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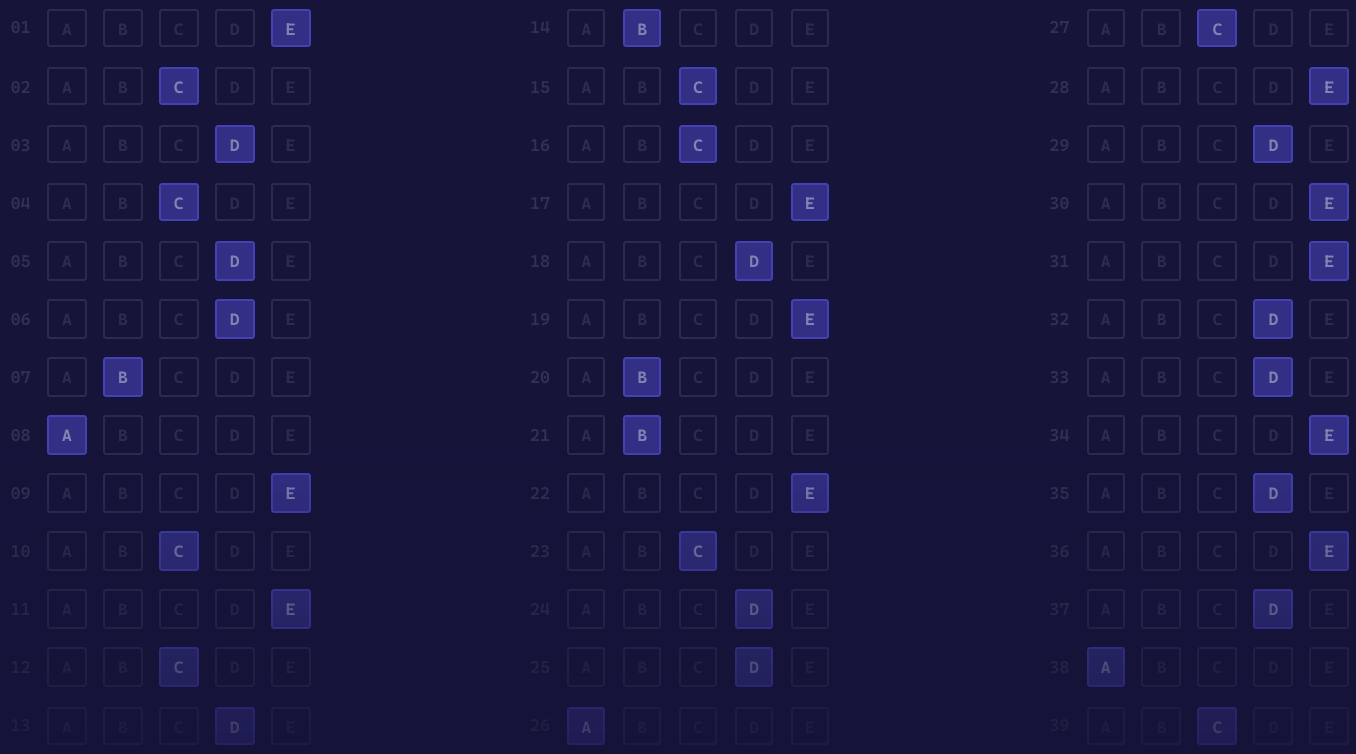

PRACTICE QUESTIONS

IBCLC Examination

IBCRO

International Board Certified Lactation Consultant - Croatia

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

Before you begin

What this is

9 practice questions for IBCLC Examination `IBCRO`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `IBCRO`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

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QUESTION 1 MULTIPLE CHOICE

Which of the following anatomical structures of the breast are directly involved in milk production and ejection? (Choose two.)

A **Alveoli**

B Montgomery glands

C **Myoepithelial cells**

D Lactiferous sinuses

ANSWER **A** · **C**

WHY Alveoli are the milk-producing glands where lactocytes synthesize milk, and myoepithelial cells contract in response to oxytocin to eject milk into the ductal system. Montgomery glands secrete a lubricating and antimicrobial substance that protects the nipple-areolar skin but do not produce or eject milk. Lactiferous sinuses act as milk reservoirs beneath the areola but are not the site of production or active ejection.

QUESTION 2 MULTIPLE CHOICE

Which of the following maternal conditions are considered contraindications to breastfeeding that require the lactation consultant to recommend avoidance of breastfeeding? (Choose two.)

A **Active untreated tuberculosis**

B **Maternal HIV infection in a high-income setting with safe alternatives**

C Gestational diabetes

D Maternal iron-deficiency anemia

ANSWER **A** · **B**

WHY Active untreated pulmonary tuberculosis is a contraindication because of respiratory droplet transmission to the infant; the mother can usually express and store milk until she is no longer infectious. In high-income settings where safe feeding alternatives exist, HIV-positive mothers are advised not to breastfeed because of the risk of vertical transmission. Gestational diabetes and iron-deficiency anemia are not contraindications to breastfeeding.

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QUESTION 3 SINGLE CHOICE

Within how many minutes after birth should a healthy term infant typically be placed skin-to-skin with the mother to support early breastfeeding initiation?

A Immediately, within the first 5 minutes

B Within 30 minutes

C Within 1 hour

D Within 2 hours

ANSWER C

WHY The World Health Organization and most national guidelines recommend that healthy term infants be placed skin-to-skin with their mother within the first hour after birth, which supports the newborn's instinctive breast-seeking behaviour and early initiation of breastfeeding.

QUESTION 4 SINGLE CHOICE

Which observable sign indicates that an infant has achieved an effective, deep latch at the breast?

A The infant's lips are tightly pursed inward against the nipple

B More of the areola is visible above the infant's upper lip than below the lower lip

C The infant's chin is pressed firmly into the breast with the mouth wide open and flanged lips

D The infant makes smacking or clicking sounds during sucking

ANSWER C

WHY A deep, effective latch is characterized by a wide-open mouth, flanged (everted) lips, and the chin pressed into the breast, allowing the infant to draw in a large portion of the areola. Pursed lips, asymmetric areola exposure with more visible above the upper lip, and smacking or clicking sounds are signs of a shallow or poor latch.

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QUESTION 5 SINGLE CHOICE

Which hormone is primarily responsible for the ejection (let-down) of milk from the breast during a feeding?

A Prolactin

B Oxytocin

C Estrogen

D Progesterone

ANSWER B

WHY Oxytocin causes the myoepithelial cells surrounding the alveoli to contract, ejecting milk into and through the ductal system during the let-down reflex. Prolactin stimulates milk synthesis (production) but not ejection. Estrogen and progesterone are involved in the development of breast tissue during pregnancy but not in the ejection of milk.

QUESTION 6 SINGLE CHOICE

A breastfeeding mother at 4 days postpartum reports engorged, swollen, painful breasts and that her infant is having difficulty latching. Which is the most appropriate first-line intervention?

A Recommend she immediately stop breastfeeding and switch to formula until the engorgement resolves

B Apply cold compresses after feeds and warm compresses before feeds, and encourage frequent effective milk removal

C Prescribe a dopamine agonist to suppress milk production

D Advise the mother to limit feedings to every 4 hours so the breasts can 'fill up' before each feed

ANSWER B

WHY Early engorgement is best managed by frequent, effective milk removal, gentle massage, and the use of warm compresses before feeds to encourage let-down and cold compresses after feeds to reduce swelling and discomfort. Stopping breastfeeding worsens engorgement, dopamine agonists suppress supply unnecessarily, and stretching the interval between feeds increases the risk of worsening engorgement and decreased supply.

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QUESTION 7 SINGLE CHOICE

Which of the following is the most reliable clinical indicator that a healthy exclusively breastfed infant is receiving adequate milk intake at 2 weeks of age?

A **The infant has regained birth weight by day 14**

B The infant sleeps through the night

C The infant has 1–2 wet diapers per day

D The infant feeds only every 3–4 hours

ANSWER **A**

WHY A healthy term infant is expected to regain birth weight by approximately 10–14 days of age; this is one of the most reliable indicators of adequate milk intake in the early weeks. Sleeping through the night is not a reliable indicator and can be a sign of poor intake. The expected number of wet diapers at 2 weeks is around 6 or more per day, not 1–2. Feeding frequency varies widely; an exclusively breastfed infant typically feeds 8–12 times in 24 hours.

QUESTION 8 SINGLE CHOICE

According to standard guidelines, expressed breast milk can be stored in a refrigerator at approximately 4 °C for up to how long before it should be used or discarded?

A Up to 24 hours

B Up to 48 hours

C **Up to 4 days**

D Up to 7 days

ANSWER **C**

WHY Current evidence-based guidelines indicate that freshly expressed breast milk can be stored in a clean refrigerator at approximately 4 °C for up to about 4 days. Storage of 24–48 hours is too conservative, and 7 days exceeds the generally accepted safe refrigeration period for freshly expressed milk.

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QUESTION 9 SINGLE CHOICE

Most medications taken by a breastfeeding mother are safe for her infant. Which factor is the most important in determining the safety of a medication during lactation?

A The mother's dosage of the medication

B The pharmacokinetics and pharmacodynamics of the drug, including the milk-to-plasma ratio and the infant's ability to absorb and excrete it

C The brand name of the medication

D The mother's age

ANSWER B

WHY The safety of a medication during lactation is determined primarily by its pharmacokinetic and pharmacodynamic properties, including oral bioavailability in the infant, half-life, molecular weight, lipid solubility, protein binding, and milk-to-plasma ratio. Maternal dose alone, brand name, and maternal age are not reliable indicators of infant safety.

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