

Certified Breastfeeding Counselor (CBC) Practice (Sample)

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

- 1. What is the primary benefit of colostrum for newborns?**
 - A. It helps with weight gain**
 - B. It is rich in antibodies**
 - C. It provides high caloric content**
 - D. It contains more fat than regular milk**
- 2. What physiological processes contribute to breast engorgement?**
 - A. Reduced blood flow to the breasts**
 - B. Decreased milk production**
 - C. Accumulation of milk and edema**
 - D. Increased breast tissue elasticity**
- 3. Which organization was the first to offer mother-to-mother breastfeeding support?**
 - A. UNICEF**
 - B. Planned Parenthood**
 - C. World Health Organization**
 - D. La Leche League**
- 4. What surrounds the breast tissue?**
 - A. Myoepithelial Cells**
 - B. Nerve Tissue**
 - C. Fat**
 - D. Muscle Fibers**
- 5. When considering breast reduction, at what time should surgery ideally take place?**
 - A. During lactogenesis II**
 - B. 1+ year after birth**
 - C. Before the baby is born**
 - D. At the onset of pregnancy**

- 6. What long-term effect does breastfeeding have on maternal health regarding future pregnancies?**
- A. It has no impact on future pregnancies**
 - B. It may increase complications in future pregnancies**
 - C. It is associated with a more favorable health status**
 - D. It leads to emotional difficulties in future children**
- 7. Which component of human milk is destroyed by freezing?**
- A. Lipids**
 - B. Macrophages**
 - C. Immunoglobulins**
 - D. Proteins**
- 8. Remaining fragments of placenta can cause what problem in breastfeeding?**
- A. Engorgement**
 - B. Decreased milk supply**
 - C. Mastitis**
 - D. Delay/decrease the release of prolactin**
- 9. What is a common issue when a breastfeeding mother experiences a lump in her breast, tenderness, and no fever?**
- A. A. Milk oversupply**
 - B. B. Mastitis**
 - C. C. Plugged duct**
 - D. D. Engorgement**
- 10. How can you tell if a baby is properly latched on during breastfeeding?**
- A. Juncture of hard/soft palates**
 - B. Presence of clavicle fracture**
 - C. Size of the baby**
 - D. Baby's weight gain**

Answers

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

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Explanations

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1. What is the primary benefit of colostrum for newborns?

- A. It helps with weight gain
- B. It is rich in antibodies**
- C. It provides high caloric content
- D. It contains more fat than regular milk

The primary benefit of colostrum for newborns is its richness in antibodies. Colostrum is the first milk produced by the mother after giving birth and is uniquely designed to provide essential immune protection to the newborn. It contains a high concentration of immunoglobulins, particularly IgA, along with various other antibodies that help protect the infant from infections and diseases during the vulnerable early days of life. This immune support is crucial, as newborns have underdeveloped immune systems and rely on their mother's milk to bolster their defenses. In addition to its antibody content, colostrum also has other beneficial components, such as growth factors that aid in the development of the newborn's gut and overall health. While weight gain, caloric content, and fat content are important aspects of milk as the baby grows, the immediate, critical advantage of colostrum is its ability to provide the newborn with essential immunity right from the start.

2. What physiological processes contribute to breast engorgement?

- A. Reduced blood flow to the breasts
- B. Decreased milk production
- C. Accumulation of milk and edema**
- D. Increased breast tissue elasticity

Breast engorgement occurs when there is an accumulation of milk and edema in the breasts, leading to swelling, tenderness, and firmness. This happens when there is an oversupply of milk, ineffective milk removal from the breasts, or when the breasts are not adequately drained. As milk is produced and not effectively removed, the breasts become congested with milk, leading to the characteristic symptoms of engorgement. It is important for breastfeeding counselors to recognize this condition and provide appropriate support and guidance to help alleviate the discomfort and prevent further issues.

3. Which organization was the first to offer mother-to-mother breastfeeding support?

- A. UNICEF
- B. Planned Parenthood
- C. World Health Organization
- D. La Leche League**

La Leche League was the first organization to offer mother-to-mother breastfeeding support. La Leche League was founded in 1956 by seven women who wanted to provide information and support to other mothers who wanted to breastfeed. Through their efforts, La Leche League has become a renowned organization globally known for its mother-to-mother breastfeeding support, counseling, and education. The other organizations listed in the choices, such as UNICEF, Planned Parenthood, and World Health Organization, do important work in public health and reproductive rights, but they were not the first to offer mother-to-mother breastfeeding support.

4. What surrounds the breast tissue?

- A. Myoepithelial Cells**
- B. Nerve Tissue**
- C. Fat**
- D. Muscle Fibers**

The breast tissue is surrounded by fat tissue, as it acts to support, cushion, and protect the breast tissue. Myoepithelial cells are found beneath the breast tissue and help with milk expression during breastfeeding. Nerve tissue is also present in the breast, but it is not what immediately surrounds the breast tissue. Muscle fibers can be found in the chest wall and under the breast, but they do not directly surround the breast tissue. Therefore, the most accurate answer is C) Fat.

5. When considering breast reduction, at what time should surgery ideally take place?

- A. During lactogenesis II**
- B. 1+ year after birth**
- C. Before the baby is born**
- D. At the onset of pregnancy**

Breast reduction surgery is ideally recommended to take place at least 1 year after giving birth. This timing allows for the breasts to stabilize postpartum and for the milk supply to establish, reducing the risk of impacting milk production and breastfeeding success. Performing the surgery before the baby is born or during lactogenesis II can interfere with milk production and breastfeeding. Similarly, breast reduction surgery at the onset of pregnancy may disrupt the natural changes the breasts undergo to prepare for lactation. Therefore, waiting until at least a year after giving birth is considered the most suitable time for breast reduction surgery in this context.

6. What long-term effect does breastfeeding have on maternal health regarding future pregnancies?

- A. It has no impact on future pregnancies**
- B. It may increase complications in future pregnancies**
- C. It is associated with a more favorable health status**
- D. It leads to emotional difficulties in future children**

Breastfeeding is associated with a more favorable health status for mothers, which is reflected in various studies highlighting its long-term benefits. When a mother breastfeeds, she experiences several physiological changes that can potentially improve her health outcomes in future pregnancies. For example, breastfeeding is linked to a lower risk of developing conditions such as breast cancer and ovarian cancer, as well as a reduced risk of type 2 diabetes and cardiovascular diseases. Furthermore, postpartum weight loss is often more significant in breastfeeding mothers, which can contribute to overall better health and well-being, thereby enhancing fertility and reducing the risk of complications in subsequent pregnancies. This correlation between breastfeeding and health outcomes is supported by evidence indicating that mothers who breastfeed tend to have enhanced metabolic processes and hormonal balances that may positively influence their reproductive health moving forward. This understanding underscores the importance of breastfeeding not just for infant health but also as a contributor to long-term maternal health benefits, encouraging a better quality of life and potentially more successful pregnancies in the future.

7. Which component of human milk is destroyed by freezing?

- A. Lipids**
- B. Macrophages**
- C. Immunoglobulins**
- D. Proteins**

Macrophages are white blood cells present in human milk that play a vital role in the baby's immune system. Freezing human milk can destroy these active immune cells, which are crucial in providing protection against infections and illnesses. While freezing human milk can cause some loss of other components like lipids, immunoglobulins, and proteins, it is the destruction of the macrophages that makes this choice the correct answer.

8. Remaining fragments of placenta can cause what problem in breastfeeding?

- A. Engorgement**
- B. Decreased milk supply**
- C. Mastitis**
- D. Delay/decrease the release of prolactin**

Remaining fragments of placenta can cause a delay or decrease in the release of prolactin during breastfeeding. Prolactin is a hormone responsible for milk production. If there are fragments of placenta left in the body after childbirth, it can interfere with the normal hormonal processes, leading to a delay or reduction in the release of prolactin. This can subsequently affect milk supply and the overall breastfeeding experience for the mother and baby. Engorgement, decreased milk supply, and mastitis can be caused by various factors, but in this case, the correct answer is related specifically to the impact on prolactin release due to placental fragments.

9. What is a common issue when a breastfeeding mother experiences a lump in her breast, tenderness, and no fever?

- A. A. Milk oversupply**
- B. B. Mastitis**
- C. C. Plugged duct**
- D. D. Engorgement**

A common issue when a breastfeeding mother experiences a lump in her breast, tenderness, and no fever is a plugged duct. This occurs when a milk duct becomes blocked, often due to inadequate breast emptying or pressure on the breast. This can cause discomfort and sometimes pain, but it is generally not accompanied by a fever. The other options, milk oversupply, mastitis, and engorgement, may also cause similar symptoms, but they often involve a fever as well. Milk oversupply can lead to plugged ducts, but it is not the most common cause. Mastitis is a more serious infection that often requires antibiotics and is usually accompanied by a fever. Engorgement, which is the overfilling of the breasts with milk, may also cause discomfort and hardness, but it is typically relieved by breastfeeding or expressing milk. Overall, plugged duct is the most likely issue in this scenario, but it is important for the mother to consult a healthcare provider for proper diagnosis and treatment.

10. How can you tell if a baby is properly latched on during breastfeeding?

- A. Juncture of hard/soft palates**
- B. Presence of clavicle fracture**
- C. Size of the baby**
- D. Baby's weight gain**

During breastfeeding, to ensure that a baby is properly latched on, one indicator to look for is the juncture of the hard and soft palates. This is important because a proper latch ensures the baby is effectively extracting milk and helps prevent issues such as sore nipples for the mother. The hard palate is the bony part of the roof of the baby's mouth, and the soft palate is the fleshy, back part. When a baby is latched correctly, their mouth should be wide open and both the nipple and a good portion of the areola should be in the baby's mouth, aligning with the juncture of the hard and soft palates. This alignment helps the baby create a proper seal and suction for efficient milk transfer. It also aids in preventing nipple pain and damage for the mother.