



MOCK ASSESSMENT QUESTIONS

BFI Policy (All HF Staff/Intake)

1. If you were taking part in the revision of or the development of an existing or new resource that references infants and young children, what is the process according to the BFI Policy?

- Use the *Baby-Friendly Initiative Resource Checklist* as a guide in developing, revising, and reviewing all resources that reference infants and young children.
- Submit the resource to the BFI workgroup for review prior to finalizing /printing etc.
- Staff may contact a Healthy Families Breastfeeding Lead Manager regarding questions or concerns

Resources:

Procedure - Baby-Friendly Initiative Compliance-Development, Revision and Review of Resources that Reference Infants and Young Children (November 1, 2012)
TPH Website – Breastfeeding

Peer Support (All HF Staff/Intake)

2. Why is peer support for Breastfeeding important for BFI?

- It is a requirement of BFI Designation.
- TPH is committed to achieving BFI.
- Provides families with encouragement and support.
- Provides families with an opportunity to share knowledge and experiences.
- Provides families with a listening ear.
- It supports a seamless transition from hospital to community

3. How does TPH facilitate informal peer support with families about infant feeding?

- Encourage clients to participate in programs e.g. prenatal, parenting, peer nutrition
- Making referrals to community support.

Resources:

Power Point Presentation: Peer Support HF Staff (Sept 11, 2012)

Family Home Visitors - **formally** provide peer support related to infant feeding. Also, they facilitate **informal** peer support opportunities by making clients aware of programs we offer in the community and through supportive accompaniment to these programs.

Breastfeeding Friendly Environments (All HF/Intake)

4. What is your Role in Providing a Breastfeeding Friendly Environment?

- Display a Breastfeeding Friendly Decal
- Offer a clean space with comfortable chairs where a mother can breastfeed
- Don't display posters etc showing bottles, pacifiers, artificial baby milk.
- Don't ask mothers to cover up, leave, or use the washroom to breastfeed or express breastmilk
- Offer a clean private space if requested and available where a mother can express her milk.

5. How do you handle complaints?

TPH staff:

- Say " Toronto Public Health Supports Breastfeeding Mothers"
- Complaints should be made directly to your manager
- In consultation with your manager advice and guidance can be obtained from the TPH Manager of Access and Equity, or from the City's Human Rights Office

Public:

- The public has a legal right to file a complaint directly to the Human Rights Tribunal of Ontario and/or consult the Human Rights Legal Support Centre for advice/assistance.
<http://www.hrto.ca/hrto>

Resources:

Power Point Presentation: BF Friendly

Baby-Friendly Initiative Compliance- Support of Breastfeeding on City Premises (Nov 1, 2012)

Solids (All HF/Intake Staff)

6. Many mothers are introducing solids at 4 months. In relation to continued breastfeeding, what is one reason why TPH is recommending starting solids at 6 months?

- Early introduction may result in less frequent breastfeeding and subsequently less milk production.

Resources:

BFI Message of the Week Oct. 9, 2012

http://insideto.toronto.ca/health/healthyfamilies/bf_resources.htm,

http://insideto.toronto.ca/health/policies/pdf/feeding_complementary_foods.pdf

http://www.hc-sc.gc.ca/fn-an/pubs/infant-nourrisson/nut_infant_nourrisson_term-eng.php

http://www.hc-sc.gc.ca/fn-an/alt_formats/hpfb-dgpsa/pdf/nutrition/excl_bf_dur-dur_am_excl-eng.pdf

Informed Decision Making (IDM) (All HF Staff/Intake)

7. If a mother tells you that she is already mixed feeding or "supplementing", what 3 things according to the IDM policy do you need to discuss with her?

According to Informed Decision Making – Infant Feeding Policy (2011), and as found in the "Elements of Making an Informed Decision – Infant Feeding" Checklist:

- During **postnatal period**: For Individual Clients Feeding or Supplementing with Artificial Baby Milk (ABM), staff will facilitate a discussion to explore:
 - Client's infant feeding decision
 - Use of ABM, pacifiers and artificial nipples
 - Client's understanding of the difficulties of reversing the decision not to breastfeed

Or refer to PHN for support re IDM if above beyond your scope of practice (e.g. FHVs)

Resources:

The IDM Policy (2011), "Elements of Making an Informed Decision – Infant Feeding" Checklist (2011) and OPHA Informed Decision Making and Infant Feeding Position Paper Revised (2007)

The Code (All HF Staff/Intake)

8.a) What is the full name of The Code?

The International Code of Marketing of Breastmilk Substitutes (The Code)

8.b) State one thing about The Code.

Any one of the following responses is correct:

- Compliance with The Code is a requirement of BFI
- The Code was developed in response to: declining breastfeeding rates, increasing rates of diseases in children and concern about unethical marketing of ABM
- The Code was endorsed by the WHO in May 1981
- Provides minimum requirements to protect and promote appropriate infant and young child feeding practices, whereby families can make informed decisions about infant feeding free from commercial influence
- Focus is on the regulation of breastmilk substitutes and related products
- In 2001, the BOH endorsed the International Code of Marketing of Breastmilk Substitutes
- Some implications for All TPH staff:
 - may not accept samples, money, gifts, or sponsorships from manufactures and distributors of ABM
 - may not utilize or distribute ABM, bottles, nipples, pacifiers
 - may not use or distribute videos, posters, coupons or magazines that idealize ABM
 - TPH staff must provide information appropriate to their role, regarding the benefits of breastfeeding, health consequences of not breastfeeding and risks and costs of feeding ABM

Resources:

The CODE power point presentation and OPHA paper

Baby-Friendly Initiative (BFI)

(ALL HF staff/Intake)

9.a) What is BFI?

Baby-Friendly Initiative (BFI) is an internationally recognized designation initiated by the World Health Organization and UNICEF. It encourages hospitals and community health services to implement practices that promote, protect and support breastfeeding.

9. b) What does BFI mean to your practice? To your clients?

Your Practice:

- Meets international standards
- Is evidence based
- Promotes and supports best breastfeeding practices
- Promotes excellence in family-centred maternity care and ensures ethical maternity care

Your clients:

- Is inclusive of ALL babies regardless of how they are fed
- Improves breastfeeding outcomes
- Improves the health of children and mothers
- Increases client satisfaction
- Has been shown to increase the duration and exclusivity of breastfeeding

Resources:

The Baby-Friendly Initiative Toronto Public Health Staff power point presentation
The Breastfeeding Committee for Canada website

Skin to Skin (All HF staff/Intake)

10a) Identify one or more benefits of skin to skin contact for mother.

10b) Identify one or more benefits of skin to skin contact for baby.

- 1a) Mother breastfeeds more easily (i.e. makes more breastmilk), learns when baby is getting hungry, bonds more with baby, gains confidence and satisfaction caring for baby
- 1b) Baby breastfeeds better (i.e. more likely to have a successful first breastfeed; breastfeed sooner and longer; helps baby breastfeed when sleepy) cries less and is calmer, stays warmer, has better blood sugar levels, enjoys more comfort from mom, is protected by some of mom's good bacteria

Resources:

Toronto Public Health (2011) "Skin – to – skin is the healthiest place to begin".

Protocols #1 (2007)

Initiate breastfeeding immediately after birth preferably during the first 30 minutes. Place the infant skin-to-skin on her chest uninterrupted, until the first breastfeeding is accomplished. The baby may only lick and smell the breast and may not necessarily actively suck in the early stages of breastfeeding.

Early skin to skin contact or kangaroo care has been found to be a significant benefit to breastfeeding, infant crying (Anderson et al., 2003), and to infant thermoregulation.

Mother-newborn contact is maximized in Skin-to-Skin (STS) or kangaroo care. Placing the infant directly onto the mother's abdomen and chest, skin-to-skin supports the infant's cardio-respiratory and thermo-regulation and provides the mother with the optimum opportunity to become attuned to her infant's behaviour and cues. STS care has been demonstrated to result in significant increase in breast milk volume (Hurst et al., 1997). The Cochrane Review found statistically significant and positive effects of early skin-to-skin contact on breastfeeding at one and three month intervals (Anderson et al., 2002).

Anderson GC, Moore E, Hepworth J, Bergman N. *Early skin-to-skin contact for mothers and their healthy newborn infants (Cochrane Review)*. The Cochrane Database of Systemic Reviews, 2003; Issue 2: Art. NO. CD003519.

Chiu SH, Anderston CG, Burkhammer MD. Newborn Temperature During Skin-to-Skin Breastfeeding in Couples Having Breastfeeding Difficulties. *Birth*, 2005;32(2):115-121.

Hurst NM, Valentine CJ, Renfro L, Burns P, Ferlic L. Skin-to-Skin Holding in the Neonatal Intensive Care Unit Influences Maternal Milk Volume. *Journal of Perinatology*, 1997;17(3):213-217.

ILCA, (2005). *Clinical Guidelines for the Establishment of Exclusive Breastfeeding*, International Lactation Consultant Association [Electronic copy]. Retrieved 2006, from <http://www.ilca.org/pubs/ClinicalGuidelines2005.pdf>

Hand Expression (HF/Intake PHN's)

11. All mothers need to be taught the skill of hand expression. When should this occur?

Prenatally and/or postnatal period (preferably before leaving the hospital).

Resources:

The Seven Point Plan and Practice Outcome Indicators for the Protection, Promotion and Support of Breastfeeding in Community Health Services (March 24, 2004)

➤ **Step 3 Inform pregnant women and their families about the benefits and management of breastfeeding**

All mothers describe hand expression of their milk and have written information on expression and/or advised where they could get help, should they need it

➤ **Step 4 Support mothers to establish and maintain exclusive breastfeeding to 6 months**

Maintenance of Lactation if mother and baby are separated – Staff can teach effective hand expression, appropriate storage and handling of breastmilk and maintenance of lactation during separation of mother and baby.

The IDM Policy (2011), "Elements of Making an Informed Decision – Infant Feeding" Checklist (2011) and OPHA Informed Decision Making and Infant Feeding Position Paper Revised (2007)

➤ The **Informed Decision Making- Infant feeding Policy** also stipulates that teaching re: hand expression should occur during prenatal and /or postnatal period.

LAM (HF/Intake PHN's)

12. What are the 4 requirements for Lactational Amenorrhea Method (LAM) to be effective?

The 4 requirements for LAM to be effective are:

- No return of menstrual period,

- Full or nearly full effective breastfeeding,
- Not sleeping for longer than 6 hrs in a 24 hour period
- Infant is under 6 months of age

Resources:

"Breastfeeding and Conception Methods: A Guide for Health Workers" TPH pamphlet, 2007

Baby - Led Latching (HF/Intake PHN's)

13. Baby-led latching is not prescriptive, but rather is supportive of infant's inherent capacity to self attach T/F?

True

Resources:

Breastfeeding Protocols for Health Care Provider, 2007, Protocol #2 Latching and Positioning, pg.17

Food Allergy (All HF staff/Intake, except FHVs)

14. In Dec 2011, a memo was shared that outlined the new guidelines for food allergy risk reduction in infants and young children.

a) List one of the key messages related to dietary restriction during pregnancy and lactation?

Dietary restriction during pregnancy:

- Restricting maternal diet during pregnancy does not prevent food allergies in offspring.
- Pregnant women should only avoid those foods they are allergic to.
- Pregnant women do not have to avoid the allergenic foods of the biological father.

Dietary restrictions during lactation:

- Exclusively breastfeed infants for the first six months of life.
- There is no convincing evidence that restricting a mother's diet during breastfeeding prevents food allergies in children.
- The mother should avoid foods to which is allergic.
- The mother does not have to avoid the allergenic foods of the biological father

b) For infants without family history of allergy, using cow's milk based formula does not increase the risk for food allergy. True or False?

True

Human milk substitutes i.e. Infant formula, artificial baby milk [ABM])

For infants without family history of allergy:

- using cow's milk based formula does not increase the risk for food allergy.

c) For infants with a family history of allergy, there is moderate evidence that allergic response may be delayed by feeding baby partially hydrolysed formulas instead of those made with intact cow's protein. True or False?

True

For infants with a family history of allergy:

- there is moderate evidence that allergic response may be delayed by feeding baby partially hydrolysed formulas instead of those made with intact cow's milk protein

d) List one previous TPH recommendations that no longer applies related to dietary restriction for pregnant or lactation mother.

The following previous TPH recommendations no longer apply:

- Pregnant women avoid all foods their family is allergic to.
- During breastfeeding, women should avoid all foods their family is allergic to.
- Delay the introduction of egg white until one year, for all healthy term infants.
- For **high risk babies**, those with a family history of allergies, delaying the introduction of certain foods may help prevent food allergies:
 - Avoid feeding foods that you and your family members are allergic to during the first year.
 - Delay the introduction of the introduction of egg white and foods that contain egg white until after two years
 - Delay the introduction of milk and milk products until 9 months to one year
 - Delay the introduction of peanuts, nut butter, tree nuts, sesame seeds and fish and shellfish until after three years
- There are slightly different recommendations for the introduction of complementary foods based on an infant's risk of allergy.

Resources:

"New Guidelines for Food Allergy Risk Reduction in Infants and Young Children", Memo on December 12, 2011 from Healthy Families Nutrition Coordinating Committee.

Discussion Paper of the Family Health Nutrition Advisory Group of the Ontario Society of Nutrition Professionals in Public Health (OSNPPH), 2010. www.osnpvh.on.ca

Nutrition Matters (2012) "Food Allergies and Your Baby – During Pregnancy and Birth to 12 Months"