



**Post-Partum as a Specialty: Excellence in Breastfeeding, Part II – 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.

**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): <input type="checkbox"/> Home address <input type="checkbox"/> Work address	What type of credit do you want? (pick one): <input type="checkbox"/> BRN (Nursing) 7.0 Contact Hours <input type="checkbox"/> Unaccredited (proof of completion)
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**CVN Home Study Feedback Form:  
Post-Partum as a Specialty:  
Excellence in Breastfeeding, Part II**

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
	Strongly Disagree					Strongly Agree
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 <b>circling</b> 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

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) _____



**Please respond to each of the following questions:**

1. Which of the following fears/concerns about breastfeeding were documented in the findings of the Best Start Program?
  - a. lack of confidence
  - b. pain
  - c. dietary restrictions
  - d. all of the above
  
2. K.G. is a 28 year-old who delivered her first baby one hour ago. Which of the following questions is the BEST one to elicit her perceptions of breastfeeding?
  - a. Are you planning to breastfeed this baby?
  - b. Have you and your partner discussed whether to breastfeed this baby?
  - c. What do you know about breastfeeding?
  - d. Did you know that breast milk is the food of choice for virtually all human infants?
  
3. G.W., 32 years old, is pregnant with her first baby. She is calling the OB clinic to discuss breastfeeding. The most effective counseling technique is to
  - a. list all of the maternal benefits of breastfeeding
  - b. explore her experiences and beliefs about breastfeeding
  - c. include her partner and/or family members in the discussions
  - d. answer each of her questions with concise answers
  
4. Which of the following is NOT a true statement regarding the assessment of breast engorgement
  - a. One cause of engorgement is excess interstitial fluid in the mother causing dependent edema
  - b. Engorgement may cause the nipples to flatten, making it impossible to breastfeed
  - c. Engorgement is temporary, lasting 12 - 72 hours
  - d. Removing baby from the first breast to ensure feeding from both breasts at every feeding can cause engorgement
  
5. It is 3 AM. Baby J.A. last fed at 11 PM. He is sleepy and has gagged several times with this latch attempt. Which of the following should be assessed to determine the cause of the feeding problem?
  - a. blood glucose level
  - b. temperature
  - c. latch technique
  - d. all of the above
  
6. The letters in the acronym L.A.T.C.H. stand for
  - a. latch, awake, type of nipple, comfort, hold
  - b. latch, audible swallowing, time-limited feedings, comfort, hold
  - c. latch, audible swallowing, type of nipple, comfort, hold
  - d. latch, areolar edema, type of nipple, chemical dependency, hold



7. Baby I.B. is 30 hours old and has never latched. She is a 36 week gestation infant who was in the NICU for observation for 12 hours after birth. The baby has just been transferred to the regular nursery. The mother is very motivated to breastfeed her baby. What is your BEST INITIAL action for helping this mom?
  - a. assessment of infant's weight
  - b. assessment of mother's pain level
  - c. institute use of nipple shield to achieve latch
  - d. referral to lactation consultant
  
8. Expressed milk for the healthy term infant can be stored in the coldest part of the home refrigerator for \_\_\_\_\_ days.
  - a. seven
  - b. four
  - c. three
  - d. two
  
9. Baby L.G. is a term infant who is being breastfed successfully. He is 7-1/2 months old and has just started day care. He is refusing to take a bottle. What is the BEST alternative feeding method for him in the day care?
  - a. syringe
  - b. cup
  - c. medicine dropper
  - d. finger feeding
  
10. Which of the following actions by a breastfeeding mom demonstrates the correct technique for manual expression of milk?
  - a. Her fingertips press around the areola, working outward from the nipple
  - b. Her fingertips move from the outer edge of the breast and into the nipple, like spokes on a wheel
  - c. Her fingertips move around the breast in small circular motions, starting from the outer edge of the breast and working in toward the nipple
  - d. Her fingertips move around the breast in concentric circles starting from the outer edge
  
11. Which of the following are contraindications for breastfeeding?
  - a. Maternal smoking
  - b. Maternal need for antibiotics such as Penicillin
  - c. Infant galactosemia
  - d. History of maternal substance abuse, with negative toxicology screens throughout pregnancy
  
12. Which of the following maternal nutritional conditions are contraindications for breastfeeding?
  - a. Veganism
  - b. Poor diet, low in protein, calcium, and vitamins
  - c. Mother feels she must have 2 cups of coffee per day
  - d. None of the above



13. The following medications are NOT compatible with breastfeeding:
- Most over-the-counter medications, including acetaminophen and ibuprofen
  - Most antibiotics
  - Most topical medications and inhalers
  - Chemotherapeutic agents
14. Which of the following is NOT a good source of information regarding medications in human milk?
- Medications and Mother's Milk*, (2006) by Thomas Hale, MD
  - The Physician's Desk Reference*, (2006)
  - National Institute of Health website: <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>
  - Breastfeeding: A Guide for the Medication Profession* (2005) by Ruth Lawrence, MD
15. Incomplete emptying of the breast may occur when:
- A feeding is missed
  - The interval between feedings is increased
  - Restrictive clothing is worn
  - All of the above
16. The incidence of mastitis is:
- Approximately 2.5% of nursing mothers
  - Approximately 10% of nursing mothers
  - Approximately 30% of nursing mothers
  - Approximately 50% of nursing mothers
17. Yeast infection of the breast is manifested by:
- Nipple pain, especially at initial latch
  - Late onset nipple pain that is often described as burning
  - Fever
  - A painful lump that does not resolve with feeding
18. The American Academy of Pediatrics recommends that infants be breast-fed
- Exclusively for the first 6 months of life
  - With supplemental foods from 6 – 12 months of age
  - For as long as mutually desired by mother and child
  - All of the above



19 – 20: Identify ONE concept you learned from this program **and** state how you intend to use it in your clinical practice. (2 points)

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