

## **BFHI Re-Assessment Spot Check Questions**

(answers should include all of the choices)

1. What do you tell mothers about feeding their babies?
  - a. Breastfeeding: at all sx early feeding cues, don't limit the time at the breast, watch for sx infant satiety, keep track of infant output (1 wet & 1 stool in first 24 hrs., 2 each in second 24 hrs., 3 each in third 24 hrs.)
  - b. Artificially feeding: exactly the same thing
  
2. Where do you look for the Resources on breastfeeding after discharge?
  - a. The D/C teaching book (green cover)
  - b. The Lactation Discharge Teaching Notebook (white binder)
  
3. How do pacifiers affect breastfeeding?
  - a. They mask feeding cues
  - b. Delay feedings
  - c. Result in lower infant intake
  - d. Result in lower maternal milk production
  - e. Cause biting behaviors
  
4. How long should the newborn stay in safe skin-to-skin care?
  - a. At least 60 minutes OR until after their first feeding.
  - b. For at least the first three months (4<sup>th</sup> trimester)
  
5. When do you begin teaching about skin-to-skin, breastfeeding, baby cues, hand expression, and rooming-in?
  - a. In labor, if possible
  - b. Immediately following delivery
  - c. With any assistance you are providing the new family
  
6. What do you use to supplement an infant needing expressed breast milk or artificial infant milk?
  - a. Spoon
  - b. Cup
  - c. Periodontal (curved-tip) syringe at the breast or with finger-feeding
  - d. Bottle is the LAST choice
  
7. How soon should a mother begin pumping and hand expression if her baby is in the NICU?
  - a. Immediately
  - b. Must be taught prior to 6 hours post-delivery
  
8. Where are the new parent teaching books?

- a. The Notebooks are in every room, including L&D rooms
  - b. The New Beginning books are on the infant chart
  - c. The Discharge booklets are at the nurses' station, and should be given to EVERY mother at discharge (green cover)
9. How do you use the new parent teaching books?
- a. Open them and teach
  - b. Use demonstration
10. What are acceptable reasons for interrupting skin-to-skin care?
- a. Medical necessity
  - b. It is NOT an acceptable reason for NNP/DR to perform a normal assessment at the warmer
  - c. Parental choice should be honored, but only AFTER teaching why this is so important
11. When do you begin skin-to-skin care?
- a. Vaginal delivery: Immediately if infant is healthy
  - b. Surgical delivery: Immediately if infant is healthy
12. When is the last time you got the Artificial Infant Milk kit and practiced teaching with it?
- a. Promote at least once a week
13. How can you know that mothers have understood the hand expression teaching?
- a. Return demonstration
14. Do we have pacifiers in our pyxis?
- a. Not for healthy, full-term infants
  - b. We carry only premie pacifiers
15. Why are prolonged periods of safe skin-to-skin care important?
- a. Stabilizes infant temperature
  - b. Stabilizes infant blood sugar
  - c. Mothers' breast can change temperature to keep infant warm ONLY in skin-to-skin
  - d. Maternal heart beat is calming to newborn
  - e. Releases endorphins for both mother and infant
  - f. Promotes seeding the infant with maternal microbes to establish the optimal microbiome for the infant
  - g. Keeps infant from being passed around the room, causing increased stress, elevated cortisol levels
16. Can you describe paced feeding?
- a. Sit infant up in your lap, using neck and back support

- b. Tickle infant's top lip with bottle nipple to elicit wide oral gape and deep latch
  - c. Tip bottle slightly past horizontal to fill nipple with milk
  - d. Count audible swallows, pause if infant continues past 4-5 swallows without stopping to breathe
  - e. Pause by tipping bottle downward to empty the nipple of fluid
  - f. Don't take nipple out of infant's mouth
  - g. Follow infant's cues to restart flow of fluid
  - h. Repeat
  - i. Watch for signs of infant stress: furrowed eyebrows, flaring of finger/toes, spitting milk out during feeding, tight flexion, white knuckles
  - j. Watch for signs of infant satiety; stop when baby stops
17. When do you use paced feeding?
- a. In artificially-fed infants using bottles
  - b. In NICU babies
18. When should babies be removed from the parents' rooms?
- a. Only for medical procedures such as circumcision, X-rays, etc.
  - b. Blood draws should be done in the room, with infant in parent's arms
  - c. We should NEVER volunteer to remove infant from the room to "let you rest"
19. Where do I keep up-to-date with the latest breastfeeding information?
- a. The Break Room Learning notebook
20. Describe signs of infant satiety.
- a. Open, relaxed body position
  - b. Open, relaxed fingers and toes
  - c. Falling asleep after feeding
  - d. Self-detachment from the breast
21. How much does the newborn stomach hold on day one?
- a. 3-5 cc or ½ teaspoon
22. Explain normal newborn behavior on day one, day two, and day three.
- a. First 24 hours: Birthday Nap
    - i. Awake and alert several hours after delivery
    - ii. Long sleep period
    - iii. Offer feedings at all cues
  - b. Second 24 hours: Learning Day
    - i. More hunger cues seen
    - ii. Cluster-feeding begins
    - iii. Feed on request

- c. Third 24 hours: All Day Buffet
    - i. Lots of cluster-feeding
    - ii. Keep skin-to-skin
    - iii. Feed on request
23. What do you teach parents about cluster-feeding behaviors?
- a. NORMAL and expected
  - b. Usually occurs at night since prolactin levels are higher
  - c. Occurs whenever baby was most active in utero
  - d. Provides lots of learning opportunities for both mother and baby
  - e. Allows building of milk supply “foundation”
  - f. Allows infant to eat frequently
  - g. Provides “heart filling” as well as “tummy filling”, and babies need lots of contact with mom during their first 3 mos. postpartum