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# **Medical Professional IBCLC**

**International Board of Certified Lactation Consultant  
Examiners (IBLCE)**



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# Latest Version: 6.0

## Question: 1

How long must breastfeeding continue to achieve the 50% risk reduction for SIDS, according to research?

- A. The first 3 days of life
- B. 1 month or more
- C. 2 months or more
- D. 3 months or more

**Answer: C**

Explanation:

According to research, any amount of breastfeeding for longer than 2 months reduces the risk of SIDS by approximately 50%. If an infant receives breast milk for less than 2 months, they may be at increased risk for SIDS. Based on this information, it can be inferred that if bed sharing is used by a family for breastfeeding and sleep sustainability, it may be delayed until after 2 months of age for optimal risk reduction.

## Question: 2

The lactation consultant is seeing a mother who will be returning to full-time work in 3 weeks. Which one of the following is the most important aspect of a going-back-to-work consultation?

- A. Setting a pumping schedule for every 2 hours while at work
- B. Night weaning so the mother can sleep before work
- C. Flange fitting, education on optimal breast pump selection, and education on breast pump use
- D. How to write an accommodations request letter to her supervisor

**Answer: C**

Explanation:

The mother returning to work who wishes to continue to provide her own breast milk to her baby will be reliant upon a quality pump that can remove milk efficiently and frequently to maintain her milk supply. Because pumping is a necessity for a breastfeeding mother working full-time, it is the most important aspect of the back-to-work consultation. A pumping schedule needs to be individualized for that mother's available break times and breast storage capacity. A mother should be advised that night nursing may increase after returning to work and should be enabled in order to create a sleeping plan that works for her family. Education about employee rights to express breast milk and the possibility for submitting a formal accommodations request may be part of the consultation, but it is not the most important aspect.

### Question: 3

The lactation consultant is asked to consult on a new policy and procedure document for hospital maternity practices related to staffing the newborn nursery. The first policy development meeting is the next day. Which one of the following actions is most important for the lactation consultant to complete to prepare for the meeting?

- A. Create a reference list of scientific articles related to how birth interventions affect lactation.
- B. Create a slide presentation to educate the policymakers on physiological nursing.
- C. Read the hospital's current policies and procedures for maternity care.
- D. Create a reference list of scientific articles related to avoiding separation of the mother- infant dyad.

**Answer: D**

Explanation:

According to multiple research studies conducted over many years, the newborn nursery is not necessary for hospitals and interferes with breastfeeding by promoting and normalizing the separation of the dyad. This is an excellent opportunity for the lactation consultant to positively influence the hospital culture and move the hospital in the direction of following the 10 steps to successful breastfeeding. Creating an extensive list with many scientific articles corroborating the elimination of the well-newborn nursery and using 24-hour rooming in for dyads in the hospital will demonstrate to policymakers the importance of making the change.

### Question: 4

A lactation mentee is performing test weight measurements in a lactation clinic to confirm milk transfer at the breast. The parent first changes the infant's diaper and removes her clothes, except a bow remains in her hair, and they weigh the infant as 3,746 g. The mother then nurses the infant on the first side, performs another diaper change, nurses on the second side before noticing that the infant's bow has fallen out of her hair and onto the floor. The mentee then performs a follow-up weight measurement with the infant wearing only her diaper, and she places the bow, which was previously in the baby's hair, on the scale next to the infant. The postfeeding weight is 3,742 g, indicating that the infant did not transfer any milk, despite there being objective signs of milk transfer during the feeding. What did the mentee do wrong?

- A. She should have removed the bow before the initial weight.
- B. She should have made sure that the infant was not changed into a clean diaper before the postfeeding weight.
- C. She should not have placed the bow on the scale for the postfeeding weight.
- D. She should have weighed the infant in her clothes.

**Answer: B**

Explanation:

The diaper should be changed before the first weight measurement and should not be changed again until after the postfeeding weight measurement. During test weighing, the infant may void urine or stool, in which case there is weight loss from whatever had previously been in the infant's bowel or bladder. If the infant nurses, but the weight from the urine or stool is eliminated from the equation by removing the dirty diaper, the infant will appear as if she lost weight or did not gain weight. All of the infant's clothes and accessories should be removed before the prefeeding weight, but if something is missed, the infant should simply be weighed with the exact same clothes or accessories she had previously been weighed with. Another example is socks-often, parents will leave the baby's socks on for the prefeeding weight check, but the socks will fall off and become lost during feeding and may not make it back onto the scale for the postfeeding weight check.

### Question: 5

The lactation consultant is called for a home visit for feeding difficulties. The birth history includes no prenatal care because the parent did not know she was pregnant until birth occurred. She states that she felt sick and was in pain for 2 days before going to the emergency room and delivering her infant, who was 5 lb 7 oz at birth. She states that she was discharged from the hospital after 48 hours in the maternity ward. Today, her infant is 4 days old and did wake to nurse during the appointment, is having subcostal and intercostal retractions, and his skin appears pale and mottled. What is the most appropriate recommendation?

- A. Hand express or pump, and provide volume to the infant to see if he wakes up to nurse.
- B. Initiate pumping and bottle-feeding 1-2 oz every 3 hours.
- C. Go to the emergency room immediately or call emergency services.
- D. Call the pediatrician the next day for an appointment.

**Answer: C**

Explanation:

This infant has a history and presentation that is suspicious for neonatal sepsis. This mother did not have prenatal care; therefore, we do not know her group B strep status, and she likely did not have time to receive antibiotics due to precipitous labor upon her arrival at the hospital. Prolonged rupture of the membranes is an additional risk factor for infection, and it was not known how long the mother's membranes were ruptured prior to birth. Furthermore, this infant can be assumed to be either premature or SGA, resulting in another risk factor for infection. Neonatal sepsis can progress quickly and can be life-threatening; this infant's care cannot wait until an appointment the next day.

### Question: 6

A mother states that she is only nursing three to four times in each 24 hours. When asked what the barriers are to nursing on demand, she complains of feelings of disgust, extreme sadness, and nausea at the beginning of nursing sessions. She states that her partner discovered her sobbing during breastfeeding and suggested that she stop, which made her feel sadder, and she does not want to stop nursing her baby. What would be an appropriate lactation intervention to enable this mother to improve breastfeeding?

- A. Deep breathing at the beginning of every nursing session
- B. Switching to exclusive pumping
- C. A referral to mental health services
- D. Spending some time alone every day

**Answer: A**

Explanation:

There is some anecdotal evidence that performing a dopamine-producing activity just before or at the beginning of a nursing or pumping session may improve the symptoms of dysphoric MER. Dopamine-producing activities for lactating mothers may include diaphragmatic breathing, distraction during letdown (e.g., drinking cold water, watching a funny television show, eating food), getting sunlight, getting more sleep, and having connection with loved ones or via a support group. Unfortunately, several dopamine-producing activities are unhealthy such as frequently eating indulgent snacks or using nicotine, caffeine, and alcohol. Some people who are unable to cope with these feelings may choose to wean, and they should be supported in their decision, but they should be monitored for postweaning depression.

### Question: 7

A NICU nurse confides in the lactation consultant regarding one of her patients who was born preterm and was exposed to illegal substances in utero. She states that the mother sporadically brings in pumped breast milk and that the infant seems to have more apneic episodes after she is fed her mother's breast milk and fewer apneic episodes after a couple days of artificial baby formula feedings. What should the lactation consultant do?

- A. Ask the neonatologist to order laboratory testing of either the infant's urine and/or the mother's breast milk for metabolites of illegal substances.
- B. Speak with the mother, and tell her that she can no longer provide breast milk to her infant.
- C. Ask the NICU nurse if she has an unconscious bias against breast milk due to personal experience.
- D. Ask the neonatologist to increase the infant's dose of caffeine citrate.

**Answer: A**

Explanation:

Laboratory testing can confirm if this mother is currently abusing substances. If laboratory testing confirms substance abuse, breast milk feedings are contraindicated. In the case of abuse, tolerance is built up by the abuser resulting in increasingly larger doses of the substance being needed to create the desired effect; therefore, exposure to drugs of abuse via breast milk may cause a decrease in the respiratory rate, apneic episodes, sedation, and potentially death. If laboratory testing confirms abuse, the NICU social worker should also be involved.

### Question: 8

Which one of the following pacifier, or dummy, shapes is preferred for optimal oral-motor function?

- A. Symmetric
- B. Bulbed end
- C. Wedged end
- D. Orthodontic

**Answer: A**

Explanation:

For a parent who chooses to use a pacifier despite the risks or an infant who needs to use a pacifier for suckling therapy, a symmetric teat should be used. Orthodontic pacifiers, bulbed-end pacifiers, and wedged-end pacifiers may stay in the infant's mouth better, but they encourage dysfunctional movements of the tongue and are more likely to result in latching issues and nipple pain.

### Question: 9

There is a hurricane that has affected the availability of electricity and water in the lactation consultant's region. The lactation consultant is invited to be interviewed on the news about how parents should feed their newborns in this emergency situation. Which of the following is NOT a viable action that parents can take to safely feed their babies?

- A. Contact the lactation consultant for assistance with nursing directly at the breast.
- B. Use ready-to-feed infant formula if available.
- C. Express breast milk 10 times per day to increase the milk supply.
- D. Encourage mother-to-mother milk sharing temporarily during the disaster.

**Answer: C**

Explanation:

During a natural disaster, regularly expressing breast milk may not be a safe option due to the lack of available refrigeration and a lack of clean water to wash breast milk pump parts and bottles. In addition, a loss of electricity also means loss of the use of electric breast pumps—even rechargeable pumps may only last a day or two after electricity is no longer available. Bottled water may be used, if available, to wash breast pump parts and bottles as well as to mix powdered baby formula, but it will be a scarce resource in emergencies. Although informal milk sharing and wet nursing practices involve risks, during an emergency, the benefits of human milk sharing likely outweigh the risks. In addition, frozen milk that was expressed before the disaster will no longer be usable after a couple of days; therefore, mothers may be more likely to share it with other parents in need if it is going to go bad anyway. The safest option for infant nutrition in an emergency or natural disaster is nursing directly at the breast, which is one more reason why breastfeeding should be promoted, supported, and protected.

### Question: 10

Which one of the following is NOT a known risk factor for complicated parental identity integration?

- A. Suicidal ideation
- B. Insecure attachment in children

- C. Postpartum psychosis
- D. Substance use disorder

**Answer: B**

Explanation:

There is no evidence that insecure attachment is directly linked to complicated parental identity integration; however, it may be a secondary result of adverse childhood experiences that result from one's parents' untreated mental health struggles. Suicidal ideation, postpartum psychosis, and substance use disorder can all contribute to complicated parental identity integration.

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