



# IBLCE

International Board of  
Lactation Consultant Examiners

## IBLCE Office in Australia

The IBLCE Office in Australia manages IBLCE operations in the Asia Pacific and most of Africa, working in close consultation with the IBLCE International Headquarters in the USA and the IBLCE Office in Europe.

International Board of Lactation Consultant Examiners,  
incorporated in Virginia USA, members' liability limited  
Australian Registered Body Number 087 394 563  
ABN 43 087 394 563

## Welcome to the IBLCE Candidate Information Guide!

This Candidate Information Guide is designed specifically for candidates in Australia, Asia Pacific and Africa.

This guide is a compilation of various information items that you will need to prepare and to apply for the International Board of Lactation Consultant Examiners (IBLCE) Exam. The Guide needs to be read in conjunction with the Application Supplement specific to the exam year and your country. The guide is set out in sections to take you through the application process stage by stage.

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When completing your application please ensure that you have all the necessary documents and the correct fee before posting. If you change any of your details such as postal, email address or phone numbers please let us know so we can stay in touch with you.

Contact details for the IBLCE Office in Australia are below. If you are in another country that has a local coordinator, their details are on the Application Supplement. Please get in touch if you have any questions, or if you want me to send a Candidate Information Guide to someone you know is interested in sitting for the exam.

Warm Regards,

Karolyn Vaughan IBCLC  
RN, RM, C&FHN, Ba Sc, M Research (Honours), M IMH, IBCLC  
IBLCE Regional Director



**Exam fee deadlines need to be postmarked on or before the last day of:**

Early Bird Fee	February
Discount Fee	March
Exam fee deadline	April

### ELSEWHERE AROUND THE WORLD

If you are a resident of another region of the world, please ask us how to contact the relevant IBLCE Office or Coordinator. If, because of your travel plans, you might need to do the exam in a country other than your country of residence, please contact us to discuss possible arrangements. Each year, there are exam sites in many countries in the Americas, the Pacific, Asia, Africa, the Middle East and Europe.

Karolyn Vaughan, IBCLC  
Regional Director  
rd@iblce.edu.au

PO BOX 1533  
OXENFORD QLD 4210  
(AUSTRALIA)  
www.iblce.edu.au

PH. (within Australia) (07) 5529 8811  
FAX. (within Australia) (07) 5529 8922  
PH. (from outside Australia) +61 7 5529 8811  
FAX. (from outside Australia) +61 7 5529 8922

## WHAT IS THE IBLCE?

**IBLCE** stands for **I**nternational **B**oard of **L**actation **C**onsultant **E**xaminers, the organisation that administers the world's first truly international certification program. The annual exam to credential IBCLCs has been offered in seventeen languages and at numerous sites all over the world, building bridges across language and geographical borders.

The IBLCE is a non-profit organisation with a policy-making Board of Directors with broad professional, organisational and geographic representation. IBLCE has its headquarters in the USA, regional offices in Australia and Austria, and honorary local coordinators in countries where there are groups of IBCLCs and regular exam sites. IBLCE's primary purpose is to certify individuals who provide quality care to babies and mothers worldwide. There are over 18,000 currently certified IBCLCs worldwide, in 69 countries.

The IBLCE is very proud that the exam process is accredited by the US National Commission for Certifying Agencies (NCCA), which sets stringent guidelines for health certifying organisations.

## WHAT IS AN IBCLC?

**I**nternational **B**oard **C**ertified **L**actation **C**onsultants (IBCLCs) are health care providers who, by meeting eligibility requirements and by passing an independent examination, are certified to possess the necessary skills, knowledge and attitudes to provide quality breastfeeding assistance to babies and mothers.

IBCLCs are valuable members of the health care team who find recognition and career opportunities that may not be available to others who have studied lactation, but are not board certified. There are now many designated positions for IBCLCs. They work in hospitals, maternal and child health, the community and private practice.

As more health care facilities make a commitment to improving their breastfeeding practices and breastfeeding rates, education of staff has been identified as a crucial step in this procedure. Health facilities that encourage and support their staff to become board certified find that the exam provides them with a strong incentive to extend their study and skills. Some hospitals now require all clinical staff who help mothers with breastfeeding to work towards IBCLC certification.

### **INTERNATIONAL BOARD OF LACTATION CONSULTANT EXAMINERS**

***The IBLCE's mission is to certify, by means of an independent internationally recognised examination, individuals who demonstrate their competence to practise as International Board Certified Lactation Consultants, providing quality care to babies and mothers worldwide.***

### **KEY DATES**

31 January	Deadline for mailing MILCC Scholarship applications
Last day in February	Early Bird Discount deadline for mailing complete exam applications with
Last Day in March	Discount fee deadline for mailing complete exam applications with fees
Last day in April	Exam fee: final day for mailing complete exam applications with fees
By end May	All exam applications will have been reviewed and candidates contacted about their eligibility and site allocation
10 June	Initial deadline for mailing exam withdrawal refund requests
Early July	Candidates receive exam admission tickets and site information
1 July	Final deadline for mailing exam withdrawal refund requests
last Monday in July	EXAM DATE (28 July 2008;27 July 2009 etc)
Mid October	Exam results, score reports, etc., are mailed (in July we will advise you of the exact date); coded pass/fail lists are placed on the website on the same day

# ELIGIBILITY REQUIREMENTS FOR 2009



For eligibility to be a candidate for the exam, you must meet the following criteria:

1. **Qualification** - be an appropriately qualified health professional **OR** have completed background education in certain disciplines
2. **Education** - have completed professional continuing education in lactation
3. **Clinical Breastfeeding Experience** - have had extensive practical experience providing breastfeeding counselling

**To apply to be a candidate, you must:** lodge a complete application, accompanied by all required supporting documentation including professional references, and pay the appropriate fee, by one of the specified deadlines (page 2 & 22).

## 1. What qualification or background in health disciplines must I have?

You must **either** provide evidence that you have a degree or registration to practise clinically in one of the health professions **OR** you must document completion of “background” education in each of the following:

- anatomy and physiology
- sociology
- counselling and communication skills
- child development
- nutrition
- medical terminology

“Background” is defined as a minimum of four hours of education in each of the six disciplines above, and is further defined as basic or introductory in content and not as applied to lactation. It should be taught by someone who is qualified to teach that subject at the lowest post-secondary level.

This requirement must be completed **before** you send in your exam application. For maximum benefit, you are strongly encouraged to complete it before starting your lactation education; there is no time limit for the period between when you do these courses and when you do the exam.

## 2. What professional education in lactation must I undertake?

You must have completed a minimum of **45** hours of professional education in lactation reflecting the exam blueprint, within the three years immediately prior to sitting for the exam. However, if you will be doing the exam in a language other than English, you must have completed a minimum of **60** hours of professional education in lactation (this requirement will increase to **80** hrs by 2010). The need for more hours is due to the body of literature on breastfeeding and lactation being predominantly in English. Candidates who are not able to study these materials in their primary language have been shown to need significantly more pre-exam education hours to achieve a similar standard of exam performance. Candidates who rely on the exam being translated who have completed a minimum of 80 hours of education achieve similar good pass rates as candidates who have done the exam in English. Further, detailed information about the education requirement is on page 5,19 and 20. **Private study** – many hours over a one to three year period – is also a major component of exam preparation for all candidates.

## 3. How many clinical breastfeeding experience hours must I have?

Path-way	Educational Background	Required Clinical Practice
A	Bachelor or higher degree (in any field) <b>OR</b> Registered Nurse and Midwife, Registered Nurse and Child Health Nurse <b>OR</b> successfully completed at least four years of tertiary studies	2500 Hours
B	Registered Nurse (including NZ Plunket Nurse) <b>OR</b> successfully completed at least two years of tertiary studies	4000 Hours
C	Bachelor or higher degree in human lactation from an accredited institution	900 Hours
D	Registered Medical Practitioners (Doctors)	900 Hours
E	Enrolled Nurse <b>OR</b> successfully completed less than two years of tertiary education	6000 Hours
F	Pre approved program covering all the clinical competencies with a minimum of 500 directly supervised clinical supervision. You must contact the Regional Director for further information	500 Hours of Direct Supervision by a recertified IBCLC



## ELIGIBILITY REQUIREMENTS (continued)

### Supplementary Pathways

If your standard pathway requires 2500 BC hours or more (pathways A, B or E), you may reduce the required number of BC hours by meeting the requirements of one or both of the following supplementary pathways G and H. The maximum reduction is a total of 1000 BC hours if both pathways are used. Pathways G and H should be used **only** if you would not otherwise have enough BC hours for the standard pathway applicable to you.

Pathway	Requirements
G	You may reduce by 500 the number of BC hours required for your standard pathway if you have completed 150 hours of comprehensive education in lactation, i.e. 105 more than the 45 hours otherwise required (or 90 more if 60 hours is required). The education must address the breadth of the exam blueprint, it must be within the three-year period immediately prior to sitting for the exam and must have been approved by IBLCE for L CERPs
H	You may reduce by up to 500 the number of BC hours required for your standard pathway if you have completed at least 10 and up to 100 hours of planned, directly supervised clinical practice in a setting other than your usual experience setting and with an IBCLC who has been certified for at least five full years and has been recertified at least once. The reduction is at a ratio of 1:5, to a maximum reduction of 500 BC hours: e.g. 10 supervised hours equals a reduction of 50 BC hours. This pathway does not include generalised supervised experience and the plan must be approved in advance by IBLCE. Further information is available from IBLCE.

### Are you a former IBCLC? - Pathway L

If you are a former IBCLC, you are not required to provide a qualification certificate or information on BC hours. If your certification lapsed more than one year ago, you must meet all other requirements and pay the normal fees. If you lapsed less than one year ago, you are eligible for the "Repeat" fee discount rate and you are exempt from having to provide lactation education hours (CERPs) and references. It is your choice how you prepare for the exam and whether you participate in education programs.

### Are you Recertifying by exam?

If you are an IBCLC whose certification is still current and who is recertifying by exam, you are not required to provide references, information on BC hours or CERPs, or documentation of qualifications. The fee is the same whether you are recertifying by exam or by CERPs. Please read the Recertification Application Supplement. As a recertifying IBCLC, you must use the buff coloured Application to Recertify form, rather than the standard exam application form included in this Guide.

### I'd like to be a lactation consultant but I am not a Health Professional . . .

IBLCE frequently receives enquiries from people who have met an inspiring lactation consultant, often in relation to their own breastfeeding experience, and now they are interested in becoming an IBCLC themselves. If this describes your situation, you should read the following information carefully and you should appreciate that your dream will be challenging to achieve. Passing the IBLCE's international certification exam is the only recognised pathway to becoming a lactation consultant (IBCLC). To be accepted as a candidate, an applicant must first meet eligibility pre-requisites. These include participation in lactation education as well as achieving the required clinical competencies through extensive prior experience providing breastfeeding counselling in a setting which has supervision appropriate for their training in this field.

Most candidates acquire this experience working as health professionals in a hospital or community setting. Others have served for many years as accredited mother support counsellors, working within a supervised structure such as the ABA or LLL. Personal breastfeeding experience, as wonderful as it is, does not meet this requirement; nor does unsupervised practice counselling mothers outside the healthcare system, such as a doula or in a similar private capacity. IBCLCs are the specialists that mothers turn to, usually when standard measures have not solved the problem. The skills and knowledge required to pass the exam cannot be solely learnt from books, which is why clinical experience is necessary. For pre-exam BC hours, the IBLCE cannot recognise unsupervised practice by someone who is not otherwise registered or licensed to practise independently in this field without supervision. If IBLCE were to do so, it could encourage practice that is not necessarily in the best interests of mothers and babies. The candidate eligibility requirements are based on data, collected and progressively updated over the past 24 years, that indicate the minimum requirements for a candidate to have a reasonable likelihood of passing the exam and being competent to enter the profession.

# CLINICAL EXPERIENCE AND EDUCATION



## CLINICAL BREASTFEEDING EXPERIENCE (BC Hours)

Clinical Breastfeeding Experience or Breastfeeding Counselling (BC) hours are defined as the time you spend helping mothers and babies with breastfeeding, usually in one-to-one consultations in person or on the phone. Group consultations may also be included. Your BC hours can be accumulated over **any** period of years, but it is important that you also have recent experience.

You are to provide self-documentation of your BC hours of experience, as follows:

- at least 50%, and up to 100%, of your total required BC hours must be in person through one-to-one consultations and follow-up, usually in a hospital, clinic, community setting, or through accredited volunteer counselling.
- you may also include telephone/email consultations, but only up to 25% of your total required BC hours
- you may also include consumer education or group consultations such as breastfeeding classes or the breastfeeding component of antenatal groups, childbirth education classes, new parent groups, etc, but only up to 25% of your total required BC hours.

BC hours may only be included for periods when you were working in an accredited capacity and/or under appropriate supervision, as IBCLC will recognise only experience hours that protect the best interests of mothers and babies. Accredited means you were appropriately trained and qualified for the type of work you were doing and the setting in which you were practising. Supervised means that you were practising within an appropriately monitored structure or setting where, if your advice or practice had been inappropriate or outside your scope of practice, it would easily have come to the attention of your “supervisor” and/or the client’s primary health care provider. The level of supervision should be appropriate for your training to practise in this field.

You may include BC hours from counselling mothers in a volunteer support group only while you were formally accredited as a counsellor/leader and practising under appropriate supervision. If you are an active, accredited mother support counsellor, you can claim **10 BC hours per week or 500 BC hours per year** without further documentation. If you believe you have done more hours than this, you must provide documentation for those periods.

**Not BC hours:** When calculating your BC hours, do not include: administrative or planning time; supervision time; commuting time; personal breastfeeding experience; lay counselling to friends or family; caring for babies in a normal newborn nursery; or time spent on general support or promotional activities which help more mothers to breastfeed.

You may go back as many years as necessary to retrieve your BC hours. However, do not include any of your candidate practice hours, e.g. your midwifery training, as these have already been allowed for when determining the eligibility pathways related to education. Exception: if you already had some BC hours as a midwife, and you then did additional training such as in maternal and child health, you can include the BC hours during that further training.

## LACTATION EDUCATION

Professional education in lactation is an important part of your preparation and eligibility for the exam. It needs to be **recent** (with the three year period immediately prior to sitting for the exam), **relevant** (to the exam blueprint), and **reliable** (based on current information and relevant research).

Your total education should reflect the exam blueprint (page 7). Ideally, candidates participate in a comprehensive lactation education program. Typically, such a program will be much longer (closer to 120 –150 hrs) than the minimum of 45 hours (or min of 60hrs if taking the exam in any language other than English) because it is impossible to cover the entire exam blueprint, at the depth required, in the minimum time.

If your education program has not covered the blueprint, you will need to make up the deficits by specifically focussing your private study. The Suggested Resource List (pages 13-14) will help you identify relevant publications. You should be able to explain, if required, how your exam preparation has addressed all the areas on the exam blueprint.

Education **must**  
be  
✓ Recent,  
✓ Relevant,  
✓ Reliable  
and cover the  
exam blueprint

N.B. For course that have CERPs allocated please see page 12.

### Definition of lactation education

Lactation education hours can be earned from professional education that is *Lactation-specific*, meaning that the topic:

1. provides information about breastfeeding and/or human lactation
2. addresses skills used by lactation consultants in their work with breastfeeding mothers and babies
3. and is based on scientific principles, and on current information and relevant research in the field of lactation



## NEW ELIGABILITY CRITERIA -2010 ONWARDS



For some years candidates have been confused over which eligibility pathways they should use when applying to sit the IBLCE exam. IBLCE has heard your concerns and has reviewed the current pathways along with statistical evidence to formulate the new eligibility criteria. The changes reflect IBLCE's commitment to public safety and to the lactation profession. The new eligibility criteria will be introduced as of the 2010 exam in the Asia Pacific Region. All eligibility criteria are considered to be minimum requirements. Based upon the individual's training and background, additional coursework or lactation specific clinical practice hours may be needed to successfully complete the examination. The criterion used in the Asia Pacific Region will be:

### 1. Health Care Professional

The candidate must practice as a health care professional and complete the following requirements:

- A minimum of 45 hours of lactation specific education within the 5 years immediately prior to exam application. *However, if you will be doing the exam in a language other than English, you must have completed a minimum of 60 hours of professional education in lactation (this requirement will increase to 80 hrs in 2010).*
- 1000 lactation specific clinical practice hours within the 5 years immediately prior to exam application.

### 2. Non-Health Care Professional

The candidate must be accredited or certified mother support counsellor providing care and counselling to lactating women, must be working or volunteering within an organization that ensures supervision of his/her clinical practice (eg: ABA or LLL) and complete the following requirements:

- A minimum of 45 hours of lactation specific education within the 5 years immediately prior to exam application. *(However, if you will be doing the exam in a language other than English, you must have completed a minimum of 60 hours of professional education in lactation (this requirement will increase to 80 hrs in 2010).*
- 2000 lactation specific clinical practice hours within the 5 years immediately prior to exam application.
- Applicants following these exam eligibility criteria are advised to complete at least one course in each of the six health background disciplines recommended by IBLCE or have evidence of prior learning ( see page 3).

### 3. Lactation Specific Academic Program

With a vision toward the future, eligibility criteria have been established for individuals who graduate from lactation specific academic programs. IBLCE has established these criteria as the preferred method for IBLCE exam eligibility to encourage the development of more lactation specific academic programs.

### 4. Pre Approved Programs

Pre approved programs inclusive of a minimum of 500 direct hours of clinical supervision. Contact the IBLCE office for more details.

The NEW Eligibility Criteria will be implemented from the 2010 IBLCE exam onwards

All eligibility criteria are considered to be **minimum** requirements. IBLCE strongly recommends that all exam candidates undertake a comprehensive lactation specific education course which is usually around 120—150 hours. Based upon the individuals' training and background, additional coursework or clinical practice/breastfeeding counselling hours may be required to successfully complete the examination. For the definition of clinical breastfeeding hours or breastfeeding counselling hours, lactation specific education and health background discipline courses please see page 3 and 5.

**All requirements MUST be met prior to applying to sit the exam**



# IBLCE BLUEPRINT OF KNOWLEDGE & SKILLS FOR IBCLC'S

This blueprint gives you an indication of the breadth of information you need to know for the exam but more importantly provides you with a guide for the knowledge you need to be a proficient clinician. The examples given are for guidance only, they are not inclusive of all aspects covered under each learning discipline.

All exam questions have both Discipline and Chronological parameters. The range for the possible number of questions that will be related to each Discipline or Chronological Period is in brackets after each topic. For example, there will be 19-33 anatomy questions and 9-17 questions which refer to babies 4-6 months old. See the Sample Exam Questions in this Guide for examples of how the blueprint is applied.

## DISCIPLINES

- A. Maternal and infant ANATOMY (19-33)**  
e.g. breast and nipple structure and development; blood, lymph, innervation, mammary tissue; infant oral anatomy and reflexes; assessment; anatomical variations
- B. Maternal and infant normal PHYSIOLOGY and ENDOCRINOLOGY (19-33)**  
e.g. hormones; lactogenesis; endocrine/autocrine control of milk supply; induced lactation; fertility; infant hepatic, pancreatic and renal function; metabolism; effect of complementary feeds; digestion and GI tract; voiding and stooling patterns
- C. Maternal and infant normal NUTRITION and BIOCHEMISTRY (10-16)**  
e.g. breastmilk synthesis and composition; milk components, function and effect on baby; comparison with other products/milks; feeding patterns and intake over time; variations of maternal diet; ritual and traditional foods; introduction of solids
- D. Maternal and infant IMMUNOLOGY and INFECTIOUS DISEASE (10-16)**  
e.g. antibodies and other immune factors; cross-infection; bacteria and viruses in milk; allergies and food sensitivity; long term protective factors
- E. Maternal and infant PATHOLOGY (19-33)**  
e.g. acute/chronic abnormalities and diseases, both local and systemic; breast and nipple problems and pathology; endocrine pathology; mother/child physical and neurological disabilities; congenital abnormalities; oral pathology; neurological immaturity; failure to thrive; hyperbilirubinemia and hypoglycaemia
- F. Maternal and infant PHARMACOLOGY and TOXICOLOGY (10-16)**  
e.g. environmental contaminants; maternal use of medication, OTC preparations, social or recreational drugs and their effect on the infant, on milk composition, and on lactation; galactagogues/suppressants; effects of medications used in labour; contraceptives; complementary therapies
- G. PSYCHOLOGY, SOCIOLOGY, and ANTHROPOLOGY (14-20)**  
e.g. counselling and adult education skills; grief, postnatal depression and psychosis; effect of socio-economic, lifestyle, and employment issues on breastfeeding; maternal-infant relationship; maternal role adaptation; parenting skills; sleep patterns; cultural beliefs and practices; family; support systems; domestic violence; mothers with special needs, e.g. adolescents, migrants
- H. GROWTH PARAMETERS and DEVELOPMENTAL MILESTONES (10-16)**  
e.g. foetal and preterm growth; breastfed and artificially fed growth patterns; recognition of normal and delayed physical, psychological and cognitive developmental markers; breastfeeding behaviours to 12 months and beyond; weaning
- I. INTERPRETATION OF RESEARCH (4-8)**  
skills required to critically appraise and interpret research literature, lactation consultant educational material, and consumer literature; understanding terminology used in research and basic statistics; reading tables and graphs; surveys and data collection
- J. ETHICAL and LEGAL ISSUES (4-8)**  
e.g. IBLCE Code of Ethics; ILCA Standards of Practice; practising within scope of practice; referrals and interdisciplinary relationships; confidentiality; medical-legal responsibilities; charting and report writing skills; record keeping; informed consent; battery; maternal/infant neglect and abuse; conflict of interest; ethics of equipment rental and sales
- K. BREASTFEEDING EQUIPMENT and TECHNOLOGY (6-12)**  
e.g. identification of breastfeeding devices and equipment, their appropriate use, and technical expertise to use them properly; handling and storing human milk, including human milk banking protocols
- L. TECHNIQUES (19-33)**  
e.g. breastfeeding techniques, including positioning, attachment and assessing milk transfer; breastfeeding management; normal feeding patterns; milk expression
- M. PUBLIC HEALTH (4-8)**  
e.g. breastfeeding promotion and community education; working with groups with low breast-feeding rates; creating and implementing clinical protocols; international tools and documents; WHO Code; BFHI implementation; prevalence, surveys and data collection for research purposes

## CHRONOLOGICAL PERIODS

1. Preconception (2-7)
2. Prenatal (9-17)
3. Labour/birth (perinatal) (9-17)
4. Prematurity (9-17)
5. 0 - 2 days (19-31)
6. 3 - 14 days (19-31)
7. 15 - 28 days (19-31)
8. 1 - 3 months (9-17)
9. 4 - 6 months (9-17)
10. 7 - 12 months (2-7)
11. Beyond 12 months (2-7)
12. General principles (40-53)



## Preamble

It is in the best interests of the lactation consultant profession and of the public it serves that there be a Code of Ethics to provide guidance to lactation consultants in their professional practice and conduct. These ethical principles guide the profession and outline commitments and obligations of the lactation consultant to self, client, colleagues, society, and the profession.

The purpose of the International Board of Lactation Consultant Examiners (IBLCE) is to assist in the protection of the health, safety and welfare of the public by establishing and enforcing qualifications of certification and for issuing voluntary credentials to individuals who have attained those qualifications. The IBLCE has adopted this Code to apply to all individuals who hold the credential of International Board Certified Lactation Consultant (IBCLC).

## Principles of Ethical Practice

The International Board Certified Lactation Consultant shall act in a manner that safeguards the interests of individual clients, justifies public trust in her/his competence, and enhances the reputation of the profession.

The International Board Certified Lactation Consultant is personally accountable for her/his practice and, in the exercise of professional accountability, must:

1. Provide professional services with objectivity and with respect for the unique needs and values of individuals.
2. Avoid discrimination against other individuals on the basis of race, creed, religion, gender, sexual orientation, age, and national origin.
3. Fulfill professional commitments in good faith.
4. Conduct herself/himself with honesty, integrity and fairness.
5. Remain free of conflict of interest while fulfilling the objectives and maintaining the integrity of the lactation consultant profession.
6. Maintain confidentiality.
7. Base her/his practice on scientific principles, and on current research and information.
8. Take responsibility and accept accountability for personal competence in practice.
9. Recognise, and exercise professional judgment, within the limits of her/his qualifications. This principle includes seeking counsel and making referrals to appropriate providers.
10. Inform the public and colleagues of his/her services by using factual information. An International Board Certified Lactation Consultant shall not advertise in a false or misleading manner.
11. Provide sufficient information to enable clients to make informed decisions.
12. Provide information about appropriate products in a manner that is neither false nor misleading.
13. Permit use of her/his name for the purpose of certifying that lactation consultant services have been rendered only if she/he provided those services.
14. Present professional qualifications and credentials accurately, using "IBCLC" only when certification is current and authorised by the IBLCE, and complying with all requirements when seeking initial or continued certification from the IBLCE. The lactation consultant is also subject to disciplinary action for aiding another person in violating any IBLCE requirements or aiding another person in representing herself/himself as an IBCLC when she/he is not.
15. Report to an appropriate person or authority when it appears that the health or safety of colleagues is at risk, as such circumstances may compromise standards of practice and care.

16. Refuse any gift, favour or hospitality from patients or clients currently in her/his care which might be interpreted as seeking to exert influence to obtain preferential consideration.
17. Disclose any financial or other conflicts of interest in relevant organisations providing goods or services. Ensure that professional judgment is not influenced by any commercial considerations.
18. Present substantiated information and interpret controversial information without personal bias, recognising that legitimate differences of opinion exist.
19. Withdraw voluntarily from professional practice if she/he has engaged in any substance abuse that could affect her/his practice; has been adjudged by a court to be mentally incompetent; or has an emotional or mental disability that affects her/his practice in a manner that could harm the client.
20. Obtain maternal consent to photograph, audio-tape or videotape a mother and/or her infant(s) for educational or professional purposes.
21. Submit to disciplinary action under the following circumstances: if convicted of a crime under the laws of the practitioner's country which is a felony or a misdemeanour, an essential element of which is dishonesty, and which is related to the practice of lactation consulting; if disciplined by a national, state, province or local government or authority, and at least one of the grounds for the discipline is the same or substantially equivalent to these principles; if committed an act of misfeasance or malfeasance which is directly related to the practice of the profession as determined by a court of competent jurisdiction, a licensing board, or an agency of a governmental body; or if violated a Principle set forth in the Code of Ethics for International Board Certified Lactation Consultants which was in force at the time of the violation.
22. Accept the obligation to protect society and the profession by upholding the Code of Ethics for International Board Certified Lactation Consultants and by reporting alleged violations of the Code through the defined review process of the IBLCE.
23. Require and obtain consent to share clinical concerns and information with the medical practitioner or other primary health care provider before initiating a consultation.
24. Adhere to those provisions of the International Code of Marketing of Breast-milk Substitutes, and subsequent WHA resolutions, which pertain to health workers.
25. Understand, recognise, respect, and acknowledge intellectual property rights, including but not limited to copyrights (which apply to written material, photographs, slides, illustrations, etc.), trademarks, service marks, and patents.

(©IBLCE—Implemented 1 Dec 2004)

## To lodge a complaint

IBCLCs shall act in a manner that justifies public trust in their competence, enhances the reputation of the profession, and safeguards the interests of individual clients.

To protect the credential and to assure responsible practice by its certificants, the IBLCE depends on IBCLCs, members of the coordinating and supervising health professions, employers, and the public to report incidents that may require action by the IBLCE Discipline Committee. Only signed, written complaints will be considered. Anonymous correspondence will be discarded. The IBLCE will become involved only in matters that can be factually determined, and will provide the accused party with every opportunity to respond in a professional and legally defensible manner. Complaints that appear to fit the scope of the Discipline Committee's responsibilities should be sent to:

**IBLCE, Chair of the Discipline Committee**  
7245 Arlington Boulevard, Suite 200  
Falls Church VA 22042-3217 USA





# SCOPE OF PRACTICE FOR IBCLCs

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International Board Certified Lactation Consultants (IBCLCs) have demonstrated specialized knowledge and clinical expertise in breastfeeding and human lactation and are certified by the International Board of Lactation Consultant Examiners (IBLCE).

This Scope of Practice encompasses the activities for which IBCLCs are educated and in which they are authorized to engage. The aim of this Scope of Practice is to protect the public by ensuring that all IBCLCs provide safe, competent and evidence-based care. As this is an international credential, this Scope of Practice is applicable in any country or setting where IBCLCs practice.

## **IBCLCs have the duty to uphold the standards of the IBCLC profession by:**

- working within the framework defined by the IBLCE Code of Ethics, the Clinical Competencies for IBCLC Practice, and the International Lactation Consultant Association (ILCA) Standards of Practice for IBCLCs
- integrating knowledge and evidence when providing care for breastfeeding families from the disciplines defined in the IBLCE Exam Blueprint
- working within the legal framework of the respective geopolitical regions or settings
- maintaining knowledge and skills through regular continuing education

## **IBCLCs have the duty to protect, promote and support breastfeeding by:**

- educating women, families, health professionals and the community about breastfeeding and human lactation
- facilitating the development of policies which protect, promote and support breastfeeding
- acting as an advocate for breastfeeding as the child-feeding norm
- providing holistic, evidence-based breastfeeding support and care, from preconception to weaning, for women and their families
- using principles of adult education when teaching clients, health care providers and others in the community
- complying with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions

## **IBCLCs have the duty to provide competent services for mothers and families by:**

- performing comprehensive maternal, child and feeding assessments related to lactation
- developing and implementing an individualized feeding plan in consultation with the mother
- providing evidence-based information regarding a mother's use, during lactation, of medications (over-the-counter and prescription), alcohol, tobacco and street drugs, and their potential impact on milk production and child safety
- providing evidence-based information regarding complementary therapies during lactation and their impact on a mother's milk production and the effect on her child
- integrating cultural, psychosocial and nutritional aspects of breastfeeding
- providing support and encouragement to enable mothers to successfully meet their breastfeeding goals
- using effective counselling skills when interacting with clients and other health care providers
- using the principles of family-centered care while maintaining a collaborative, supportive relationship with clients

## **IBCLCs have the duty to report truthfully and fully to the mother and/or infant's primary health care provider and to the health care system by:**

- recording all relevant information concerning care provided and, where appropriate, retaining records for the time specified by the local jurisdiction

## **IBCLCs have the duty to preserve client confidence by:**

- respecting the privacy, dignity and confidentiality of mothers and families

*(Continued)*



## SCOPE OF PRACTICE FOR IBCLCs (*continued*)

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### IBCLCs have the duty to act with reasonable diligence by:

- assisting families with decisions regarding the feeding of children by providing information that is evidence-based and free of conflict of interest
- providing follow-up services as required
- making necessary referrals to other health care providers and community support resources when necessary
- functioning and contributing as a member of the health care team to deliver coordinated services to women and families
- working collaboratively and interdependently with other members of the health care team
- reporting to IBLCE if they have been found guilty of any offence under the criminal code of their country or jurisdiction in which they work or is sanctioned by another profession
- reporting to IBLCE any other IBCLC who is functioning outside this Scope of Practice

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## CLINICAL COMPETENCIES CHECKLIST

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Much of the clinical practice of the International Board Certified Lactation Consultant (IBCLC) consists of systematic problem solving in collaboration with breastfeeding mothers and other members of the health care team. This checklist includes most of the clinical/practical skills that an entry level IBCLC needs in order to be satisfactorily proficient to provide safe and effective care for breastfeeding mothers and babies. The list is designed to encompass common breastfeeding situations and the challenges that are encountered most frequently by lactation consultants. This checklist can help you identify areas where you have less experience or knowledge, and you are encouraged to try to focus your professional education on these aspects. Clinical instructors can use this checklist as an appropriate guide in providing individualised education.

The checklist covers the following domains:

- Communication and counselling skills
- History Taking and assessment skills
- Documentation and communication with other health professionals
- Skills for the first two hours after birth
- Postpartum Skills
- Problem solving skills
- Skills for maternal breastfeeding challenges
- Skills for infant breastfeeding challenges
- Management skills
- Skills for the use of technology and devices
- Skills for breastfeeding challenges which are encountered infrequently
- Skills for meeting professional responsibilities
- Site acquisition of skills

To view or download the complete competencies checklist visit [www.iblce.edu.au/Downloadcentre.php](http://www.iblce.edu.au/Downloadcentre.php)

*(IBLCE thanks ILCA and the IBCLCs from all over the world who worked on developing these Clinical Competencies)*



## International Lactation Consultant Association (ILCA) Standards of Practice for International Board Certified Lactation Consultants

### Preface

This is the third edition of Standards of Practice for IBCLC Lactation Consultants published by the International Lactation Consultant Association (ILCA).

All individuals practising as a currently certified IBCLC should adhere to ILCA's Standards of Practice and the International Board of Lactation Consultant Examiner's (IBLCE) Code of Ethics for International Board Certified Lactation Consultants in all interactions with clients, families and other health care professionals. ILCA recognises the certification conferred by the IBLCE as the worldwide professional credential for lactation consultants.

Quality practice and service constitute the core responsibilities of a profession to the public. Standards of practice are stated measures or levels of quality that are models for the conduct and evaluation of practice. **Standards of practice:**

- promote consistency by encouraging a common systematic approach
- are sufficiently specific in content to guide daily practice
- Provide a recommended framework for the development of policies and protocols, educational programs, and quality improvement efforts
- are intended for use in diverse practice settings and cultural contexts

### Standard 1. Professional Responsibilities

The IBCLC has a responsibility to maintain professional conduct and to practice in an ethical manner, accountable for professional actions and legal responsibilities.

- 1.1 Adhere to these ILCA Standards of Practice and the IBLCE Code of Ethics
- 1.2 Practice within the scope of the International Code of Marketing of Breast-milk Substitutes and all subsequent World Health Assembly resolutions
- 1.3 Maintain an awareness of conflict of interest in all aspects of work, especially when profiting from the rental or sale of breastfeeding equipment and services
- 1.4 Act as an advocate for breastfeeding women, infants, and children
- 1.5 Assist the mother in maintaining a breastfeeding relationship with her child
  - assuring cleanliness and good operating condition
- 1.6 Maintain and expand knowledge and skills for lactation consultant practice by participating in continuing education

- 1.7 Undertake periodic and systematic evaluation of one's clinical practice
- 1.8 Support and promote well-designed research in human lactation and breastfeeding, and base clinical practice, whenever possible, on such research

### Standard 2. Legal Considerations

The IBCLC is obligated to practise within the laws of the geopolitical region and setting in which she/he works. The IBCLC must practise with consideration for rights of privacy and with respect for matters of a confidential nature.

- 2.1 Work within the policies and procedures of the institution where employed, or if self-employed, have identifiable policies and procedures to follow
- 2.2 Clearly state applicable fees prior to providing care
- 2.3 Obtain informed consent from all clients prior to:
  - assessing or intervening
  - reporting relevant information to other health care professional(s)
  - taking photographs for any purpose
  - seeking publication of information associated with the consultation
- 2.4 Protect client confidentiality at all times
- 2.5 Maintain records according to legal and ethical practices within the work setting

### Standard 3. Clinical Practice

The clinical practice of the IBCLC focuses on providing lactation care and management. This is best accomplished by promoting optimal health, through collaboration and problem-solving with the client and other members of the health care team. The role of the IBCLC includes:

- assessment, planning, intervention, and evaluation of care in a variety of situations
- anticipatory guidance and prevention of problems
- complete, accurate, and timely documentation of care
- communication and collaboration with other health care professionals

#### 3.1 Assessment

- 3.1.1 Obtain and document an appropriate history of the breastfeeding mother and child.
- 3.1.2 Systematically collect objective and subjective information
- 3.1.3 Discuss with the mother and document as appropriate all assessment information

#### 3.2 Plan

- 3.2.1 Analyse assessment information to identify issues and/or problems
- 3.2.2 Develop a plan of care based on identified issues
- 3.2.3 Arrange for follow-up evaluation where indicated

*Continues next page*



## ILCA STANDARDS OF PRACTICE (*continued*)

### 3.3 Implementation

- 3.3.1 Implement the plan of care in a manner appropriate to the situation and acceptable to the mother
- 3.3.2 Utilize translators as needed
- 3.3.3 Exercise principles of optimal health, safety and universal precautions
- 3.3.4 Provide appropriate oral and written instructions and/or demonstration of interventions, procedures and techniques
- 3.3.5 Facilitate referral to other health professionals, community services, and support groups as needed
- 3.3.6 use equipment appropriately:
  - refrain from unnecessary or excessive use
  - assure cleanliness and good operating condition
  - discuss the risks and benefits of recommended equipment including financial considerations
  - demonstrate the correct use and care of equipment
  - evaluate safety and effectiveness of use
- 3.3.7 Document and communicate to health care providers as appropriate:
  - assessment information
  - suggested interventions
  - instructions provided
  - evaluations of outcomes
  - modifications of the plan of care
  - follow-up strategies

### 3.4 Evaluation

- 3.4.1 Evaluate outcomes of planned interventions
- 3.4.2 Modify the plan based on the evaluation of outcomes

### Standard 4. Breastfeeding Education and Counselling

Breastfeeding education and counselling are integral parts of the care provided by the IBCLC.

- 4.1 Educate parents and families to encourage informed decision-making about infant and child feeding
- 4.2 Utilise a pragmatic problem-solving approach, sensitive to the learner's culture, questions and concerns
- 4.3 Provide anticipatory guidance (teaching) to:
  - promote optimal breastfeeding practices
  - minimise the potential for breastfeeding problems or complications
- 4.4 Provide positive feedback and emotional support for continued breastfeeding, especially in difficult or complicated circumstances
- 4.5 Share current evidence-based information and clinical skills in collaboration with other health care providers

*Approved by the ILCA Board of Directors, October 2005. Copyright © 2005 International Lactation Consultant Association. Copies of this document may be freely made, so long as the content remains unchanged, and they are distributed free-of-charge.*

### IBLCE Recognition Statement about Mother-to-Mother Support Organisations

The International Board of Lactation Consultant Examiners recognises the critical role served by mother-to-mother support organisations such as La Leche League and the Australian Breastfeeding Association in support of mothers and babies in the initiation and duration of breastfeeding. These organisations also serve a vital role in providing the experiential base for developing the breastfeeding expertise of mother-to-mother support group leaders/counsellors and lactation consultants. In addition, these organisations provide essential continuing education for leaders/ counsellors/lactation consultants and others, disseminating knowledge and information based upon empirical research and clinical experience.

### CERPs Certificates

CERPs are **C**ontinuing **E**ducation **R**ecognition **P**oints allocated by IBLCE to programs that meet the learning requirements of IBCLCs. Education hours for exam applicants do not have to be approved for CERPs unless the applicant wants to use Supplementary Pathway G. However, some of your attendance certificates may show that "x L (or E or R) CERPs were allocated by IBLCE: Approval No. Cxxxxx". One CERP is equivalent to one hour of education time.

Please note that clinical work and classes for mothers are not professional education for you, and do not count towards your lactation education hours.



Since individual study is a major component of exam preparation, this reading list is included to aid you in your preparation. This Suggested Reading List is not all-inclusive, nor does it cover all exam items. The IBLCE recommends that candidates become familiar with a wide range of literature, scientific studies and journals, including material published outside their own countries. In addition to the listed books, it is useful to review good basic texts on child development, neonatology, prematurity, research methodology and statistics. Candidates should also be familiar with books written for mothers, particularly the mother-support literature which covers normal behaviour, older babies and breastfeeding management in a range of situations. Inclusion on this list does not constitute an endorsement by IBLCE.

**NOTE:** The letters in brackets after a title in the alphabetical listing refer to those Disciplines in the Exam Blueprint which are well covered in that book or series. General lactation texts and practical breastfeeding management texts do not have Discipline references after them, since they cover a broad spectrum of topics.

## GENERAL LACTATION TEXTS

Lawrence, Ruth and Lawrence, Robert. *Breastfeeding: A Guide for the Medical Profession*. Elsevier Mosby, 2005.

Riordan, J. *Breastfeeding and Human Lactation*. Jones & Bartlett, 2004.

## PRACTICAL BREASTFEEDING MANAGEMENT TEXTS

Biancuzzo, M. *Breastfeeding the Newborn: Clinical Strategies for Nurses*. Mosby, 2003.

Brodribb, W. (ed) *Breastfeeding Management*. Australian Breastfeeding Association, 2004.

Lauwers, J, and Swisher A. *Counseling the Nursing Mother*. Jones & Bartlett, 4th Edition 2003.

Mohrbacher, N, and Stock J. *The Breastfeeding Answer Book*. La Leche League International, 2003.

The Royal College of Midwives, UK. *Successful Breastfeeding*. Churchill Livingstone, 2003.

Walker. *Breastfeeding Management for the Clinician*. Harcourt Brace, Canada.

Hale, T. Hartmann, P. *Hale and Hartmann's text book of Human Lactation*. Hale Pub. 2007.

## PROFESSIONAL TEXTS

2nd ed. ILCA *Core Curriculum for Lactation Consultant Practice*. 2nd ed. Walker, M (ed), Jones & Bartlett, 2007.

## BOOKS OF CLINICAL PHOTOGRAPHS

Auerbach K., and J. Riordan. *Clinical Lactation: a visual guide*. Jones & Bartlett, 2000.

Wilson-Clay, B., and Hoover K. *The Breastfeeding Atlas* 3rd edition. Lactnews Press, Austin Texas, 2005.

## ADDITIONAL READING

AAP & ACOG. *Breastfeeding Handbook for Physicians*. 2006 (primarily for candidates who are physicians)

Allain A and Chetley A. *Protecting Infant Health: A Healthworker's Guide to the International Code of Marketing of Breast-milk Substitutes*. IBFAN, 2003. [J,M]

Greenhalgh, Tricia *How to read a paper: the basics of evidence based medicine*. BMJ Publishing Group. Relevant full text extracts available as articles at: <http://www.bmj.com/> [I]

Hale, Thomas. *Medications and Mothers' Milk* Pharmasoft Publishing, 2008 or biennial new edition. [F]

Hale, T and Berens P. *Clinical Therapy in Breastfeeding Patients*. Pharmasoft Publishing. [F]

Hale, T and Ilett K. *Drug Therapy and Breastfeeding*. Pharmasoft Publishing, 2002. [F]

Hanson, Lars. *Immunobiology of Human Milk: How Breastfeeding Protects Infants*. Pharmasoft Publishing, 2004. [D]

Ivey AE and Ivey MB. *Intentional Interviewing and Counseling: Facilitating Client Development in a Multicultural Society*. 5th edition. Wadsworth: 2003. [G]

Lang, S. *Breastfeeding Special Care Babies*. Baillière Tindall, 2002. [most disciplines; chronological period: 2]

Merewood A and Phillip B. *Breastfeeding Conditions and Diseases*. Pharmasoft Publishing, 2001. [E]

Morris, SE and Klein, MD. *Pre-Feeding Skills — A Comprehensive Resource for Mealtime Development*. Therapy Skill Builders, 2nd edition, 2000. [A,C,E,G,H,L]

NHMRC. *Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers*. Australian Government Printer, 2003. [M]

Roberts, K and Taylor B. *Nursing Research Processes: An Australian Perspective*. Nelson, 2002. [I]

Shealy K, Li R, Benton-Davis s, Grummer-Strawn LM. *The CDC Guide to Breastfeeding Interventions*. US Dept of Health and Human Services, CDC, 2005. [M]

Shelov, S. *Caring for Your Baby and Young Child: Birth to Five Years*. AAP. Bantam Books, 2004. [H]

Stuart-Macadam P and Dettwyler K, *Breastfeeding: Biocultural Perspectives*. Hawthorne, NY: 1995. [G]

Tappero, EP and Honeyfield ME. *Physical Assessment of the Newborn*. NICU Ink, 2003. [chron. periods: 5&6]

Watson Genna, C. *Supporting Suckling skills*. Jones and Bartlett. 2008. [A,E,H,L]

WHO. *The International Code of Marketing of Breast-Milk Substitutes: frequently asked questions*. 2006 <http://www.who.int/child-adolescent-health/> [M]

Wolf, LS and Glass RP. *Feeding and Swallowing Disorders in Infancy: Assessment and Management*. Psych Corp, 1992. [A,E,H,L]



# READING LIST and MILCC

## JOURNALS AND OTHER PROFESSIONAL PUBLICATIONS

### Academy of Breastfeeding Medicine

[www.bfmed.org](http://www.bfmed.org) Clinical Protocols on website *ABM News and Views*. Quarterly newsletter by subscription (various languages).

### Australian Breastfeeding Association

[www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

*Breastfeeding Review*. Professional journal published twice each year, available by subscription from ABA.

*Lactation Resource Centre*. An annual subscription to ABA's LRC provides quarterly listings of the latest published research and journal articles, vouchers for database searches and photocopying of articles; home enquiry and referral service; *Topics in Breastfeeding* papers; plus a subscription to *Breastfeeding Review*. *Topics in Breastfeeding*. A set has been published by ABA's LRC each year since 1991. Back copies of sets still available and useful. Check titles with ABA.

### ILCA [www.ilca.org](http://www.ilca.org) *Journal of Human Lactation*.

Quarterly professional journal available by joining the international Lactation Consultant Association.

*Evidence-Based Guidelines for Breastfeeding management during the First Fourteen Days*.

*Standards of Practice for IBCLC Lactation consultants*. International Lactation Consultant Association (ILCA) 2005 (reprinted in this *Guide*) [J]

### La Leche League International

[www.lalecheleague.org](http://www.lalecheleague.org) New Zealand:

[www.lalecheleague.org/LLLNZ](http://www.lalecheleague.org/LLLNZ) *Breastfeeding Abstracts* Quarterly annotated summary of important new research - by subscription from LLLI.

### World Health Organisation, Geneva [www.who.int](http://www.who.int)

and <http://www.who.int/nut/publications.htm#inf> *Complementary Feeding: family foods for breastfed children*. WHO 2000 [H]

*Evidence for the Ten Steps to Successful Breastfeeding*. Geneva, WHO 1998 [M]

*Global Strategy for Infant and Young Child Feeding*. Geneva, WHO 2003 [M]

*HIV and Infant Feeding. A guide for health care managers and supervisors and Guidelines for decision makers*. Geneva, WHO 1998 [D, M]

*Hypoglycaemia of the Newborn: Review of the Literature*. Geneva, WHO 1998 [B]

*International Code of Marketing of Breast-milk Substitutes*. Geneva, WHO 1981 [M]

*Nutrient Adequacy of Exclusive Breastfeeding for the Term Infant During The First Six Months of Life*. 2002

*Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*. WHO/ UNICEF Statement, 1989.

*Relactation: Review of experience and recommendations for practice*. Geneva, WHO 1998 [B]

## MILCC FINANCIAL ASSISTANCE

Monetary Investment for Lactation Consultant Certification (MILCC) is an international body which provides financial assistance to IBLCE exam or recertification applicants who demonstrate financial need and who will work with populations that would benefit from an IBCLC.

A MILCC application form is available from IBLCE on request. It must be submitted with a completed exam application, and mailed to IBLCE by the end of February.

**Please note that all eligibility requirements, including all education hours, must have been completed by the time of application.**

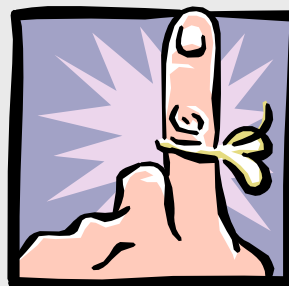
IBCLCs recertifying by exam or by CERP's may also apply for MILCC financial assistance. If recertifying by CERP's, the completed recertification application and MILCC application must be mailed to IBLCE by the end of February (to apply for the early fee rate)

## SUPPORTING MILCC

Once certified you can purchase a IBCLC lapel pin or ID key ring and the proceeds go to support MILCC

Badges are \$12AUD, Bars \$6AUD and ID/Key ring \$5AUD

Light Blue:	Initial certification
Dark Blue:	Recertification—5 years
Golden Yellow:	Recertification—10 years
Emerald Green:	Recertification—15 years
Ruby Red:	Recertification—20 years



**Avoid additional fees by including all required information and documents with your application form. Keep a copy of your application, and keep this Guide and your Application Supplement for reference.**

ANSWERS TO SAMPLE QUESTIONS (Page 27)





# COMPLETING THE IBLCE EXAM APPLICATION

This section provides important information about applying to be an IBLCE exam candidate and tells you how to fill in the Application Form (version 2.9). **The numbers refer to the items on the form.**

## 1. IDENTIFICATION DETAILS

Enter your given names and family or surname. Print clearly and enter one letter in each square. (If you would prefer your family name before your given names, e.g. some Asian names, please tick the box.) Please tell us your preferred title and the given name you are known by (e.g. an abbreviation) if it is different from your first given name. Also state any other surname that you use or are known by. Tick the box for your gender. We need to know this information for selection of exam supervisors. Enter the exam year, your date of birth (dd/mm/yy) and your country of citizenship.

## 2. ADDRESS AND CONTACT DETAILS

Print your home postal address clearly. Use the customary format for your country, and the appropriate number of lines. We want to be sure that your admission packet and exam results reach you quickly, without having to be redirected. (We prefer that you do not use a work address, as we have had too many problems with mail not getting through to candidates at their work addresses.)



If you change your address or any of your other contact details, you must advise us immediately!

We may need to contact you for further information. **Therefore, please provide your phone numbers, including the area code, and your email address** (please print very clearly). We will send you your exam admission packet about four weeks before the exam. Also, during the last few weeks before the exam, we may need to contact you with important information. Therefore, please make sure we have your contact details, especially if you will be away from your usual address.

## 3. EXAM SITE CITY

Exam sites are normally a capital or main city. The actual location of the exam venue may be in the city or in the surrounding metropolitan area. On the first line of this item on the form, write the name capital city or main city closest to you. If you are applying by the early bird or discount deadlines, on the second line you may also write the name of another town or city, that you would prefer to sit the exam. Such a request for an additional site will be considered after applications close and you will be advised if your request is successful.

We try to make the location of exam sites as convenient as possible for as many candidates as possible. However, when we make decisions about exam sites, we must take into account our overall costs and administrative requirements, the numbers of candidates in the areas served by each site, the reasonableness of the travel that candidates need to undertake, and whether evidence of any exceptional circumstances is provided. Our security requirements also affect the decision. Additional sites cannot always be justified but, if a small additional site is arranged, the extra local costs are the responsibility of the candidates who take advantage of it.

Please note that sites for one or a few candidates are considered only in exceptional circumstances.

You will be notified of your allocated exam site after your application is assessed. If your allocated site must be cancelled, you will be contacted and given the option to move to another site or to accept a full refund of fees. If an additional site is added closer to your home, you will be notified. You will have the option of changing to the new location or remaining at your original site. A site change may be requested at any time, but may not be possible after the end of May. Contact IBLCE with your request as early as possible.

## 4. EXAM FEES

Your full exam fee (credit card form, copy of electronic payment receipt) must be included with your application. The details of how you can pay your exam fees are described on page 22 of this Guide. Be sure to enclose your correct exam fee. Fees are based on

- the deadline by which your complete application is postmarked
- your country of residence, and
- the fee schedule for which you are eligible.



Application fees and deadlines are shown in the Application Supplement specific to the exam year and your country. Deadlines are **strictly** adhered to and postmarks are checked.





## 5. ELIGIBILITY PATHWAYS

The requirements for all the eligibility pathways are described on pages 3 and 4 of this Candidate Information Guide. Please circle one letter only for the **Standard** pathway for which you believe you are eligible. You may also circle one or both **Supplementary** pathways, but only if you meet the requirements and need one or both of these pathways to be eligible to sit for the exam. If you have been a candidate before, please indicate the year/s. If you have ever been an IBCLC, but your certification has lapsed, please circle only **L** as your pathway.

## 6. ACCOMPANYING MATERIALS

All the required accompanying materials **must** be submitted with your application form. Tick the boxes on the form to confirm that you have included these materials.



If your application is not complete and will not meet fee deadlines unless **all** accompanying materials are sent by the due date.

### **Please include:**

**Payment:** Your full exam fee – credit card authorisation form (it is part of the Application Supplement, or you may provide the same information on a separate sheet) or copy of electronic payment receipt.

**Qualification:** A photocopy of the relevant degree, diploma, practising certificate, etc that verifies your eligibility pathway. Please do not send more documents than necessary, one is often enough. For instance, if you are a midwife, a copy of your registration card or a copy of your degree is sufficient.

**Lactation education certificates:** Photocopies of certificates of attendance or similar verification for education hours already completed, as listed by you in item 8 of the form. Where these are not available, provide full details or a copy of the program.

If you have not yet completed all the education hours required, you may lodge your application now, but in section 8 of the form you must provide a list of completed education, and/or education for which you are signed up to undertake, that totals at least 45 hours (60 hours if you are doing the exam in a language other than English) and that covers the exam blueprint. All this education must be completed before the exam. The photocopies of these further education hours must be sent to us when completed, preferably before the exam, but in any case within two weeks after the exam.

**References:** TWO recent original professional references from supervisors or colleagues. For convenience, these may be on the reference forms provided with the application form but, if the referee prefers to write a letter, it must cover all the areas addressed on the form. References may not be from fellow exam applicants (unless they are recertifying IBCLCs), nor can one letter signed by two people count as two references. Do not send unsigned references or photocopies.

**Name change document:** If any of the above materials are in a name that you use or used, but different from the name in which you have applied, enclose a photocopy of the documentation of your name change.



**Please remember that, if you overlook any of the required documents, you are liable for additional fees.**

**Did you know???**

A Statistical Report on the most recent exam is published each year by IBLCE's psychometrician, Dr Leon Gross.

The report can be read on the IBLCE web site and is updated each year, usually in early December.

**[www.iblce.edu.au](http://www.iblce.edu.au)**



## 7. CALCULATING YOUR BC HOURS

To determine your eligibility, we need you to tell us your total number of clinical breastfeeding counselling hours (BC hours) and how you have made this calculation.

Using the table provided in the application form (attach an additional sheet, if necessary), fill in a new line for each position in which you have worked or had experience providing breastfeeding counselling. Also use a new line for the same position if a change in your responsibilities affected your BC hours. For concurrent work experience, list each separately, for example; if you are employed in the daytime, but teach breastfeeding/parenting classes for another organisation in the evening, use a separate line for each. Please list your experience chronologically. See the example below and follow the directions.

1	2	3	4	5	6	7	8	9	10	11	12
Place of Work/ Exp	Title Position	Area / Nature of work / Experience	Month/year started & ended	Total Weeks (excl leave)	Average Hrs per week	Total Hours worked	% time Providing BC	Total Hours	1 to 1 hrs with mothers	Phone or email counselling	Consumer educ
Friendly Hospital Palmerston North NZ	Nurse/ Midwife	Mostly postnatal wards, occasionally delivery suite. One-to-one consultations and weekly 1 hr breastfeeding classes.	4/99 to 10/04	253 wks	20 hrs	5060 hrs	40%	2024 hrs	1824 hrs		200 hrs
Breastbest Hospital Brisbane QLD	Midwife Parent Educator	BFHI accredited - one-to-one postnatal ward, BF resource person for special care nursery, 8 hrs per week in BF Clinic.	8/05 to 8/06	46 wks	38 hrs	1748 hrs	60%	1049 hrs	1049 hrs		
							Total	3073 hrs			

### **Column 1: Place of Work/Experience**

Write the name of your employer/organisation and the location of your work/experience.

### **Column 2: Title / Position**

Fill in your job title or the name of your position.

### **Column 3: Area / Nature of Work / Experience**

Briefly describe the nature of your work/experience.

### **Column 4: Month/Year Started and Ended**

Fill in the month and year you started and the month and year you finished in this position.

### **Column 5: Total Weeks, Excluding Leave**

Looking at the dates in Column 4, translate this period of time into the total number of weeks for this position, excluding recreational leave periods (usually at least 6 weeks per year, including public holidays) and sick leave.

### **Column 6: Average Hours Per Week**

Fill in the usual number of hours per week you worked in this position. Part-time, relief or shift work employees may average the number of hours per week.

### **Column 7: Total Hours Worked**

Figure out your total number of work hours by multiplying the total number of hours per week by the number of weeks in the position. Your employer may be able to provide this figure for you. A full-time job is generally 38 hours per week times 46 weeks per year or approximately 1700 hours per year worked.

It is accepted that an active, accredited volunteer mother support counsellor averages 10 BC hours per week or 500 BC hours per year. You can claim this, and no further documentation is required. However, if you believe you have done more hours than this, please provide documentation for those periods.



## COMPLETING THE IBLCE EXAM APPLICATION *(continued)*

### **Column 8: Percentage of time providing Breastfeeding Counselling**

Figure out the number of hours per week you spend on breastfeeding counselling. If your BC hours in any one position varied widely from week to week, it may be necessary to average the different totals. In your current position you may find it helpful to keep a record of your hours for a few weeks.

Divide the number of hours per week that you spend on breastfeeding counselling by the total number of hours you work per week. If you figured 16 hours a week for BC hours within a 38-hour work week, your percentage is 16 divided by 38, multiplied by 100, which equals 42%.

As a general guide, midwives on postnatal wards (where 75% or more of mothers are breastfeeding) commonly average 40% or more of their time providing breastfeeding counselling, depending on the size of the hospital, staffing levels and other duties. Some midwives with particular responsibilities for breastfeeding may do significantly more. Where breastfeeding rates are lower, percentages tend to be lower.

### **Columns 9 to 12: Total Hours providing Breastfeeding Counselling**

Multiply your BC percentage in Column 8 by the total number of hours you worked (Column 7). This is your total BC hours for a single job/work experience. For each line, write the total BC hours in Column 9, then give the breakdown of one-to-one in person, telephone/email and consumer education (groups/classes) hours, in Columns 10, 11 and 12 respectively.

### **Total BC Hours:**

Then add up the BC hours in Column 9 to give you your total BC hours. For you to be eligible, this overall total figure must be equal to or greater than the minimum number of BC hours required for your Eligibility Pathway. Ensure that the total of each of Columns 11 and 12 is less than 25% of the total of Column 9; if not, you must reduce the number of hours you have included in Columns 11 and 12.

### **Too few BC hours?**

If necessary, you may include hours you are certain you will complete between the date of your application and the exam date. Show these hours on a separate line on your application. Before the exam, you will be required to send verification that you have completed the outstanding hours. Please be aware you will not be eligible to receive your exam results if you do not complete these hours before the exam date. If you find yourself in this situation, you should withdraw before the exam (see the Application Supplement for withdrawal deadlines).

OR

### **Too many BC hours?**

If you are very experienced, you may find you have many hours in excess of your eligibility requirement. You should provide full details of your most recent hours, up to your eligibility requirement, and then you can summarise your earlier experience. However, please estimate your total hours, for data purposes.

## 8. LACTATION EDUCATION HOURS

Using the table in the application form (attach an additional sheet, if necessary), provide details of the professional education specific to lactation or breastfeeding management that you have attended, or are signed up to attend, during the three-year period prior to the date of the exam. You can include relevant education from:

- comprehensive education course
- courses, conferences, seminars, and workshops
- in-service study days for health professionals
- distance education (check with the organisers for the contact hour equivalent)
- formal coursework specific to breastfeeding.

If you are doing, or have completed, a comprehensive lactation education course, you do not need to list each session, just list the total number of hours awarded. You cannot count practice exams as part of your education.

Sessions with essentially the same content can be counted only once. Private study is not included, nor are audio or video tapes except as part of a structured learning program. **Attending or conducting education sessions for parents are not professional education for you.** *(Continued next page)*



**To be eligible for the exam, you must document at least 45 hours of professional education specific to lactation and reflecting the exam blueprint.**

*(The minimum is 60 hours if you are doing the exam in a language other than English.)*

# COMPLETING THE IBLCE EXAM APPLICATION *(continued)*



*(continued)*

Sessions or programs do not have to have been formally approved for CERPs, unless you are applying for pathway **G**. If CERPs have been allocated, 1 CERP equals 1 hour. You can only count L (lactation) CERPs towards pre-exam education. If a program has R (related) CERPs or E (ethics) CERPs allocated, these sessions may be useful exam preparation but they can not be included in the required 45 (or 60) hours.

Attach photocopies of any CERPs certificates or attendance certificates you have received. Where you do not attach certificates for proof of program attendance, you must provide detailed self-documentation for each session, or attach a copy of the program. To calculate the hours, count only the actual session time programmed, including questions. Panel sessions relevant to lactation may be included, but do not include breaks or opening/administrative sessions. **Generally, a one day lactation seminar will be no more than 5 to 6 education hours.**

If necessary, you may include sessions you are signed up to attend between the date of your application and the exam date. Show these uncompleted hours on separate lines on the form. You can be accepted as a candidate while completion of your education hours is still pending, but you must send documentation of at least the required minimum hours to IBLCE as soon as they have been completed.

Sessions with essentially the same content can only be counted once

This should preferably be before the exam, but in any case no later than 2 weeks after the exam (or your results may be delayed). Please be aware you will not be eligible to receive your exam results at all if you do not complete these hours **before** the exam date. If you find you will be unable to complete these outstanding hours you should withdraw before the exam. See the Fees section of this Guide for withdrawal deadlines, and your Application Supplement for refund information.

**If you are an applicant who is not an appropriately qualified health professional**, you must not include your “background” education in this section of the form. Please enclose a separate sheet showing how you have met this requirement and attach attendance certificates.

Private study is not included, nor are audio or video tapes except as part of a structured learning program.

**Attending or conducting education sessions for parents are NOT professional education to you.**

## 9. PRINCIPAL CURRENT EMPLOYMENT SETTING

This information is sought for IBLCE’s statistical purposes. Please tick one box which best indicates your principal current employment setting, or describe your situation beside the box marked “Other”.

## 10. WORKPLACE

Please complete the information requested about your workplace name and address.

## 11. PROFESSIONAL DETAILS

Tick **all** the boxes that correspond to your qualification/s or registration/s. If you have relevant qualification/s or registration/s in the health care field that are not included on the list, please fill in the “Other” line.

Tick **one** box to indicate the highest level of post-secondary education that you have successfully completed. Do not tick a qualification not yet completed.

## 12. INDIVIDUAL CONSIDERATIONS

It is IBLCE policy that no individual shall be excluded from certification on the basis of race, national origin, religion, gender, age, or physical disability. If you have reason to require individual consideration when you sit for the exam, mark the appropriate box/s in this section of the application form, and provide accompanying documentation where requested. These requests should be made at the time of your application as they may require special arrangements. If a problem requiring individual consideration arises closer to the exam date, please advise IBLCE as soon as possible.

The time that is allowed for the exam is generous, and allows for candidates who are slow test takers or doing the exam in a language other than their primary language.



**Avoid additional fees by including all required information and documents with your application form.**



## Candidates with disabilities

A candidate with a disability may request individual consideration by providing written notice, with an original signature and appropriate documentation, including:

- an official letter which clearly states the nature and extent of the disability
- details of any appropriate modifications to the exam procedure which are requested
- details of any appropriate auxiliary aids that the candidate may need to sit for the exam.

Where possible, individual arrangements at the exam site for candidates with disabilities will be provided by IBLCE. There will be no additional charge to the candidate. It may not be possible to meet requests received after the final application deadline. For more information contact IBLCE.

## Candidates who are pregnant

A candidate who will be in the last trimester of pregnancy or recently delivered at the time of the exam, should provide her due date. Special consideration can be given to seating for pregnant candidates. Parents of young babies will need to make their own arrangements for care of the baby during the two exam sessions. Babies are not allowed in the exam room.

## Exam translations

Each year the exam is translated into several languages according to demand and availability of suitable translators. For a translation where there is typically only a small number of candidates, or for a translation language new to IBLCE, at least **15 eligible candidates** must have applied and paid their exam fees before **31 December** for the translation to be considered.

At the time of application a candidate should indicate in which language other than English she/he wishes to do the exam, if it were to be made available. If there are not enough applicants wishing to do the exam in this language, there will not be a translation offered, and applicants will be entitled to a full refund or may elect to do the exam in English.

Translations in previous years have included Arabic, Dutch, French, German, Hebrew, Icelandic, Italian, Japanese, Korean, Polish, Portuguese, Spanish and Swedish. A candidate may have access to exam materials in only one language version. It is not permitted to have two exam booklets in different languages.

## Use of a bilingual dictionary

A candidate may be given permission to use her/his own unmarked non-electronic bilingual dictionary during the exam. An unmarked non-electronic bilingual medical dictionary is also permissible, as long as it contains only translations of words and has no definitions.

The use of dictionaries can be requested on the application form and IBLCE will communicate the local arrangements to you. At sites where many candidates are using them, you may be required to submit your dictionary to the Chief Proctor or a designated assistant prior to the exam date. Please include your name, address, and telephone number inside the front cover. You will not be permitted to use any dictionary that has not been submitted for checking.

**Electronic dictionaries, computers, calculators, etc. are not permitted in the exam room.**

## 13. SIGNED STATEMENT

Please read the Statement carefully. Be sure to **circle the appropriate response** to each of the four questions. If you answer "Yes" to any of the questions, you should provide information with your application. If necessary, IBLCE will confidentially seek further information from you. A "Yes" response will not necessarily mean you will not be permitted to sit for the exam, especially if you are otherwise able to be employed in the health care system without restriction. **YOU MUST SIGN AND DATE THE APPLICATION WITHIN Q. 13.**



You must **sign** and **date** your application, or it will be classed as incomplete and **additional fees** will be charged.



# FEES AND DEADLINES

## EXAM FEES

Fees are set according to country of residence and take into account central and local administrative costs. The fees are set out in the table in the Application Supplement specific to the exam year and your country.

Fees may be paid by:

- 1. Credit Card authorisation** by completing the form that is part of the Application Supplement, using only Visa or MasterCard. (If your fee is shown in Australian dollars, that is the amount we will charge to your credit card. However, if your fee is shown as being in another currency, we will charge your credit card the amount in Australian dollars as close as possible to the stated fee in your currency, using the exchange rate applicable on that day. Please note that exchange rate movements and fees charged by your card provider can lead to the amount on your card account not being exactly the same as the stated fee.)
- 2. Direct Credit by EFT within Australia** to IBLCE's bank account BSB 037010 Account number 115740; enter your name in the Description field. (You must make this transfer before you post your application, and you must enclose a copy of the electronic payment receipt with your application form so that we can match your payment to our bank statement.)
- 3. Direct Credit from an overseas bank account** to IBLCE's bank account at Westpac, Sandy Bay Tas Branch; SWIFT code WPACAU2S; account name IBLCE; BSB 037010 Account number 115740. (You must make this transfer before you post your application, and you must enclose a copy of the electronic payment receipt with your application form so that we can match your payment to our bank statement.)

**Please note that banking of your payment does not constitute an acknowledgment of eligibility.**

As of 2007 \$5 of every application fee will be donated to MILCC



**Please ensure that you are paying the correct fee in accordance with the Application Supplement and date posted. Deadlines are strictly adhered to.**

## APPLICATION DEADLINES

Applications must be postmarked on or before the last day of the month to qualify for the respective fee level:

<b>Early Bird fee</b>	<b>last day of February</b>
<b>Discount fee</b>	<b>last day of March</b>
<b>Full fee</b>	<b>last day of April</b>

## INELIGIBLE APPLICANT FEE

An applicant whose application does not meet the requirements to sit for the exam will receive a refund of her/his exam fee minus the processing fee listed in table in your Application Supplement.

## INCOMPLETE APPLICATIONS

If any item of required information or documentation is not included with your application, your application will be classed as incomplete and therefore it will not have met the fee deadline. We will contact you about what is missing. Meanwhile, your application will not be given priority and will be set aside until it is complete.

This policy has been instituted because of the extra administrative time and costs involved, and so as to be fair to other applicants who have delayed their applications till a later deadline to ensure that their applications included all the required information and documents.

Examples that would make your application incomplete:

- not enclosing two references (or not sent separately\*) [section 6]
- not enclosing your qualification certificate/s [section 6]
- not enclosing a name change document if required [section 6]
- not listing the required BC hours [section 7]
- not listing at least 45 (60 if applicable) completed and/or signed up for education hours (or not naming the comprehensive course being undertaken) [section 8]
- not providing your biographical details [section 11]
- not completing the signed statement or not answering all 4 questions or not signing the statement [section 13]



**Incomplete applications will be treated as meeting the next deadline. Therefore be an additional charge, being the difference between the fee you have paid and the fee for the next deadline.**



## FEES AND DEADLINES *(continued)*

### IS YOUR EMPLOYER PAYING?

We welcome the fact that many employing institutions show their support for their staff by paying fees on behalf of candidates. We appreciate the need of those institutions to be supplied with a complying tax invoice.

We very much prefer that payment accompany the candidate's application form, as we cannot process an application unless and until the appropriate fee has been paid. For the information of Australian institutions, IBLCE's ABN is 43 087 394 563 and it should be noted that the fees, and associated administration charges, are GST-free.

We will provide an IBLCE-generated tax invoice if required. However, if we cannot be assured that we will receive the payment by the next deadline, the invoice will be for the higher fee applicable to the following deadline. Alternatively, the staff member may pay the fee and be reimbursed by the employer. We strongly recommend the latter method, as that way the staff member keeps control over the date of payment and avoids the liability for the additional cost of a higher fee level if the employer's finance department is slow in generating payment and the intended deadline is missed.

### "3 or more" STAFF DISCOUNT

The fees payable are shown in the "3 or more" column in the table in your Application Supplement. All applications seeking this concession must be lodged together in the same envelope or package. There will be no exceptions.

### "Repeat" DISCOUNT

This special rate is available to an exam candidate who was unsuccessful and is applying again in the immediately following year. Eligibility must still be current; the IBLCE Office will provide further information. The fees payable are shown in the "Repeat" column in the table in your Application Supplement. This special rate is also allowed to a former IBCLC whose certification lapsed in the immediately preceding year.

### FAILED PAYMENT FEE

A fee of up to the figure listed in the table in your Application Supplement will be charged to cover costs associated with any cheques drawn on accounts with insufficient funds or for other reasons that void payment. You will also be liable for such a fee if a credit card account does not have sufficient funds, or if the card payment cannot be processed for any other reason such as the non-provision of the expiry date.

### HAND-SCORING FEE

A request for hand-scoring of exam answer sheets (see page 28) must be accompanied by the fee listed in the table in your Application Supplement.

### RE-ISSUE OF CERTIFICATE FEE

Requests may be made in writing for a certificate to be re-issued, due to name change, damage to your certificate, etc. Please enclose your old certificate with your request. The fee listed in the table in the Application Supplement is required for processing and mailing. Certificates damaged when they are mailed out will be replaced at no cost if IBLCE is notified immediately.

### WITHDRAWAL DEADLINES

Examination fees are partially refundable. A candidate who decides to withdraw from sitting for the exam, for any reason, must send a written request for a partial refund by mail, fax or email by **10 June** (for the higher level of refund) or **1 July** (for the lower level of refund). The levels of these refunds are shown in the table in your Application Supplement. If you have already received your exam admission ticket, return it with your request.

Only the candidate can request the withdrawal. If the exam fees were paid by a third party, the partial refund will be made to that party. An alternative candidate is not permitted to sit for the exam by using your exam fee.

A candidate whose application is accepted subject to the eligibility requirements being completed, and who later finds that she/he will not be able to complete all the requirements prior to the exam date, cannot be certified and should withdraw, sending the written request for a partial refund by the dates specified.

*Please understand that IBLCE needs to set strict rules about deadlines, and limitations on refunds, because it incurs costs and financial obligations at certain stages of the period leading up to the exam date. For instance, as well as administrative and printing costs incurred per candidate, exam room bookings and engagement of proctors have to be organised in advance; these costs are related to the numbers of candidates at each site.*



# PREPARING FOR THE IBLCE EXAM

## STUDY STRATEGIES

Because each candidate's background and experience is different, you are expected to determine your own strengths and weaknesses in the relevant Disciplines and Chronological Periods, and to organise your own program of study. The following information may help you organise your study, and may be used in conjunction with other sections of this booklet: Exam Blueprint, Clinical Competencies, the Suggested Reading List, and ILCA's Standards of Practice.

Plan your study program ahead and determine how you study best. Do you learn better on your own or when you can discuss material with colleagues? You may want to organise a study group or find a study partner, then take turns in preparing and presenting topics. Some people learn well from working through a textbook cover-to-cover; others prefer to choose a topic and study different sources of information.

Identify areas where your background has given you little experience and ensure you cover these areas in your preparation. For example, if you have worked only in a hospital postnatal area, you may have little experience with breastfeeding beyond the early period. Use the Suggested Activities in this booklet as a checklist to see how well prepared you are.

We strongly suggest that you check off the Exam Blueprint and the Clinical Competencies and be sure you have addressed all areas. Typically, candidates' exam scores are lower in the disciplines that are less clinical (G, H, I, J & M), and yet practising lactation consultants consider that these are important aspects of their work. To gain a better understanding of the roles and skills required, try to spend time with experienced IBCLCs working in various settings. Allow time to integrate your new knowledge and skills into your practice. Two-thirds of the exam questions will test application of knowledge.

## LACTATION AND EXAM PREPARATION COURSES

The IBLCE exam is a certification exam, which means that it is a standardised independent assessment of knowledge and competency. This is recognised as a higher standard than courses with internal exams, which may teach to their assessment or assess to their teaching.

As well as meeting the pre-exam eligibility requirements, you must take responsibility for preparing yourself for the exam. Most candidates find that the simplest way to ensure their education reflects the exam blueprint, and is at the appropriate level, is to participate in a comprehensive lactation course which is designed for this purpose. It is very difficult to prepare adequately for the exam and cover the exam blueprint by putting together only sessions from conferences, in-service education and chat nights.

Evaluate available courses to determine whether there is one that will best meet your needs as a candidate. It is important that you assess the degree and depth to which a course addresses all the Disciplines and Chronological Periods which the exam blueprint covers. This assessment will enable you to identify aspects that will need to be covered in other ways. Courses may also be basic or advanced. Some are conducted over several weeks or months; some are short and intensive; and some are on-line or by distance education. Some simply require attendance; some encourage pre-reading on specified topics; and some have written work to be submitted for assessment. Some may also include clinical hours. Some include a practice exam, but please note that, while practice exams and the associated discussion may help you to better understand exam questions, they are not an optimal way to learn about lactation and breastfeeding management, and you cannot count them as part of your lactation education hours.

No course can possibly teach you everything you need to know for the exam, that's why you need both private study and clinical experience in a setting where your practice is based on the application of scientific principles and on current research and information.

A Guide to Lactation Courses is a sheet available on request and included on our website [www.iblce.edu.au](http://www.iblce.edu.au), giving contact details for various course providers.

Please note that the IBLCE does not provide any educational materials or conduct any courses, and is completely independent of private lactation and exam preparation courses, practice exams and other materials that candidates use to prepare for the exam. The content of the courses and their practice exams may be quite different from the IBLCE exam. "CERPs" approval by IBLCE is not an endorsement of a presenter's content or opinions, nor does it necessarily indicate whether a program is of suitable standard or content for exam





# EXAM INFORMATION

## EXAM CONTENT

The exam is composed of 200 multiple choice questions. The degree of difficulty is set at postgraduate university level. Since effective lactation consultation requires assessment and decision-making skills, the questions are primarily designed to test the application of knowledge, rather than the pure recall of facts. Application questions are more realistic and enhance the validity of the exam.

The exam is administered in two sessions of 100 questions each. Of the 200 questions, 125 are cognitive, based on word scenarios, and 75 are based on photos. They are all combined for classification into Disciplines and Chronological Periods.

The Exam Blueprint in this Guide gives more information about the Disciplines and Chronological Periods, with the number of anticipated exam questions for each shown in brackets. This outline helps you determine the relative emphasis of the exam and reflects average lactation consultant practice, based on an extensive role delineation survey. For example, Pathology (19-33) means that there will be a minimum of 19 questions and a maximum of 33 questions which address infant and maternal pathological conditions relevant to lactation consultant practice.

Checking your knowledge and skills off against the Exam Blueprint will help you to identify areas you need to address, and help you focus your study.

The sample test questions in this booklet were selected as examples of the type of multiple choice questions that may be expected on the cognitive portion of the exam. Since they are limited in scope, they should not be regarded as representative of the full range of material that will be tested, or the degree of difficulty.

The photo section has 75 questions based on colour photographs which illustrate various situations and clinical conditions relevant to lactation consultant practice. Typically, candidates are asked to evaluate whether or not a problem is present, the nature of the problem, or how it should be managed. Each candidate will be provided with a booklet of colour pictures to use for this part of the exam.

Although the exam is administered in two sessions, the scores for the both sessions are added together to determine each candidate's overall score and pass/fail designation. Candidates pass or fail the examination as a whole. A higher score in one area can compensate for a lower score in another area, so the candidate passes the overall exam.

## EXAM QUESTION REFERENCING

All examination questions are referenced to the technical/medical literature, usually to literature published within the last five years. Older scientific studies may be used if they are still quoted as reputable references in current texts. Each exam question is referenced to printed materials, not to statements made at conferences. Anecdotal material, controversial information, authors' opinions and areas where the major texts give conflicting information are all avoided. References are current to the end of the calendar year prior to the exam.

## IBLCE EXAM COMMITTEE

The IBLCE Exam Committee, works under the direction of a PhD in Psychometrics, who is a Health Professions Certification Examination Consultant. The following groups will typically be represented on the Exam Committee to give a range of professional expertise: IBCLCs in hospital and in community practice, lactation educators, IBCLCs trained primarily through the mother support system, IBCLCs who trained through traditional health professions, medical practitioners experienced in supporting mothers and babies, a PhD level researcher in lactation, and the highest scorer from the previous year's exam. As far as possible, the Committee reflects the geographic distribution of IBCLCs, including Europe and the Asia/Pacific region.

The Exam Committee meets over several days to prepare, review, edit, and select test items which are then compiled into a draft exam based on the blueprint. The Committee draws from previously-used questions and from new questions submitted by IBCLCs and other experts worldwide. All questions are written in a sophisticated multiple choice format. The final exam goes through several editing and approval stages before being translated into other languages, according to demand.

## EXAM CONFIDENTIALITY

Each year, the IBLCE uses a percentage of previously used questions on the current exam, for validity testing. It is therefore considered unethical to divulge any questions on the IBLCE exam or to request information from previous candidates. If a candidate who had received inside information were to pass the exam unfairly, it would be to the detriment of breastfeeding babies and mothers and to the profession itself.



## EXAM INFORMATION (*continued*)

### EXAM QUESTIONS

Each question in the exam has an introductory sentence or paragraph (stem). All the information necessary to answer the question is given in the stem or the accompanying picture. Candidates can be assured there are no additional complicating circumstances if they are not mentioned.

Many items refer to a clinical situation involving the mother and/or baby and ask what “you” should do. In these items, “you” means you in your role as a lactation consultant. If you have another professional role which authorises you to perform additional functions (such as a doctor with prescribing rights), do not include these functions in the role of the lactation consultant for the purposes of this exam. See ILCA’s Standards of Practice for Lactation Consultants to better understand the LC role.

Each item contains a specific question which you should read carefully to know what is being asked. The key word is capitalised. Some questions may ask for “the MOST appropriate intervention” or “which of the following would NOT be appropriate to recommend”. The purpose of these questions is not to mislead or “trick” you, but to represent the types of decisions that lactation consultants often face.

For example, a mother may benefit from any of several interventions, but the lactation consultant should know the intervention that is MOST likely to be effective in her situation and why other interventions might not be as effective. At other times, there are several interventions which may be effective, but there is one that should NOT be recommended. There may also be questions which ask for “the MOST (or LEAST) likely cause or explanation”. These questions test knowledge of the general principles which apply to clinical practice, which candidates acquire through their experience.

Each item has three to five responses, most commonly four. There is only ONE correct answer, and knowledgeable candidates will be able to identify why the other answers are not correct. IBLCE does not use true/false questions or such options as “all of the above”, “none of the above”, “a and c”, etc. because these types of questions are not psychometrically valid.

Common misconceptions and outdated ideas are often included among the incorrect responses. Candidates should not worry that these responses are intended to be correct. The exam has been checked by experts.

### HOW THE EXAM IS SCORED

The pass/fail cutoff score is determined according to the Nedelsky-Gross technique which measures the degree of difficulty of each question, based on the number of sophisticated responses which might distract candidates from the correct response. The level of difficulty of the overall exam is, therefore, based on averaging a myriad of individual analyses of each question. The more difficult the exam, the lower the pass/fail cutoff score, and vice-versa. The Nedelsky-Gross technique ensures that there is no arbitrary number or percentage of candidates who pass the exam each year, and that candidates are not competing against each other. It also ensures that variations in the degree of difficulty of the exam from one year to another will not affect an individual candidate’s likelihood of passing or failing the exam. Over the years, the pass/fail cutoff has ranged between 61% and 68%.

All answer sheets are computer-scanned and scored by a consultant psychometrician. Each sheet is checked for stray marks and possible double counting where a response has been erased and replaced. Every year, a number of answer sheets are hand scored to check accuracy.

There is only one correct answer to each question. Each item receives one point if correct, zero if incorrect. Points are not deducted for incorrect answers, so candidates should attempt all questions. After all answer sheets have been initially scored, each question is individually analysed in the post-exam review process, using performance data from all (approx. 2500) candidates. This identifies any questions which did not perform as expected or were ambiguous. If there were to be a faulty question, this post-exam review is most likely to identify it. Questions are also reviewed on the basis of comments that candidates have made on their critique forms. Questions determined to have been flawed, e.g. two correct answers, are deleted from scoring for all candidates so no-one is disadvantaged. All candidates’ scores are then recomputed. This quality control procedure enhances reliability, validity, and fairness.

Each year, a number of previously used questions are included in the current exam, and the performance of the current candidates on those questions is compared with how the question performed when it was previously used. This procedure enhances validity by providing a check on whether the competence level of the candidate body has changed.

The IBLCE exam has a low failure rate, yet the highest scores are typically in the mid-80% range and the mean scores in the low to mid-70% range. This result demonstrates a well prepared, well screened candidate body and a challenging exam.

#### The Critique Form

IBLCE is unusual in that we give you a Critique Form to use during the exam. Comments on individual questions should be restricted to those which you have good reason to believe may be faulty and must include an explanation or they will not be collated and considered by the Post-Exam Review Committee. You should also state which answer you chose - many comments merely tell us why an incorrect answer is incorrect.

Your comments are entirely optional and will not affect your individual score in any way.



## SAMPLE EXAM QUESTIONS

These sample questions are indicative of the types of questions you can expect in the exam. They are not representative of the overall degree of difficulty, so “passing” this exam is not an indication that you are ready to pass the IBLCE exam. These questions are from old exams and more likely to be easier because they are testing more basic knowledge. The number and letter in brackets after each question indicates the Chronological Period and the Discipline on the Exam Blueprint.

1. A woman interrupts your breastfeeding class to ask you about breastfeeding an anticipated adopted baby. She has been using an electric pump and has generated a 30ml per day supply. What should you do FIRST?
  - a. Praise her for her interest and offer to meet with her later to discuss it further.
  - b. Ask how she plans to provide nutrition for the baby beyond her own 30ml per day production.
  - c. Thank her for attending and ease her out the door as quickly as possible.
  - d. Inform her that it is unlikely she will bring in more milk. [1-G]
2. A pregnant woman contacts you after attending a prenatal class on infant feeding. The instructor has been very positive about breastfeeding, but emphasised that lactation hormones may affect sexual functioning. You should tell her that lactation hormones usually:
  - a. reduce libido.
  - b. increase libido.
  - c. reduce vaginal lubrication.
  - d. increase vaginal lubrication.
  - e. do not affect libido or vaginal lubrication. [2-B]

### NEGATIVE STEM QUESTION CONSTRUCTION

The following questions are samples of certain kinds of construction forms with which some candidates may be unfamiliar. Because this type of question requires a “mental shift” to think in negative terms after answering a series of positive questions, candidates sometimes interpret them as ambiguous or tricky. However, in spite of these concerns, the construction forms below are psychometrically valid and they represent skills that lactation consultants use. As familiarity and practice may help allay candidate concerns, these questions are grouped according to three common construction types. Work through them carefully and the interpretation shift will become evident. You will be alerted to the groups of negative stem questions on the exam and you should take special care to make the mental shift.

### The “NOT” Construction

3. A 9-day-old infant with cleft palate defects should NOT be positioned for feedings with its body:
  - a. in the cradle or across the front position
  - b. semi-upright or upright
  - c. in the clutch/underarm position
  - d. prone [6-E]
4. Which of the following is NOT a developmental indicator for introducing solid foods?
  - a. baby shows interest in table foods
  - b. baby has the fine motor skills to grasp food with the thumb and fingers
  - c. baby swallows without tongue protrusion
  - d. baby can hold and drink from a cup with few spills [9-H]

### The “LEAST likely” Construction

17. A mother contacts you because she is concerned that her 3-month-old baby is suddenly waking up more frequently at night, in spite of being breastfed at least every 3 hours during the day. Which of the following would be the LEAST appropriate response?
  - a. “The baby may be experiencing a growth spurt.”
  - b. “The baby may be experiencing the discomforts of early teething.”
  - c. “The baby may have a chronic or low-grade infection and should be examined by the doctor.”
  - d. “The baby does not need feedings at night at this age, and is using you as a pacifier.” [8-G]

### The “EXCEPT” Construction

21. Actual drug passage to breastmilk is dependent upon all of the following EXCEPT:
  - a. milk pH
  - b. drug teratogenicity
  - c. drug solubility
  - d. drug ionisation
  - e. lipid solubility [12-F] (Answers are on page 14)

### EXAM STRATEGIES

Both the morning and afternoon sections are three hours each. This is sufficient for even slow test takers and candidates doing a the exam in a second language to finish. During the afternoon session there will be 75 questions that correspond to clinical photographs in the exam booklet.

There are no penalties for incorrect answers, so **attempt every question**, even those of which you are not sure. This strategy will increase your chance of passing and prevent mismatching subsequent questions with the wrong numbers on your answer sheet. You may mark in your test booklet the questions you wish to reconsider and return to them later. If you change an answer, be sure to erase your original answer completely.

Questions with a negative stem construction (see samples on this page) are grouped together on the exam with a note advising you when they start. These are not trick questions, but they need careful attention.

Questions are not arranged in order of difficulty or subject matter. Therefore, you can work out how many questions you should complete within a chosen time interval and pace yourself accordingly.



## AFTER THE IBLCE EXAM

### NOTIFICATION OF RESULTS

Your official exam result will be mailed to you in mid-October. When we send your Candidate Admission Ticket, we will tell you the exact date on which the results will be sent out. On this date we will also place a pass-fail list on the website, with your own result identifiable only by a personal code we issue to you.

No exam results are available before this date, nor can they be provided at any time in response to phone enquiries. All results are mailed on the same day, although they will inevitably be received over a period of days. Exam results for any candidate with an incomplete file (e.g. documentation not submitted) will not be released until the file is complete.

With your official exam results, you will receive information on your performances in each of the Disciplines and Chronological Periods. This information may help you to identify your strengths and weaknesses and to focus future study. If you pass, you will also be sent your IBCLC certificate and The IBCLC Handbook, which includes information about recertification.

### APPEALS POLICY

All appeals against the IBLCE examination must be sent to IBLCE in written form, and with supporting documentation, postmarked no later than **10 November** in the same year. A signed critique form, lodged at the time of the examination, is the sole basis for appeals against exam content and will be considered during the post-exam analysis, before final scoring of the exam.

Candidates can not review their exam materials under any circumstances. The IBLCE cannot delete a question for an individual candidate without deleting it for everyone and re-scoring the exam, and individual scores cannot be adjusted because of hardship or other circumstances. However, a candidate whose exam performance was genuinely disadvantaged by circumstances outside her/his control should make the relevant IBLCE office aware of the situation, preferably soon after the exam, but no later than 10 November in the same year.

If a candidate fails the exam she/he may request that her/his answer sheets be hand scored for the fee advised in the applicable candidate materials. If an error was made in machine scoring the candidate's exam, the candidate's score will be corrected and the fee for hand scoring will be refunded. All requests for hand scoring must be postmarked on or before **10 November** in the same year.

(Appeals against CERPs recertification decisions must be sent to IBLCE in written form, and with supporting documentation, postmarked no later than 30 days after notification was mailed to the IBCLC.)

### RETEST POLICY FOR UNSUCCESSFUL CANDIDATES

There is no limit to the number of times an unsuccessful candidate may apply to retake the IBLCE certification exam. To be eligible to do the exam again, a candidate needs to meet current eligibility requirements, submit another application, and pay the relevant exam fee. If the supporting documentation is still up-to-date it will not need to be resubmitted.

### FUTURE EXAM DATES

The IBLCE exam is held annually, always on the last Monday in July, concurrently at multiple sites worldwide.

### MAINTENANCE OF CERTIFICATION

If you pass the exam, you may use the title "International Board Certified Lactation Consultant" or the letters "IBCLC" for a period of five years after you pass the examination. Initial certification is effective from the date of notification until the end of October in the fifth calendar year following certification.

Before the end of this five-year period, you must recertify either by passing the exam again, or through a recertification application showing 75 Continuing Education Recognition Points (CERPs).

Ten years after you last passed the exam (and five years after CERP recertification), you are required to do the exam again for recertification. The IBLCE has determined that this is the best way to ensure continued competence of IBCLCs, and hence to protect consumers.

About a year before your certification is due to expire, we will send you current information and application materials - if we have your current address.

Ensure that IBLCE always has your current contact details

*'so we can stay in contact with you'*