

Baby-Friendly Hospital Initiative (BFHI) and Breastfeeding Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. What is the relation between breastfeeding and the risk of developing cardiovascular diseases in mothers?**
 - A. Increases the risk of cardiovascular disease**
 - B. No impact on cardiovascular health**
 - C. Reduces the risk of cardiovascular disease**
 - D. Only relevant for older mothers**

- 2. Under what condition is supplementation generally not needed for a sleepy infant?**
 - A. More than 12 feeds in the first 24 hours**
 - B. Less than 7% weight loss with no signs of illness**
 - C. Healthy term infant with bili >20 by day 3**
 - D. Infant displaying constant feeding without any weight loss**

- 3. Which policy under the Affordable Care Act (ACA) supports breastfeeding in the workplace?**
 - A. Unrestricted work hours**
 - B. Paid maternity leave for up to two years**
 - C. Reasonable break time and a place other than a bathroom to pump**
 - D. Mandated breastfeeding workshops**

- 4. What is true about the effect of maternal medications on breastfeeding?**
 - A. All medications are safe**
 - B. Most medications are contraindicated**
 - C. Few medications affect breastfeeding**
 - D. Medications have no effect on milk production**

- 5. Which category of Hale's classifications indicates "possibly hazardous" medications?**
 - A. L2**
 - B. L3**
 - C. L4**
 - D. L5**

- 6. What are some potential infant risks associated with not breastfeeding?**
- A. Lower risk of asthma and obesity**
 - B. Higher incidence of respiratory tract infections**
 - C. Decreased likelihood of allergies**
 - D. No impact on health**
- 7. What is the appropriate action for managing a newborn with persistent hypoglycemia?**
- A. Start with immediate IV fluids only**
 - B. Begin 10% IV glucose while continuing to breastfeed**
 - C. Consult a pediatrician and delay feeding**
 - D. Switch to formula feeding exclusively**
- 8. How does the composition of colostrum compare to more mature milk?**
- A. Higher fat content and lower protein**
 - B. Lower fat content and higher protein**
 - C. Packed with antibodies and lower in calories**
 - D. More vitamins and minerals than morning milk**
- 9. What is included in the JCo's Perinatal Care Core Measure set?**
- A. Exclusive breastfeeding**
 - B. Breastfeeding education for partners**
 - C. Breastfeeding centers post-discharge**
 - D. Mandatory breastmilk storage guidelines**
- 10. What is the recommended daily intake of vitamin D for breastfed infants?**
- A. 200 IU**
 - B. 400 IU**
 - C. 600 IU**
 - D. 800 IU**

Answers

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1. C
2. B
3. C
4. C
5. C
6. B
7. B
8. C
9. A
10. B

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Explanations

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1. What is the relation between breastfeeding and the risk of developing cardiovascular diseases in mothers?

- A. Increases the risk of cardiovascular disease**
- B. No impact on cardiovascular health**
- C. Reduces the risk of cardiovascular disease**
- D. Only relevant for older mothers**

Breastfeeding is associated with several positive health outcomes for mothers, including a reduced risk of cardiovascular disease. Research indicates that breastfeeding can have protective effects on women's cardiovascular health. When mothers breastfeed, it is believed to influence various factors that can contribute to heart health. For instance, breastfeeding helps lower blood pressure, improves cholesterol levels, and aids in weight management, all of which are critical factors in cardiovascular health. Additionally, the hormonal changes that occur during lactation may enhance metabolic processes, contributing further to the reduction of cardiovascular risks. The duration of breastfeeding is also an important factor; longer durations are often correlated with greater benefits, indicating that the protective effect strengthens with increased breastfeeding. This connection highlights the significance of promoting and supporting breastfeeding as a public health measure, not only for the benefits it provides to infants but also for the long-term health of mothers.

2. Under what condition is supplementation generally not needed for a sleepy infant?

- A. More than 12 feeds in the first 24 hours**
- B. Less than 7% weight loss with no signs of illness**
- C. Healthy term infant with bili >20 by day 3**
- D. Infant displaying constant feeding without any weight loss**

Supplementation is generally not needed for a sleepy infant who experiences less than 7% weight loss with no signs of illness. This is because a weight loss of less than 7% is within the normal range for newborns. Newborns typically lose some weight in the first few days of life as they adjust to life outside the womb, and this amount of weight loss is considered typical as long as there are no accompanying signs of illness or distress. Monitoring the infant's overall health and ensuring that they appear well is crucial during this period, which indicates that the infant is likely receiving adequate nutrition through breastfeeding despite a sleepy demeanor. In contrast, situations where supplementation might be considered include a significant weight loss, a high bilirubin level combined with signs of illness, or insufficient feeding frequency, all of which could indicate that the infant is not receiving enough nourishment. Therefore, understanding the context of the infant's health and weight loss is key to determining the necessity of supplementation.

3. Which policy under the Affordable Care Act (ACA) supports breastfeeding in the workplace?

- A. Unrestricted work hours
- B. Paid maternity leave for up to two years
- C. Reasonable break time and a place other than a bathroom to pump**
- D. Mandated breastfeeding workshops

The policy that supports breastfeeding in the workplace under the Affordable Care Act (ACA) is the provision that mandates reasonable break time and a designated place, other than a bathroom, for employees to express breast milk. This legislation is aimed at creating an accommodating environment for breastfeeding mothers who are returning to work. By ensuring that mothers have adequate break time and a proper space, the ACA recognizes the challenges faced by breastfeeding employees and promotes a supportive framework that can help increase breastfeeding rates. This is crucial as it not only benefits the health of the infant but also supports the mother's ability to sustain breastfeeding, which has numerous health benefits for both mother and child. Having a private and hygienic place for breast milk expression is integral, as it empowers mothers to continue breastfeeding while balancing work responsibilities, making it easier for them to manage both roles effectively. The impact of such policies is significant in advocating for a culture that supports breastfeeding mothers in the workforce.

4. What is true about the effect of maternal medications on breastfeeding?

- A. All medications are safe
- B. Most medications are contraindicated
- C. Few medications affect breastfeeding**
- D. Medications have no effect on milk production

The statement that few medications affect breastfeeding is accurate because most medications taken by a breastfeeding mother are considered compatible with breastfeeding, and only a limited number are known to significantly impact milk production or the safety of the infant. Research has shown that many medications can be safely used during breastfeeding since they typically transfer to breast milk in small amounts. Additionally, healthcare providers often assess the benefits of the mother's medication against potential risks to the infant when making recommendations. It is essential to consider that while certain medications can affect breastfeeding, the overall understanding in the medical community is that the majority of medications do not pose a significant risk. This knowledge allows health care providers to prioritize both the health of the mother and the breastfeeding relationship, ensuring that mothers can receive necessary treatments without unduly compromising the safety of their breastfeeding infants.

5. Which category of Hale's classifications indicates "possibly hazardous" medications?

- A. L2
- B. L3
- C. L4**
- D. L5

The classification of Hale's medications is designed to guide healthcare providers in assessing the safety of medications during breastfeeding. In this system, "possibly hazardous" medications are categorized as L3. Medications in this category may pose some risk to a breastfeeding infant, depending on the specific drug's properties, while still being commonly prescribed when potential benefits outweigh these risks. This classification helps provide clarity on the use of certain medications and ensures that breastfeeding mothers receive informed guidance about any potential exposure to their infants. Understanding this classification system is crucial for healthcare providers when counseling mothers on medication use while breastfeeding, as it assists in making informed decisions that prioritize both maternal health and infant safety. In this context, the other classifications, namely L1, L2, L4, and L5, refer to drugs with different safety profiles, but L3 distinctly indicates that while the medication may have some risks, it does not categorically advise against its use. Thus, it's essential to recognize L3 as representing "possibly hazardous" medications within the Hale's classification system.

6. What are some potential infant risks associated with not breastfeeding?

- A. Lower risk of asthma and obesity
- B. Higher incidence of respiratory tract infections**
- C. Decreased likelihood of allergies
- D. No impact on health

The selection highlighting the higher incidence of respiratory tract infections as a risk associated with not breastfeeding is accurate. Research consistently shows that breastfeeding provides essential nutrients and antibodies that help strengthen an infant's immune system. Infants who are not breastfed tend to miss out on the protective components found in breast milk, such as immunoglobulins, which play a critical role in defending against infections, particularly respiratory ones. This vulnerability can lead to a higher occurrence of illnesses like pneumonia and bronchiolitis. Breastfeeding not only supplies nourishment but also conveys passive immunity, which is especially important during the first few months of life when infants are developing their immune systems. As such, the absence of breastfeeding is associated with greater susceptibility to infections, thus reinforcing the idea that breastfeeding plays a crucial role in reducing infant morbidity related to respiratory infections.

7. What is the appropriate action for managing a newborn with persistent hypoglycemia?

- A. Start with immediate IV fluids only**
- B. Begin 10% IV glucose while continuing to breastfeed**
- C. Consult a pediatrician and delay feeding**
- D. Switch to formula feeding exclusively**

The appropriate action for managing a newborn with persistent hypoglycemia is to begin 10% IV glucose while continuing to breastfeed. This approach is optimal because it addresses the immediate need to correct the hypoglycemia through intravenous glucose administration, which provides a rapid source of glucose to raise blood sugar levels. Moreover, continuing to breastfeed supports the infant's nutritional needs and encourages the establishment of breastfeeding, which has numerous long-term benefits for both the infant and mother. Breastfeeding can help stabilize blood sugar levels in the long run as it promotes metabolic response and provides vital nutrients. In contrast, solely starting with immediate IV fluids, while it provides an immediate source of glucose, does not incorporate the benefits of breastfeeding and may overlook the ongoing care and support that breastfeeding offers. Consulting a pediatrician and delaying feeding would not be an ideal immediate response as timely management of hypoglycemia is crucial. Switching to formula feeding exclusively may not be necessary or beneficial if breastfeeding is already being established, especially since maintaining lactation can be important for both the mother and infant's health.

8. How does the composition of colostrum compare to more mature milk?

- A. Higher fat content and lower protein**
- B. Lower fat content and higher protein**
- C. Packed with antibodies and lower in calories**
- D. More vitamins and minerals than morning milk**

Colostrum is often referred to as "liquid gold" because of its unique composition that provides essential nutrients and immunity to newborns. It is particularly rich in antibodies, especially immunoglobulin A (IgA), which plays a crucial role in protecting infants against infections during their first few weeks of life. This antibody content is significantly higher in colostrum compared to mature milk. While colostrum is relatively lower in calories compared to mature milk, its concentration of immune factors, growth factors, and vitamins makes it incredibly beneficial for the newborn's development and immune system. This combination of high antibody levels and beneficial nutrients helps establish the infant's gut flora and provides immediate immunity. In summary, the composition of colostrum is optimized for the needs of a newborn, with a focus on providing antibodies and essential nutrients, making the statement about colostrum being packed with antibodies and lower in calories accurately reflect its unique characteristics.

9. What is included in the JCo's Perinatal Care Core Measure set?

- A. Exclusive breastfeeding**
- B. Breastfeeding education for partners**
- C. Breastfeeding centers post-discharge**
- D. Mandatory breastmilk storage guidelines**

The inclusion of exclusive breastfeeding in the Joint Commission's (JCo) Perinatal Care Core Measure set reflects the emphasis on promoting optimal infant nutrition and health outcomes. Exclusive breastfeeding is recognized as the ideal feeding practice for infants in the first six months of life, significantly impacting their growth, development, and overall health. The JCo aims to ensure that healthcare facilities prioritize practices that support and promote exclusive breastfeeding, aligning with broader public health goals. By measuring and evaluating this practice, hospitals are encouraged to implement the necessary policies and support structures to assist mothers in achieving exclusive breastfeeding, thereby improving maternal and infant health outcomes. This measure is vital for fostering an environment conducive to breastfeeding and ensuring that any barriers are addressed within the perinatal care system.

10. What is the recommended daily intake of vitamin D for breastfed infants?

- A. 200 IU**
- B. 400 IU**
- C. 600 IU**
- D. 800 IU**

The recommended daily intake of vitamin D for breastfed infants is 400 IU (International Units). This amount is essential because breast milk typically does not provide sufficient vitamin D to meet an infant's needs. Vitamin D is crucial for bone health and helps in the absorption of calcium and phosphorus in the body. The recommendation of 400 IU is based on evidence that this amount effectively prevents rickets and promotes overall health in infants. It is particularly important for those who are exclusively breastfed, as they may not receive adequate sun exposure to synthesize vitamin D naturally. This guidance aligns with recommendations from pediatric health organizations, which emphasize the need for vitamin D supplementation starting shortly after birth, especially for infants who are not receiving formula that is fortified with vitamin D.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://bfhibreastfeeding.examzify.com>

We wish you the very best on your exam journey. You've got this!

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