as a Specialty: Excellence in Breastfeeding

To help ensure the quality of our Home Study programs, please fill out the questionnaire below.

Please tell us about yourself:

License/Role:	<input type="checkbox"/> CNA, <input type="checkbox"/> CNS, <input type="checkbox"/> LCSW, <input type="checkbox"/> LVN, <input type="checkbox"/> MA, <input type="checkbox"/> MD, <input type="checkbox"/> NP/RNP, <input type="checkbox"/> OT, <input type="checkbox"/> PT, <input type="checkbox"/> RCP, <input type="checkbox"/> RN, <input type="checkbox"/> MFCC/SW, <input type="checkbox"/> Other _____
Service Area:	<input type="checkbox"/> Capitol, <input type="checkbox"/> East Bay, <input type="checkbox"/> Fresno, <input type="checkbox"/> Golden Gate, <input type="checkbox"/> North East Bay, <input type="checkbox"/> South Bay (SCAL), <input type="checkbox"/> Inland Empire, <input type="checkbox"/> Metro Los Angeles, <input type="checkbox"/> Orange County, <input type="checkbox"/> San Diego, <input type="checkbox"/> Tri-Central, <input type="checkbox"/> Valley, <input type="checkbox"/> Other _____
Education:	<input type="checkbox"/> AA/AS, <input type="checkbox"/> BA/BSN, <input type="checkbox"/> MA/MSN, <input type="checkbox"/> PhD, <input type="checkbox"/> Other _____
In which setting do you work?	<input type="checkbox"/> In-patient, <input type="checkbox"/> Out-patient, <input type="checkbox"/> Both (in/out), <input type="checkbox"/> Home Health, <input type="checkbox"/> Other _____

Please indicate your agreement to the following statements based upon the following scale: (1 = Strongly Disagree, 6 = Strongly Agree)	1	2	3	4	5	6
	Stron gly Disa gree					Stron gly Agr ee
1. The course was applicable to my current role/position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. This course facilitated my ability to perform my job more effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. This course will make a difference in my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The length of this course was adequate for the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. This course was too long.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. This course was too short.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The videotape format is effective for home study courses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. This videotaped course maintained my interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the instructors from 1 to 6 in the following areas, by circling a number (1 is Strongly Disagree, 6 is Strongly Agree):	Knew the subject well	Communicated effectively	Maintained my interest	Was organized
	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6

Please fill in the corresponding box:

1. How did you find out about this home study course?	<input type="checkbox"/> Manager, <input type="checkbox"/> Coworker or friend, <input type="checkbox"/> Poster in break room or elsewhere, <input type="checkbox"/> Email announcement, <input type="checkbox"/> Web site, <input type="checkbox"/> Other (specify) _____
2. Please indicate your facility and department	_____
3. Please indicate your Region	<input type="checkbox"/> Colorado, <input type="checkbox"/> Georgia, <input type="checkbox"/> Hawaii, <input type="checkbox"/> Mid-Atlantic, <input type="checkbox"/> Northern California, <input type="checkbox"/> Northwest, <input type="checkbox"/> Ohio, <input type="checkbox"/> Southern California, <input type="checkbox"/> Other (specify) _____

Excellence in Breastfeeding Post Test

Please respond to each of the following questions:

1. Healthy People 2010 goals for breastfeeding are for
 - a. 100% breastfeeding initiation, 75% for 6 months, 50% for 12 months
 - b. 75% breastfeeding initiation, 50% for 6 months, 25% for 12 months
 - c. 65% breastfeeding initiation, 30% for 6 months, 18% for 12 months
 - d. 18% for 12 months

2. The American Academy of pediatrics recommends
 - a. Exclusive breastfeeding for 4 months, then add food supplements
 - b. Exclusive breastfeeding for a year
 - c. Any amount of breastfeeding is good
 - d. No recommendation: it is a personal choice
 - e. Exclusive breastfeeding for 6 months, then with supplemental foods for a year or longer

3. Because it is less physiologically stressful, pre-term infants should be established on bottle feedings before attempting to nurse at the breast
 - a. True
 - b. False

4. The contraindications to breastfeeding a term infant include
 - a. History of maternal drug abuse with negative toxicology screening and smoking
 - b. Poor maternal diet, smoking, maternal CMV
 - c. Infant or maternal PKU
 - d. Infant galactosemia, maternal chemotherapy

5. Studies show that childhood and adult obesity rates can be decreased by breastfeeding
 - a. 10 – 15%
 - b. 12-22%
 - c. 15-25%
 - d. 21-34%

6. The breast is a mature gland, capable of producing and secreting milk, by approximately what week of gestation?
 - a. at conception
 - b. by 12 weeks
 - c. by 18 weeks
 - d. by 32 weeks

7. Medications used during labor, including epidural anesthesia, have a significant effect on the newborn's ability to breastfeed effectively
 - a. True
 - b. False



8. The term healthy infant is most likely to breastfeed effectively if s/he
 - a. Is put to breast immediately after having Apgars assigned, weight and measurements are taken, and eye prophylaxis and vitamin K are given
 - b. Is put to breast after the mother has had a chance to recover from delivery
 - c. Is not separated from the mother until the first feeding is accomplished
 - d. Effective breastfeeding is multifactorial: time to breast after delivery is not a significant predictor of breastfeeding “success”.

9. A term healthy newborn should nurse how many times in 24 hours?
 - a. 6 or more
 - b. 8 or more
 - c. As often as the mother feels able
 - d. Whenever the baby cries

10. Supplements for breastfed infants should be given
 - a. Never, since it will interfere with the mother’s milk supply and undermine her confidence
 - b. When medically indicated and ordered by a physician
 - c. To prevent hyperbilirubinemia
 - d. When the mother requests it

11. Breastfed infants have lower blood sugar than bottle-fed infants
 - a. True
 - b. False

12. Breastfed infants are more likely to have exaggerated physiologic hyperbilirubinemia than are bottle-fed infants.
 - a. True
 - b. False

13. Nursing mothers should be advised to
 - a. Drink lots of water and avoid gas-producing foods such as broccoli and cabbage
 - b. Drink lots of water and avoid smoking and drinking
 - c. Eat a variety of foods with extra calcium, avoid smoking and drinking
 - d. Limit alcoholic beverages to 2 per day

14. Lactating mothers who don’t like milk
 - a. Should drink it anyway so their baby gets enough calcium
 - b. Should be advised not to breastfeed
 - c. Can be reassured that a woman doesn’t have to drink milk to make milk
 - d. Should be counseled regarding other sources of calcium, including supplements such as calcium carbonate (e.g. Tums)

15. “Breast milk jaundice” is
 - a. A common reason for readmission of term infants
 - b. A relatively rare condition that has never been associated with kernicterus
 - c. Associated with decreased feeding, decreased stooling, and decreased weight
 - d. A form of exaggerated physiologic hyperbilirubinemia



16. The most common reason for early termination of breastfeeding (when mothers wean their infants before they had planned or wanted to stop breastfeeding) is
 - a. Sore nipples
 - b. Maternal plans for return to employment
 - c. Lack of infant weight gain
 - d. Insufficient milk syndrome: the mother thinks she does not have enough milk

17. Approximately what percentage of women are physiologically incapable of producing adequate milk for their infants?
 - a. 25-30%
 - b. 5-10%
 - c. 1-5%
 - d. None: All women are capable of producing an adequate milk supply if they receive proper support

18. Breast pumps are available to families who have Durable Medical Equipment (DME) coverage for the following medical conditions
 - a. Separation of the mother and infant due to a medical condition
 - b. Maternal medication use that prohibits nursing
 - c. Infant oral-motor dysfunction
 - d. All of the above

19. The treatment for sore nipples includes all of the following EXCEPT
 - a. Assessment and correction of the infant's latch at breast
 - b. Limiting nursing time
 - c. Lanolin
 - d. Breast milk applied to nipples after feeding

20. A new mother reports that her one-day old, term infant is nursing constantly. The baby is pink and vigorous, with normal vital signs, and he has had 3 stools: the last was transitional. The mother should be advised
 - a. To wait until the baby is truly hungry before feeding, about every 2-3 hours
 - b. To give a pacifier so that she can get some rest
 - c. To give a formula supplement so that she can get some rest
 - d. That her baby is normal and all is well. Does she have adequate support at home?