You may use the learning package to look up answers to the following questions. Write the best answer on the enclosed answer sheet.

This test is comprised of 10 items; a passing score is 80% or higher. Please be sure to complete all test items.

1. Meissner's corpuscles are the primary receptors for
   a. mild discomfort that occurs when extreme negative pressure is exerted.
   b. light touch that occurs when the infant suckles very rapidly.
   c. pain that occurs when a lesion penetrates the dermis.
   d. pain that occurs during the proliferative phase of healing.

2. Fissures on the nipple are usually
   a. more rounded than linear, penetrating the dermis.
   b. preceded by discolored compression stripes.
   c. prevented by using highly purified lanolin cream.
   d. more exposed to the free nerve endings than ulcers.

3. A woman who is pumping is likely to experience sore nipples if:
   a. the gasket or battery is worn out.
   b. the flange is centered on the nipple.
   c. the suck-cycle is greater than 30 per minute.
   d. the negative pressure exerted is 140 to 180 mmHg.

4. A mother of a 4-month-old who is detaching her infant without first breaking the suction is likely to experience
   a. mild discomfort, intermittently throughout the day.
   b. sudden onset of pain a day or two before she calls.
   c. a fissure at the nipple/areolar junction.
   d. a fissure on the nipple tip.

5. Which of the following is least likely to occur in cases of Candidiasis?
   a. Nipple skin appears especially shiny.
   b. Nipple skin has white plaque on it.
   c. Symptoms start after Erythromycin therapy.
   d. Mother reports a burning sensation.

6. Which of the following strategies would minimize nipple soreness?
   a. Encouraging the pregnant women to condition her nipples with a rough cloth.
   b. Suggesting that a postpartum mother limit suckling time to no more than 3 minutes.
   c. Recommending fanning the nipples with a hairdryer, held 6-8 inches away.
   d. Making sure the infant's tongue is extended over the lower alveolar ridge before attaching.

7. Which of the following would be an appropriate response to a woman who is worried about getting sore nipples?
   a. “If you position the baby correctly, you won't ever have sore nipples.”
   b. “Remember to avoid displacing your nipple tissue to create an airway for the baby.”
   c. “Use creams, such as Lanolin, to prevent nipple tenderness.”
   d. “Use ointments to prevent nipple tenderness.”
POST-TEST (cont’d)

8. Ms. R. reports “itching” of her nipples between feedings. You note that she has scales, and recommend that she:
   a. discontinue using ointments containing perfume.
   b. see a doctor; she may have Paget’s disease.
   c. liberally apply Vitamin E to her nipples.
   d. be alert for signs of Staphylococcus aureus overgrowth.

9. A client mentions that she is thinking of getting her nipples pierced and seems to be casually fishing for your comments or recommendation. What is your best response?
   a. “Infections and scar tissue frequently occur, so this is inadvisable.”
   b. “If you’re going to do it, do it 18 months before getting pregnant or after weaning.”
   c. “If you’re going to do it, do it 6 months before getting pregnant or after weaning.”
   d. “You really shouldn’t get your nipples pierced if you want to breastfeeding.”

10. What would you tell a mother about hydrogel dressings?
    a. They work quicker and more effectively than lanolin and shells.
    b. They work better than all or nearly all other remedies for preventing trauma.
    c. They work better than all of nearly all other remedies for treating trauma.
    d. They have no apparent advantage over other remedies for nipple trauma.
<table>
<thead>
<tr>
<th>Answers to Post-Test</th>
<th>Statement from Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. _________________</td>
<td>I have:</td>
</tr>
<tr>
<td>2. _________________</td>
<td>☐ Tracked the time it has taken me to complete this package:</td>
</tr>
<tr>
<td>3. _________________</td>
<td>　　_____ hours and _____ minutes.</td>
</tr>
<tr>
<td>4. _________________</td>
<td>☐ Completed the 10-question true/false pre-test on page xi.</td>
</tr>
<tr>
<td>5. _________________</td>
<td>☐ Read the self-learning package.</td>
</tr>
<tr>
<td>6. _________________</td>
<td>☐ Completed the clinical scenario on pages 33–35.</td>
</tr>
<tr>
<td>7. _________________</td>
<td>☐ Completed one of the learning activities on page 42.</td>
</tr>
<tr>
<td>8. _________________</td>
<td>☐ Completed the open-book post-test (pages 44–45) without assistance from others.</td>
</tr>
<tr>
<td>9. _________________</td>
<td>☐ Written answers to the post-test in the spaces to the left.</td>
</tr>
<tr>
<td>10. ________________</td>
<td>☐ Completed the evaluation of the package on page 48.</td>
</tr>
<tr>
<td></td>
<td>☐ Enclosed my payment.</td>
</tr>
</tbody>
</table>

By signing below, I declare that the above statements are true.

Signed ____________________________________________

If IBCLC, date of certification: ____________________________

We will not grade your post-test until you mail all of the following materials:

- Program evaluation
- This sheet, completed and signed
- Payment for $39.00 (Check, Visa, MasterCard, Discover or American Express) to

Breastfeeding Outlook, Dept CE, PO Box 387, Herndon VA 20172-0387

If paying by credit card, you may fax the materials to 703-787-9895

Payment is for your opportunity to earn continuing education recognition. If you do not pass the post-test, we do not refund your money. However, it’s an open-book test, and all the information needed to answer the questions is in the package.

Name ____________________________________________
Position/Title ______________________________________
Organization ________________________________________
Address ____________________________________________
City, State, ZIP ______________________________________
Phone ______________________________________________
E-mail ______________________________________________

This is my  ☐ Home Address  ☐ Work Address

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☐ American Express  ☐ Visa
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☐ US Check enclosed

Name on card ________________________________________
Card Number ________________________________________
Exp date ____________________________________________
Signature __________________________________________

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Our aim is to provide professional resources that simplify breastfeeding management. To accomplish this, we need your help. Now that you have used this resource, please let us know what you think!

1. The extent to which the self-learning package met the stated objectives:

   - Distinguish between painful nipples and damaged tissue: ___________________________ Excellent Good Fair Poor
   - Discuss four main causes of sore nipples: __________________________________________ Excellent Good Fair Poor
   - Describe a plan to prevent (or minimize) nipple soreness and nipple damage: _________ Excellent Good Fair Poor
   - Appraise treatment modalities for painful or damaged nipples: ______________________ Excellent Good Fair Poor
   - Set priorities for care and counseling with respect to sore nipples: __________________ Excellent Good Fair Poor

2. Extent to which the package increased/updated my knowledge of the content: _________ Excellent Good Fair Poor

3. Information was clear, concise and well-organized: _________________________________ Excellent Good Fair Poor

4. Material presented was based on scientific principles and research findings: _________ Excellent Good Fair Poor

5. Theoretical information given was relevant to clinical situations: _____________________ Excellent Good Fair Poor

6. Effectiveness of the package:

   - Provided helpful illustrations to explain text: _________________________________ Excellent Good Fair Poor
   - Stimulated critical thinking: ___________________________________________________ Excellent Good Fair Poor
   - Integrated scientific data with real-life clinical situations: ________________________ Excellent Good Fair Poor

7. Rate the following: ______________________________________________________________

   - Satisfaction with ordering and shipping: ___________________________________________ Excellent Good Fair Poor
   - Clarity of instructions for completing the package: _________________________________ Excellent Good Fair Poor

8. Overall, this self-learning package was: ____________________________________________ Excellent Good Fair Poor

9. Professional Credentials (check all that apply)

   - RN  MD  FACCE or other childbirth certification
   - Certified by NCC  CLC  other ____________________________
   - CNM  IBCLC
   - RD  CLE

10. What was your main reason for purchasing this package?

11. Is a self-learning package an effective learning tool for you? Why or why not?
12. Would you recommend this package to a colleague? Why or why not?

13. How could it be improved?

14. We would like to develop more self-learning packages to meet your needs! Please check the topics you would be interested in:
   - Breastfeeding the Preterm Newborn
   - Helping the Infant with Failure to Thrive
   - Breastfeeding Medications During Labor
   - Breastfeeding and Maternal Postpartum Medications
   - Ethics and the Lactation Professional
   - Candida: Implications for Breastfeeding Couplets
   - Breastfeeding Infants with Special Needs (Cleft, etc.)
   - Predicting and Preventing Early Breastfeeding Cessation
   - Other (please specify) _______________________________

Thank you for your feedback!

Please send your completed evaluation form to:
Breastfeeding Outlook, Dept. CE
PO Box 387
Herndon VA 20172

Or fax to: 703-787-9895