

1. In cases of mastitis, breastfeeding should be stopped temporarily. T/F
2. Mothers should be recommended to nurse their infants for 15 minutes on each breast every 2 to 3 hours. T/F
3. Exclusive formula feeding is associated with an increased risk of morbidity and mortality. T/F
4. Most infants born by Caesarean section need formula supplementation in the first hours of life. T/F
5. If a breastfed infant has problems with breastfeeding and requires supplements (of breast milk or artificial milk), it is generally advised not to use a bottle, especially in the first few weeks of life. T/F
6. In breastfed newborns, a high frequency of feeds lowers the risk of needing phototherapy. T/F
7. In the delivery room, before their first breastfeeding, healthy newborns must be weighed, the Apgar test checked in a radiant-heated crib and eye prophylaxis administered. T/F
8. In very preterm infants (<32 weeks), breastmilk should be the first option (fortified when necessary), while the second option should be donor milk; special preterm formula milk should only be considered as a last resort. T/F
9. In the maternity ward, a newborn of more than 15 hours old who needs to be consistently woken up to be fed is considered an at-risk infant. T/F
10. From 12 months onwards, the nutritional content of breastmilk diminishes significantly compared to the first year of lactation. T/F
11. If the only sign shown by a breastfed infant in good general health is poor weight gain, the first step is to supplement with formula milk and reevaluate. T/F
12. From 6 months onwards, breastfeeding should be reduced to 2-3 times a day and be complemented by other foods. T/F
13. "Watery" milk is actually foremilk (the milk that comes out at the beginning of each feed). T/F
14. The baby in the image is latched on correctly. T/F



15. What are the current WHO recommendations about breastfeeding?
 - a) Exclusive breastfeeding (EBF) up to four months of age, along with appropriate complementary foods as long as mother and baby desire.
 - b) Exclusive breastfeeding (EBF) up to six months of age, with the possibility of continuing breastfeeding until the baby turns two, along with appropriate complementary foods.

c) Exclusive breastfeeding (EBF) up to six months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.

16. Which of the following actions is the most important for a lactating mother who has cracked nipples?

- a) Recommend washing with soap and water.
- b) Recommend the application of pure lanolin after every feed.
- c) Assess the baby's feeding.
- d) Recommend the use of nipple shields.

17. A couple brings their baby of 17 days to the emergency room because of persistent crying. The baby is exclusively breastfed and until now everything has been going well. However, the couple reports that the child has been crying to be fed very frequently in the last 24 hours, sometimes every 30-60 minutes. When fed, the child becomes calm and sucks vigorously. There is no sign of illness, weight gain is good and examination is normal, but the mother feels that her child is not getting enough milk. What diagnosis and treatment would you suggest?

- a) Low milk supply. I would supplement each feed with 60 ml of formula and arrange follow-up with paediatrician.
- b) Growth spurt. I would observe how the infant feeds, recommend breastfeeding on demand and routine check-ups with paediatrician.
- c) Low milk supply. I would recommend weighing the infant before and after each feed and supplement with formula depending on the amount needed to reach 150 ml/kg/day distributed in 8 daily feeds.
- d) Infant colic. I would recommend abdominal massages and rocking in the prone position until the time of the next feed.

18. Give 5 characteristics of effective latching on that could be used to evaluate a feed. [broad or ambiguous answers are not valid (e.g. "lips" or "position of lips"), please be more specific even if only by using 2 or 3 words].

19. What would you say to a pregnant woman that mentions at the office she is thinking about using artificial feeding?

- a) Nothing, since that is a personal choice and I would respect it.
- b) I would ask her to tell me more about it, in order to know her reasons and information, and, based on respect, I would assess to encourage her to reconsider it.
- c) I would tell her that, given the absolute superiority of breast milk, it is irresponsible not to breastfeed when there are no contraindications.
- d) I would tell her not to feel guilty, because most children grow equally well with bottle feeding.
- e) All answers are correct.

20. With regards to the fact that free samples of starter infant formula are offered to mothers in healthcare centres:

- a) It is a violation of the International Code of Marketing Breastmilk Substitutes.
- b) It is an acceptable form of temporary support for low-income families.

- c) It is acceptable if the samples clearly state that breastmilk is the best nourishment for babies.
 - d) It is adequate in order to help mothers who have difficulties with breastfeeding.
 - e) All of the above are correct.
21. A nursing mother consults you because she is going to begin treatment with adalimumab for her Crohn's disease. Her gastroenterologist has told her to wean her eight-month-old infant since it is important that she begins the treatment. Where could you check to see whether the drug is compatible or not with breastfeeding?
- a) I would check the summary of product characteristics.
 - b) I would refer to the information given by the specialist who prescribed the drug.
 - c) I would consult the pharmacology handbook.
 - d) There is no need to consult anything. When assessing risks and benefits, the most adequate option is to wean, given that the infant is already eight months old.
 - e) I would look up the information on the following website (please specify):

22. You are a doctor on the maternity ward. A nurse is concerned about a newborn's breastfeeding and thinks that something is not right. She asks you to assess a feed.
- a) I don't think I have ever done this and would not really know what to look for.
 - b) I have observed some feeds during my training but don't have a lot of experience. I think that I would only be able to diagnose very obvious problems.
 - c) I would not feel confident. I would concentrate most on any weight loss and on blood glucose. If in doubt, I would recommend a supplement to avoid weight loss.
 - d) I have observed many feeds and consider myself capable of diagnosing and offering solutions to common problems.