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International Board of Lactation Consultant Examiners (IBLCE) Examination

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Question: 1

A newborn measures 2,200 g at birth. What would this newborn be categorized as in terms of birth weight?

- A. ELBW
- B. LBW
- C. VLBW
- D. SGA

Answer: B

Explanation:

Low birth weight (LBW) is defined as a birth weight of less than 2,500 g (2.5 kg. or 5 pounds, 8 oz). LBW is further categorized into very low birth weight (VLBW) of less than 1,500 g (1.5 kg) and extremely low birth weight (ELBVV) of less than 1,000 g (1 kg). A newborn that is small for gestational age (SGA) is categorized as such if they are smaller than the 10th percentile of newborns of the same gestational age. LBW infants are at a high risk for underfeeding and are likely to be admitted to the neonatal intensive care unit (NICU). Appropriate interventions for an LBW infant would include enabling the parent to frequently, effectively, and efficiently express breast milk in order to establish and maintain the milk supply until the infant grows enough to effectively transfer milk at the breast.

Question: 2

A mother pumps her breast milk for the first time at 4 days postpartum; then she calls the lactation consultant complaining that her expressed milk is pink and that she is concerned that her infant may have been drinking bloody milk. She states that nursing at the breast has been going very well and that she pumped to relieve engorgement. What is the most likely cause of this mother's pink milk?

- A. Breast cancer
- B. Fibrocystic breast changes
- C. Nipple trauma
- D. Mastitis

Answer: B

Explanation:

Early milk that is pink red, or brown is commonly referred to as rusty pipe syndrome and is due to intraductal cysts and papillomas that are present in fibrocystic breasts. Nipple trauma may also cause blood-tinged milk, but this mother states that breastfeeding is going well, so there is no

indication that she has severe nipple trauma.

Question: 3

A mother confides in the lactation professional that she is considering switching to formula because her baby is not sleeping through the night. What can the lactation professional educate this mother about that may influence her decision?

- A. Baby formula includes ingredients that will make the baby hyperactive.
- B. Ignoring the baby's cries at nighttime will make him fall asleep faster.
- C. Breast milk contains components that help babies develop better nighttime sleep over time.
- D. Rice cereal added to a bottle of breast milk will help babies sleep for longer.

Answer: C

Explanation:

Breast milk that mothers make at nighttime includes calming and sleep-inducing components such as oxytocin, melatonin, and tryptophan. Nursing young babies at night helps them to establish a healthy circadian rhythm over time. There is no evidence that baby formula influences hyperactivity in children. The cry-it-out method of sleep training may cause emotional trauma to young infants, and nighttime weaning may decrease the overall milk supply. Rice cereal is no longer recommended for babies due to possible arsenic contamination and evidence of possible neurodevelopment harms.

Question: 4

A parent requests a lactation consultation after a mastitis diagnosis from her provider. The lactation consultant changes the infant's diaper before weighing the infant and observes watery, green stools with mucus strings. What is the most likely cause?

- A. Maternal antibiotic use
- B. Swallowing of material plugging the breast ducts
- C. Cow/ s milk protein allergy (CMPA)
- D. Oversupply

Answer: D

Explanation:

Oversupply results in the infant taking in large amounts of high-carbohydrate milk and feeling full from volume before reaching the high-fat-content milk at the end of the feeding. This may result in green, watery, frothy, and/or mucus-containing stools. Oversupply is also a risk factor for mastitis. Maternal antibiotic use may cause the infants stool to be looser than normal but should not change the color of the stool. Research shows that plugged ducts are due to ductal inflammation rather than actual material plugging the ductal canals. CMPA may cause loose, bloody stools.

Question: 5

The hospital lactation consultant sees a hospitalized breastfeeding dyad with a history of medication-assisted treatment for opioid use disorder. The infant is exhibiting some symptoms of neonatal abstinence syndrome, and breastfeeding appears to be going well. Which one of the following anticipatory guidance topics is most important to discuss with this mother?

- A. Mastitis prevention
- B. Pumping and discarding milk
- C. Weaning from her medications
- D. Treating and preventing sore nipples

Answer: D

Explanation:

An extremely common symptom of neonatal abstinence syndrome is high muscle tone or hypertonia. High muscle tone and increased tension in the infant's neck face, and tongue are likely to result in sore nipples for the mother, even if the latch is deep and appropriate. The lactation consultant should consider a physical therapy referral for assistance with muscle tone challenges. There is no evidence for increased risk of mastitis in this mother, so although this topic may be covered, it is not the most important one. Mothers who are undergoing medication-assisted treatment for opioid use disorder and are complying with treatment should be encouraged to breastfeed, so instructing her to pump and discard her milk is inappropriate. Instructing the mother to wean from her medication is outside of the lactation consultant's scope of practice.

Question: 6

Which one of the following is the most accurate definition of birth trauma?

- A. A birth injury that requires mandatory hospital reporting
- B. Provider abuse during birth
- C. Any birth-related experience that the parent defines as traumatic
- D. A near-miss incident that could have resulted in death

Answer: C

Explanation:

Similar to patient pain level self-reports, birth trauma is subjective and is whatever the parent says it is. One person may experience lasting emotional, psychological, or physical symptoms related to a specific experience, whereas another may not be negatively affected by the same experience. Although the other options are extreme experiences that may result in birth trauma, they are not required for a parent to experience birth trauma. It is not up to the provider to determine what experience is or is not traumatic, just like it is not up to the provider to determine if a person's pain is significant or not. Birth trauma is a less-recognized form of post-traumatic stress

disorder.

Question: 7

What is the most common cause of an infant being born LGA?

- A. Maternal obesity
- B. Postterm pregnancy
- C. Maternal insulin resistance
- D. Excessive weight gain during pregnancy

Answer: C

Explanation:

Insulin resistance results in gestational diabetes or type 2 diabetes, and diabetes is the most common cause of fetal macrosomia. Insulin resistance results in higher than typical amounts of glucose being transferred to the baby via the placenta, which causes increased fat stores in the fetus prior to birth. In addition, the fetus makes insulin at high levels within its own body to cope with the elevated glucose levels, and high insulin levels increase growth hormone resulting in further excessive growth.

Question: 8

Which one of the following recommendations is within the lactation consultant's scope of practice regarding herbs and supplements?

- A. Instruct the client to take sunflower lecithin 1,200 mg by mouth three or four times per day.
- B. Instruct the client to take vitamin D 6,400 IU by mouth once daily.
- C. Instruct the client to take Lugol's iodine 3 drops daily.
- D. Instruct the client to eat foods rich in choline and iodine such as eggs, seafood, red meat, and liver.

Answer: D

Explanation:

Unless the lactation consultant is also a prescribing provider such as a physician, nurse practitioner, or physician's assistant, recommending OTC supplements is outside the lactation consultant's scope of practice. The lactation consultant can provide education about the evidence for the use of these supplements in breastfeeding mothers and instruct the client to discuss them with her physician before adding any supplements into the daily routine. It is within the lactation consultant's scope of practice to encourage clients to eat foods rich in choline, iodine, and vitamin D. Supplement dosages are usually very high, which increases the risk of harm, side effects, and potential drug interactions with the client's current medications, whereas the amounts of these nutrients in whole foods are relatively low and are unlikely to cause harm or side effects.

Question: 9

The lactation consultant asks a parent what breastfeeding would look like in an ideal world; after listening to the client's complete response, the lactation consultant says, "You would love to be able to nurse your baby directly at the breast, but based on your recent experiences with nursing, you're not sure it's possible." Which one of the following therapeutic communication components does this statement best fit?

- A. Reflection
- B. Affirmation
- C. Validation
- D. Avoiding judgment

Answer: A

Explanation:

The lactation consultant's statement is a reflection that paraphrases what the client just said. Reflecting lets the person feel heard and understood, and it also evaluates for understanding because if the reflection is incorrect, the client will clarify the statement and its intent.

Question: 10

The lactation consultant checks an exclusively breastfed infant's weight, plots it on the growth chart, and then informs the parent that the infant is at the 50th percentile for weight. The parent seems confused and states that her pediatrician weighed the baby yesterday and although the weight was only 2 oz less than today, she was told that her baby was at the 25th percentile. What is the most likely cause for this discrepancy?

- A. Using two different scales for checking weight
- B. Using two different growth charts for plotting weight
- C. User error in plotting on the growth chart
- D. User error in the weighing technique

Answer: B

Explanation:

Pediatricians in the United States often use the Centers for Disease Control weight charts, which are based on formula-fed infants, whereas the most appropriate growth chart for breastfed infants is the World Health Organization (WHO) weight charts, which are based on breastfed infants. A large difference in the actual weight compared to the calculated percentile would likely be due to user error in weighing technique or the difference in scales. Most growth charts are now digital and are embedded in electronic health record software, which decreases the likelihood of user error in growth chart plotting.



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