Medical Professional

IBCLC
International Board of Certified Lactation Consultant Examiners (IBLCE)

Questions And Answers PDF Format:

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Version = **Product**

Latest Version: 6.0

Question: 1

The hospital lactation consultant is contacted by a hospital administrator for a meeting. In the meeting, the administrator instructs the lactation consultant to stop referring mothers participating in her hospital-based breastfeeding class to doulas and doula services because the physicians are complaining that doulas are interfering with their care and recommendations. What should the lactation consultant do?

A. Stop informing prenatal mothers about local doula resources, as instructed.
B. Continue informing prenatal mothers about local doula resources.
C. Contact the doulas and ask them to stop interfering with the physicians' care and recommendations.
D. Contact the physicians to determine what the doulas are doing that is interfering with their care and recommendations.

Answer: B

Explanation:
According to the WHO Code, IBLCE clinical competencies, and the IBLCE Code of Professional Conduct lactation consultants have a duty to advocate for the mother and infant inside the healthcare system. This includes educating the public on the risks to lactation that may occur because of medical labor interventions. According to the Centers for Disease Control, only 15% of pregnancies are high risk and would innately require labor interventions. The other 85% require advocacy to protect them from iatrogenic complications. Labor doulas specialize in supporting and advocating for the parent during the vulnerable time of labor and birth when the mother and baby are in a vulnerable position and may not be able to advocate for themselves. The lactation consultant should not comply with this request and should inform hospital administrators and physicians that it is within the lactation consultants scope of practice and that her guiding professional documents specifically state that she must continue to provide pregnant mothers with evidence-based information so they can make their own informed decisions.

Question: 2

The lactation consultant listens as a mother explains her struggles with direct breastfeeding and subsequent conversion to exclusive pumping. After the client has completed her explanation, the lactation consultant says, "You would love to be able to nurse your baby directly at the breast, but it hasn't worked for you so far, so you've resorted to exclusive pumping and bottle-feeding. You've done a great job troubleshooting to provide breast milk to your baby when you weren't sure it was possible." Which of the following therapeutic communication components does this statement best fit?

A. Reflection
B. Affirmation

C. Validation
D. Avoiding judgment

Answer: B

Explanation:
This statement is an affirmation because the lactation consultant is pointing out the clients efforts and abilities and affirming to her that she has done a good job navigating these challenges on her own so far. Affirmations improve confidence, enhance self-efficacy, and build trust between the client and the lactation consultant.

Question: 3

Which one of the following infants would NOT receive a thorough physical and functional oral assessment?

A. An infant with signs of poor milk transfer
B. An infant with signs of disorganized suck
C. An infant whose mother is complaining of persistent nipple pain and damage
D. An infant confirmed to have adequate milk transfer whose mother has intact nipples

Answer: D

Explanation:
All infants presenting with difficulty nursing should receive a thorough physical and functional oral assessment by a person educated and experienced in physical and functional oral assessment. Multiple causes could be found via a thorough physical and functional oral assessment including ankyloglossia, variations in muscle tone, variations in palate shape, variations in mandible anatomy, and clefts in the palate or lip. Infants who are nursing well and whose mothers are having no pain may not need a thorough physical and functional oral assessment unless the parent requests that one is completed or there are other signs of anatomical or oral challenges such as frequently sleeping with the mouth open.

Question: 4

Ideally, how long should the first bath after birth be delayed?

A. 2 hours
B. 4 hours
C. 24 hours
D. 48 hours

Answer: C

Explanation:

Although many different recommendations for delaying the first infant bath exist the WHO and the American Academy of Pediatrics recommend that the first bath should be delayed for 24 hours if medically indicated. One study showed a 166% increase in successful breastfeeding initiation rates and a 39% increase in exclusive breastfeeding rates as well as a 59% increase in partial breastfeeding rates after a 12-hour delay in a baby's first bath compared to babies who were bathed within 2—3 hours after birth. Medical indications for immediate bathing after the first breastfeeding session include maternal infection with HIV, viral hepatitis, and active HSV outbreaks.

Question: 5

A mother has been working with a lactation consultant for multiple weeks to correct an oversupply. Her infant is 5 weeks old, and she has gone through two rounds of block feeding and has used jasmine and peppermint to attempt to decrease her milk supply, yet she continues to have uncomfortable engorgement and her infant struggles through her overactive letdown reflex. Her infant is gaining nearly 1 pound per week, and she states that he is overly fussy and having frequent watery stools. What is the most important lab test that should be performed by this client's physician?

A. FSH
B. TSH, T3, T4
C. Prolactin
D. Sedimentation rate

Answer: B

Explanation:
Postpartum thyroiditis causing hyperthyroidism is a common cause of unresolvable oversupply. Postpartum thyroiditis occurs in 5-10% of mothers within the first year after birth and may be even more common in mothers with a known history of autoimmune disorders, known thyroid disorders, or a family history of thyroid disorders. Another, less common, medical cause of oversupply is a prolactinoma, but diagnosis is diffcult during lactation because prolactin levels are naturally higher due to frequent breast stimulation.

Question: 6

The lactation consultant has been working with a mother who recently gave birth to twins. One of her twins is nursing exclusively, whereas the other, smaller, twin is not latching on and has been requiring bottle-feedings for the majority of feedings. The mother confides in the lactation consultant that she feels frustrated by the second twin's inability to catch on to nursing because it takes her so much additional time to pump and bottle-feed him while her goal is to be able to tandem nurse her twins. Which one of the following is an appropriate intervention for this mother and her twin who is struggling with feeding?

A. Kangaroo care
B. Have her partner or another family member bottle-feed the smaller twin most of the time

C. Bottle-feeding expressed breast milk to both twins until the smaller twin catches on
D. Using pillows and rolled blankets to prop the smaller twin's bottle to save time

Answer: A

Explanation:
Kangaroo care, or continuous skin-to-skin care provided throughout the majority of the day, is an effective strategv' for increasing bonding and improving breastfeeding in preterm, SGA, or IUGR babies. Continuous skin-to-skin care may be best achieved with baby wearing or taking a "babymoon" or a "nurse-in," in which the parent delegates all other responsibilities and focuses only on continuous skin-to-skin care and nursing for an entire day or multiple days. Maternal-infant bonding is essential for the survival and development of infants, and feeding problems are a risk factor for altered maternal-infant bonding. This mother is stating that she is frustrated, but even with multiple feeding interventions, it will likely take time for the smaller twin to learn to nurse exclusively. In the meantime, increasing bonding opportunities with kangaroo care with the smaller twin may assist this mother-infant dyad, along with feeding interventions to increase success at the breast and pumping for milk supply maintenance. Further separation via delegating bottle-feeding and switching the nursing twin to bottle-feeding may further disrupt maternal-infant bonding. Bottles should never be propped during feeding because it is a dangerous practice.

Question: 7

Which infant should be referred to a healthcare provider for assessment and treatment of gastro esophageal reflux disease (GERD)?

A. A1-month-old infant who is arching the back and screaming after feedings
B. A 3-week-old infant who is fussy all night long
C. A 2-week-old infant who is spitting up small amounts after every feeding
D. A I-week-old infant who is fussy at the breast

Answer: A

Explanation:
Aggressive and involuntary arching of the back and turning the head to one side or the other accompanied by crying is called Sandifer syndrome and is a strong indicator of gastroesophageal reflux disease (GERD). Other indicators of GERD are frequent spitting up accompanied by slow or inadequate weight gain or obvious pain signs while spitting up. Some infants experiencing GERD will eat extremely frequently as a way to ease their heartburn, but this is not a reliable indicator of GERD. All infants have some degree of reflux or spitting up due to an immature esophageal sphincter. Signs of physiological reflux are spitting up while happy or content or spitting up small amounts after many feedings but gaining adequate weight.

Question: 8

Which one of the following diagnoses/conditions is defined by the following: a tender, indurated, and reddened or edematous area of the breast accompanied by systemic

symptoms such as fever, chills, and flu-like symptoms?

A. Bacterial mastitis
B. Inflammatory mastitis
C. Breast abscess
D. Ductal narrowing

Answer: B

Explanation:
The mastitis spectrum begins with ductal narrowing, which may progress to a tender, indurated, and reddened or edematous area of the breast accompanied by systemic symptoms such as fever, chills, and flu-like symptoms. This symptom set is defined by the Academy of Breastfeeding Medicine as inflammatory mastitis, which may be conservatively treated at home until systemic symptoms continue for more than 24 hours or if it progresses to bacterial mastitis. Bacterial mastitis is defined as breast cellulitis spreading over multiple quadrants of the breast accompanied by edema in addition to systemic symptoms. Bacterial mastitis requires antibiotics prescribed by a healthcare provider to prevent progression to a breast abscess. Many providers confuse inflammatory mastitis with bacterial mastitis resulting in the overprescribing of antibiotics for inflammatory mastitis, which may lead to further problems related to dysbiosis and antibiotic-resistant bacterial mastitis.

Question: 9

The parent of a 2-week-old infant calls the lactation consultant on the phone late in the evening to schedule a consultation due to projectile vomiting. She states that her infant also appears to be in extreme pain, his abdomen feels hard, and he has not had a bowel movement in 4 days. What should the lactation consultant do?

A. Schedule a lactation consultation for her next available appointment in 3 days.
B. Schedule an emergent lactation consultation by squeezing them in on her schedule tomorrow.
C. Advise the parent to call her infant's pediatrician's office.
D. Advise the parent to take her infant to the nearest emergency department.

Answer: D

Explanation:
This infant has signs of intestinal blockage and could have a gastrointestinal congenital defect. Because it is late in the evening, the pediatrician's office may not respond until the following business day; therefore, the lactation consultant should advise the parent to take her infant to the nearest emergency department for medical treatment of an intestinal blockage. Intestinal blockages can progress to life-threatening situations without treatment due to the risk of intestinal perforation.

Question: 10

The lactation consultant is working with a mother breastfeeding a 15-week-old who is complaining of a recent drop in her milk supply. Upon assessment, the lactation consultant identifies that the infant has been prematurely started on solid food. The lactation consultant is aware that this is a common practice in the Southern Appalachian region where she works due to the cultural importance of food and sharing meals. Which one of the following would be the best approach for the lactation consultant to take to this often-nonnegotiable cultural practice?

A. "It has been very fun for you and your baby to experience new foods. Have you considered letting him drink expressed breast milk by bottle at the dinner table instead of eating solid foods
B. "It is important to you that your baby participates in mealtimes with your family, but evidence shows that introducing solid foods this early may be harmful to his stomach and your milk supply."
C. "It has been very fun for you and your baby to experience new foods, but studies show that you shouldn't introduce these foods until after he is 6 months old."
D. "It is important to you that your baby participates in mealtimes with your family. 1Ahatdo you think about making sure he is nursed right before mealtimes?"

Answer: D

Explanation:
Option D is the best approach because not only does it ask the client about her specific views in an open-ended question, it also compromises by allowing the cultural practice to continue, while ensuring that the infant gets the majority of his calories from breast milk instead of getting full-on solid foods first causing him to nurse less. Option A is a closed-ended question that may only get a yes or no response. Options B and C are not culturally sensitive responses. Nonsensitive approaches create defensiveness in the believer of the practice, which prevents a therapeutic relationship from forming. People are more likely to change their behavioral practices if they are educated by someone they trust.

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