



## Welcome to the IBLCE Candidate Information Guide!

This Candidate Information Guide is designed specifically for candidates in Europe, the Middle East 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. Please request the current Application Supplement if not included in this guide. The guide is set out in sections to take you through the application process stage by stage.

Page	Content
2	Introduction information
3 - 13	Exam eligibility, knowledge & skills required
14 - 16	Exam application process
17	Exam fees
18 - 19	Exam information
20	Contact details for IBLCE Country Coordinators

When completing your application please ensure that you have all the necessary documents and have made payment of the correct fee (see the current Application Supplement) before posting. If you change any of your details such as postal, email address or phone numbers, please let us know.

Contact details for the IBLCE Office in Europe are below. If you are in another country that has a local coordinator, their details are on the last page of this guide and on the Application Supplement. Please get in touch if you have any questions, or if you want a Candidate Information Guide sent to someone you know is interested in sitting for the exam.

Warm Regards,

Ilse Bichler IBCLC

IBLCE Regional Director



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

**Early Bird Fee**

**February**

**Discount Fee**

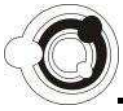
**March**

**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 and in Africa.*



## IBLCE AND KEY DATES

**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 International Board Certified Lactation Consultants (IBCLCs) has been offered in nineteen 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 with 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. 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***

#### ***Vision***

***IBLCE will advance the health and well being of mothers and children world wide by improving the quality and increasing the number of practitioners in lactation and breastfeeding care.***

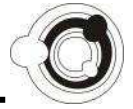
#### ***Mission***

***IBLCE is the global authority that determines the competence of practitioners in lactation and breastfeeding care.***

### KEY DATES

31 January	Deadline for mailing MILCC Scholarship applications
Last day in February	Early Bird Discount deadline for mailing completed exam applications
Last Day in March	Discount fee deadline for mailing completed exam applications
Last day in April	Final day for mailing completed exam applications
By end May	All exam applications will have been reviewed
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 — 25 July 2011, 30 July 2012
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 2011 EXAM



There are three eligibility pathways of which you must choose one to qualify to take the IBLCE exam. You must meet all the criterion of the one chosen pathway. The three pathways specify the minimum of education and experience in human lactation and breastfeeding. Based upon the individual's training and background, additional coursework or lactation specific clinical practice hours may be needed to successfully complete the examination.

**IBLCE strongly recommends that all exam candidates undertake a comprehensive lactation specific education course which usually are around 80—150 hours.**

All requirements **must be completed prior to submitting your exam application.**

## Pathway 1

### Health Professionals and Accredited Mother Support Counsellors:

To be eligible for this pathway you must be a:

Either

- Health professional working in maternal-child health who has a degree or registration to practice clinically in one of the health professions

**OR**

- Accredited mother support counsellor providing care and counselling to lactating women, must have/ be working or volunteering within an organization that ensures supervision of his/her clinical practice (eg: LLL or ABA) mother-to-mother breastfeeding support group leaders

The candidate **must** meet the following requirements:

- A) Have a minimum of 45 hours of lactation specific education within the **5 years immediately prior to exam application.**
- B) Have a minimum of 1000 lactation specific clinical practice hours within the **5 years immediately prior to exam application.**

Accredited mother support counsellors are strongly advised to complete at least one course in each of the six health background disciplines recommended by IBLCE or have evidence of prior learning.

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

## Pathway 2

**Specific Lactation Academic Program:** With a vision toward the future, eligibility criteria have been established for individuals who graduate from lactation specific academic programs.

## Pathway 3

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

**All eligibility requirements MUST be completed at time of application.**

# ELIGIBILITY REQUIREMENTS FOR 2012 EXAM



**Exam Eligibility for 2012:** There are three eligibility pathways of which you must choose one to qualify to take the IBLCE exam. You must meet all the criterion of the one chosen pathway. The three pathways specify the minimum of education and experience in human lactation and breastfeeding. Based upon the individual's training and background, additional coursework or lactation specific clinical practice hours may be needed to successfully complete the examination.

**All requirements must be completed prior to submitting your exam application.**

**IBLCE strongly recommends that all exam candidates undertake a comprehensive lactation specific education course which is usually around 80 - 150 hours.**

## PATHWAY 1.

### Health Professionals and Accredited Mother Support Counsellors:

The exam candidate must practice as a health professional or certified mother support counsellor for a recognised mother to mother support organisation. Exam Candidates must be working or volunteering within an organisation that ensures supervision, support and education of his/her clinical practice to have completed the following requirements:

- Minimum of **90 hours** of lactation specific education within **the 5 years immediately prior to exam application**.
- 1000 lactation specific clinical practice hours within the **5 years immediately prior to exam application**.
- Mother support counsellors must provide evidence of completing the required education in the identified subjects.

Education Requirements (For Mother Support Counsellors)

**N.B. Health Professionals** - The subjects below would be covered in a health professional's training or degree. Evidence of completed individual subjects is **not required of health professionals**. A copy of the completed training/degree or professional registration is required with the exam application.

All first-time candidates must demonstrate completion of the equivalent of one semester of tertiary or further education in the following subjects:

- Human Anatomy
- Human Physiology
- Biology
- Infant and Child Growth and Development
- Nutrition
- Sociology or Cultural Sensitivity or Cultural Anthropology
- Introduction to Research
- Psychology or Counselling or Communications Skill

Also additional education must be documented in the following areas:

- Basic life support (e.g. CPR)
- Medical terminology
- Medical documentation
- Universal safety precautions and infection control
- Occupational safety, including security
- Professional/legal ethics (e.g. Code of Ethics)

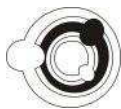
## PATHWAY 2.

**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 IBCLC exam eligibility to encourage the development of more lactation specific academic programs.

## PATHWAY 3.

**Pre Approved Programs:** Pre approved programs inclusive of a minimum of 500 direct hours of clinical supervision. The program **MUST** be approved by IBLCE before accumulating clinical hours. Contact the IBLCE office for more details.

Eligibility requirements **MUST** be completed at time of application.



# ELIGIBILITY REQUIREMENTS

## Qualification

Health Professionals must provide evidence of having completed a degree and or met the regulatory standards for practice in a recognised health profession.

OR

Accredited mother support counsellor (AMSC) must be providing care and counselling to lactating women, while working or volunteering within an organization that ensures supervision of his/her clinical practice (eg: LLL or ABA). As an AMSC you must have:

- ⇒ Completed a structured training program that includes comprehensive education in breastfeeding management
- ⇒ Work within a supervised structure that is appropriate to the counsellor's training
- ⇒ Adhere to defined ethical standards for conduct of the organisation
- ⇒ Remain up to date by participating in continuing education

## Professional Education

You must have completed a minimum of **45** hours of professional education in lactation reflecting the exam blueprint, within the five years immediately prior to your application to sit the exam. However, IBLCE strongly recommends that all candidates undertake a comprehensive lactation specific education program of 80 to 150 hours. The need for more hours is especially important for candidates whose first language is not English and who rely on the exam being translated. The majority of the professional literature on breastfeeding and lactation is in English and 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 as candidates with the full command in English.

**Private study** – is also a major component of exam preparation for all candidates and is not included in your formal education eligibility criteria.

## Former IBCLC

If your IBCLC certification lapsed the year before taking the exam again you do not need to provide any evidence of experience of clinical hours, nor education hours. You are entitled to use the repeat fee rate as shown on your exam application supplement. IBLCE does encourage you to undertake private exam study.

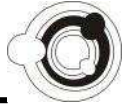
If you lapsed more than 12 months before resitting the IBLCE exam you **do** need to provide evidence of clinical practice in the last 5 years and depending when you lapsed see table below for the number of education hours evidence you must provide, see the table below. All education **MUST** be in the 5 years immediately prior to applying for the exam. You will need to pay the appropriate normal fee (not the recertification nor repeat fee).

Years lapsed certification as an IBCLC	Formal education evidence required
1	None
2	15 hours
3	30 hours
4	45 hours

## IBCLC 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 clinical hours, 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 special Application to Recertify form. As an IBCLC please do not use the standard exam application form included in this Guide.



## Clinical Breastfeeding Experience

Clinical breastfeeding experience or breastfeeding counselling 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 clinical hours **MUST be accumulated over the 5 years immediately prior to sitting the exam.**

Clinical hours may only be included for periods when you were working in your accredited capacity and/or under appropriate supervision, as IBLCE 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 clinical 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 Clinical hours per week or 500 Clinical hours per year** without further documentation. If you believe you have done more hours than this, you must provide documentation for those periods.

**What is Not clinical hours:** When calculating your clinical hours, do not include: administrative or planning 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.

Please do not include your midwifery training, as these have already been allowed for when determining the eligibility pathways related to education. Exception: if you already had some clinical hours as a midwife, and you then did additional training such as in maternal and child health, you can include the clinical 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** (within the five year period immediately prior to applying 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. IBLCE strongly recommends that all candidates participate in a comprehensive lactation education program. Typically, such a program will be much longer (80 –150 hrs) than the minimum of 45 hours 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 in this guide 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**

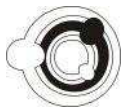
- ▶ Recent,
- ▶ Relevant,
- ▶ Reliable

**and cover the exam blueprint**

### 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



# IBLCE BLUEPRINT OF KNOWLEDGE & SKILLS FOR IBCLCs

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.

## Disciplines

- A. Maternal and infant ANATOMY**  
e.g. breast and nipple structure and development; blood, lymph, mammary tissue; infant oral anatomy and reflexes; assessment; anatomical variations
- B. Maternal and infant normal PHYSIOLOGY and ENDOCRINOLOGY**  
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**  
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**  
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**  
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**  
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**  
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**  
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**  
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**  
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**  
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**  
e.g. breastfeeding techniques, including positioning, attachment and assessing milk transfer; breastfeeding management; normal feeding patterns; milk expression
- M. PUBLIC HEALTH**  
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. Prenatal
3. Labour/birth (perinatal)
4. Prematurity
5. 0 - 2 days
6. 3 - 14 days
7. 15 - 28 days
8. 1 - 3 months
9. 4 - 6 months
10. 7 - 12 months
11. Beyond 12 months
12. General principles



# SCOPE OF PRACTICE FOR IBCLCs

---

International Board Certified Lactation Consultants (IBCLCs) have demonstrated specialised 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 authorised 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 individualised 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)*

### **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

©IBLCE — IBLCE adopted March 2008

## **CLINICAL COMPETENCIES FOR IBCLCs**

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

The Clinical Competencies encompass the responsibilities/activities that are part of the IBCLC's practice. The aim of these Clinical Competencies is to inform the public of the field in which IBCLCs can provide safe, competent and evidence-based care. The Clinical Competencies are applicable in any country or setting where IBCLCs practice. It is understood that the IBCLC will practice within the boundaries of her/his training, expertise, culture and setting.

### **1. The IBCLC has the duty to uphold the standards of the profession and will:**

- conduct her/himself in a professional manner practicing within the framework defined by the IBLCE Code of Ethics, the Scope of Practice for the IBCLC, and the Clinical Competencies for the IBCLCs Practice
- critique, evaluate and incorporate evidence-informed findings into practice within the laws of the setting in which s/he works
- obtain continuing education to enhance skills and obtain/maintain IBCLC certification

### **2. The IBCLC has the duty to protect, promote and support breastfeeding and will:**

- provide evidence-informed education through various means including development of client information fact sheets, counselling, curriculum development, and multimedia campaigns to women, families, health professionals and the community about breastfeeding and human lactation
- participate in the development of policies at global, national, and local levels which protect, promote and support breastfeeding or breastmilk intake in all situations including emergencies
- advocate for breastfeeding women, children and families in all settings and promote breastfeeding as the child-feeding norm globally
- support practices which promote breastfeeding and discouraging practices which interfere with breastfeeding and will:
  - promote the principals of the Baby Friendly Hospital Initiative
  - carefully choose a method of feeding when supplementation is unavoidable and use strategies to maintain breastfeeding to meet the mother's goal
  - promote the principles of the WHO Global Strategy for Infant and Young Child Feeding

*(continued)*



## CLINICAL COMPETENCIES FOR IBCLCs *(continued)*

**3. The IBCLC has the duty to provide competent services for mothers and families and will perform a comprehensive maternal, child and feeding assessment related to lactation such as:**

### History Taking and Assessment Skills

- obtain the mother's permission to provide care to her and her child
- ascertain the mother's goals for breastfeeding
- utilise appropriate counselling skills and techniques
- respect a mother's race, creed, religion, sexual preference, age and national origin
- obtain a lactation history
- identify events that occurred antenatally, during the pregnancy, labour and birth process that may adversely affect breastfeeding
- assess the breasts to determine if changes are consistent with adequate function/lactation
- assess maternal physical, mental and psychological states
- assess social supports and possible challenges

### Skills to Assist Breastfeeding Dyad

- promote continuous skin-to-skin contact of the newborn and mother
- provide education to assist the mother and family to identify newborn feeding cues and behavioural states
- assess oral anatomy and normal neurological responses and reflexes
- assist the mother and child to find comfortable positions for breastfeeding
- identify correct latch/attachment
- assess effective milk transfer
- assess for adequate milk intake of the child
- assess for normal infant behaviour and developmental milestones
- provide suggestions as to when and how to stimulate a sleepy baby to feed
- provide evidence-informed information to assist the mother to make informed decisions regarding breastfeeding
- provide education for the mother and her family regarding the use of pacifiers/dummies including the possible risks to lactation
- provide appropriate education for the mother and her family regarding the importance of exclusive breastfeeding to the health of the mother and child and the risk of using breastmilk substitutes (formula)
- provide information and demonstrate to the mother how to perform manual expression of breastmilk
- provide information and strategies to prevent and resolve painful damaged nipples
- provide information and strategies to prevent and resolve engorgement, blocked ducts and mastitis
- provide information and strategies to minimise the risk of Sudden Infant Death Syndrome (SIDS)
- provide information regarding family planning methods including Lactation Amenorrhea Method (LAM) and their impact on lactation
- assist and support the mother and family to identify strategies to cope with peripartum mood disorders (prenatal depression, "baby blues", postpartum depression, anxiety and psychosis) and access community resources
- provide information regarding introduction to appropriate family foods
- provide information regarding weaning from the breast when appropriate, including care of mother's breasts and preparation and use of breastmilk substitutes according to *World Health Organisation Guidelines for Safe Preparation, Storage and Handling of Powdered Infant Formula* <http://www.who.int/foodsafety/publications/micro/pif2007/en/index.html>
- calculate an infant's caloric/Kilojoules and volume requirements
- assess the mother's milk supply and provide information regarding increasing or decreasing milk volume as needed
- assess the breastfeeding child's growth using World Health Organisation adapted growth charts  
provide education to the mother related to normal child behaviours; signs of readiness to feed and expected feeding patterns

*(continued)*



## CLINICAL COMPETENCIES FOR IBCLCs *(continued)*

---

### General Problem-solving Skills

- evaluate potential or existing challenges and factors that may impact on a mother to meet her breastfeeding goals
- assist and support the mother to develop, implement and evaluate an appropriate, acceptable and achievable breastfeeding plan utilising all resources available
- facilitate breastfeeding for the medically fragile and physically compromised child
- evaluate how each breastfeeding dyad and situation is unique, and their affect on breastfeeding
- provide anticipatory guidance to reduce potential risks to the breastfeeding mother or her child
- assess and provide strategies to initiate and continue breastfeeding when challenging situations exist/ occur

### Use of Techniques and Devices

- critique and evaluate indications, contraindications and use of techniques, appliances and devices which support breastfeeding or may be harmful to continued breastfeeding including alternative feeding methods
- evaluate, critique and demonstrate the use of techniques and devices which support breastfeeding, understand that some devices may be marketed without evidence to support their usefulness and may be harmful to the continuation of breastfeeding
- evaluate and critique how techniques and devices may be used to ensure initiation and/or continuation of breastfeeding in certain circumstances
- provide evidence-informed information to the mother regarding the use of techniques and devices

### Develop, Implement and Evaluate an Individualised Feeding Plan in Consultation with the Mother

- use adult education principles
- select appropriate teaching aids
- provide information on community resources for breastfeeding assistance
- provide evidence-informed information regarding a lactating mother's use of medications (over-the-counter and prescription), alcohol, tobacco and street drugs, including their potential impact on milk production and child safety
- provide evidence-informed information regarding complementary therapies during lactation and their impact on a mother's milk production and the effect on her child
- integrate cultural, psychosocial and nutritional aspects related to breastfeeding
- provide support and encouragement to enable mothers to successfully meet their breastfeeding goals
- use effective counselling and communication skills when interacting with clients and other health care providers
- use the principles of family-centred care while maintaining a collaborative, supportive relationship with clients
- support the mother to make evidence-informed decisions for her child and herself
- provide education and information at a level which the mother can easily understand
- evaluate the mother's understanding of all information and education provided

### **4. The IBCLC has the duty to report truthfully and fully to the mother and/or child's primary health care provider and to the health care system and will:**

- obtain the mother's consent for obtaining and disclosing of information as needed or as specified by local jurisdiction
- provide written assessments as required
- maintain documentation of all client contacts, assessments, feeding plans, recommendations and evaluations of care
- retain records for the time specified by the local jurisdiction

### **5. The IBCLC has the duty to preserve client confidence and will:**

- respect the privacy, dignity and confidentiality of mothers and families except where the reporting of a danger to a mother or child is specifically required by law *(continued)*



## CLINICAL COMPETENCIES FOR IBCLCs *(continued)*

### 6. The IBCLC has the duty to act with reasonable diligence and will:

- assist families with decisions regarding feeding their children by providing evidence-informed information that is free of any conflicts of interest
- provide follow-up services as required and requested make appropriate referrals to other health care providers and community support resources in a timely manner depending on the urgency of the situation
- work collaboratively with the health care team to provide coordinated services to families
- report immediately to IBLCE if found guilty of any offence under the criminal code of the IBCLC's country or jurisdiction in which they work or if sanctioned by another profession
- report immediately to IBLCE any IBCLC who is functioning outside this Scope of Practice for IBCLCs, not maintaining a practice which meets with the IBLCE Code of Ethics or the Clinical Competencies for IBCLC Practice

### Sites for acquisition of skills

Skills may be acquired in various settings including hospitals, public health units, community agencies or locations and private practice facilities.

©IBLCE — IBLCE adopted March 2010

## SUGGESTED RESOURCE LIST

Individual study is a major component of exam preparation. IBLCE strongly encourages you to become familiar with a wide range of literature, scientific studies and journals, including material published outside your own country. It is important that your personal study and reading covers all areas set out in the IBLCE Blueprint. Inclusion on this list does not constitute an endorsement by IBLCE.

### General Texts

Biancuzzo, M. (2003) *Breastfeeding the Newborn: Clinical Strategies for Nurses*. Mosby.  
Brodribb, W. (2004) *Breastfeeding Management*. Australian Breastfeeding Association.  
Hale, T. Hartmann, P. (2007) *Hale and Hartmann's text book of Human Lactation*. Hale Pub.  
Lawrence, R. & Lawrence, R. (2005) *Breastfeeding: A Guide for the Medical Profession*: Elsevier/Mosby.  
Lauwers, J, and Swisher A. (2005) *Counseling the Nursing Mother*. Jones & Bartlett, 4th Edition  
Mannel, R, Martens. P.J. & Walker, M. (2007) *ILCA Core Curriculum for Lactation Consultant Practice*. 2nd ed. (ed), Jones & Bartlett.  
Mohrbacher, N, and Stock J. (2003) *The Breastfeeding Answer Book*. La Leche League International.  
Riordan, J. & Wambach, K. (2004) *Breastfeeding and Human Lactation*. (4th Ed) Jones & Bartlett.  
The Royal College of Midwives, UK. (2002) *Successful Breastfeeding*. Churchill Livingstone.  
Walker. M.(2010) *Breastfeeding Management for the Clinician*. (2nd Ed) Harcourt Brace, Canada.  
Wilson-Clay, B., and Hoover K. (2008) *The Breastfeeding Atlas* 4th edition. Lactnews Press, Austin Texas.

### Websites

**Academy of Breastfeeding Medicine** [www.bfmed.org](http://www.bfmed.org) Clinical Protocols on website (various languages)

**Australian Breastfeeding Association** [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au) Breastfeeding Review. Professional journal, available by subscription from ABA.

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

**International Breastfeeding Journal** — [www.internationalbreastfeedingjournal.com/](http://www.internationalbreastfeedingjournal.com/)

**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  
Evidence for the Ten Steps to Successful Breastfeeding. Geneva, WHO 1998  
Global Strategy for Infant and Young Child Feeding. Geneva, WHO 2003  
HIV and Infant Feeding. A guide for health care managers and supervisors and Guidelines for decision makers. Geneva, WHO 1998

Hypoglycaemia of the Newborn: Review of the Literature. Geneva, WHO 1998

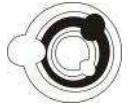
International Code of Marketing of Breast-milk Substitutes. Geneva, WHO 1981

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



## 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. Fulfil 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  
6402 Arlington Boulevard, Suite 350  
Falls Church VA 22042-3217 USA**



# 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. **The numbers refer to the items on the form.**

## 1. Identification Details

Enter your given name and family or surname as shown in your personal ID or in your passport. Print clearly and enter one letter in each square. Please tell us your preferred title. Tick the box for your gender. We need to know this information for selection of exam supervisors. Enter your date of birth (dd/mm/yy).

## 2. 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.)

IBLCE most often uses emails to communicate with IBCLCs and exam candidates. **Please provide your email address phone numbers, including the area code, and your postal 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



**If you change your email or postal address please advise us of the change so we do not loose contact with you!**

## 3. Exam Site

See your Application Supplement for the anticipated exam site cities in your country, normally a capital or main city. The actual location of the exam venue may be in the city or in the surrounding metropolitan area.

A full list of all exam sites in Europe and the Middle East you will find on our website [www.iblce-europe.org](http://www.iblce-europe.org). Further exam sites in the Americas, in Asia Pacific and Africa are open to candidates worldwide. Candidates can take the test at any regular IBLCE exam site worldwide in any of the offered exam languages. Please contact IBLCE in Europe for complete information.

If you require special testing facilities due to individual considerations please notify IBLCE in Europe as early as possible. We may not be able to fulfil such requests received after end of April for the current examination year. If a requested 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.

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 exam fee (credit card details, copy of payment receipt must be included with your application. The details of how you can pay your exam fees are described later on in this guide. Be sure to pay your correct exam fee. Fees are set in Euros and 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.

## 5. 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. 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 – complete credit card details given on the *Application Form* or include a copy of the bank transfer receipt. **We do not accept cheques or money orders.**

**Qualification:** A *photocopy* of the relevant degree, diploma, practising certificate, etc that verifies your eligibility pathway.

**Lactation education certificates:** *Photocopies* of certificates of attendance or similar verification for at least 45 hours of education. This minimum number of education hours needs to be complete at the time of application.

**References:** TWO recent *original* professional references from supervisors or colleagues. For convenience, these may be on the reference forms provided with the application. 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.

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

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.





## 6. Calculating Your Breastfeeding Clinical Hours

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

Using the table provided in the application form, 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 clinical 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
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
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	5060hrs	40%	2024 hrs
Breastbest Hospital Brisbane	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
							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.

**Column 8: Percentage of time providing Clinical Breastfeeding Counselling Practice**

Figure out the number of hours per week you spend on breastfeeding counselling. If your clinical 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.

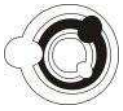
Divide the number of hours per week that you spend on breastfeeding counselling by the total number of hours you work per week. If you figured 16 hours a week for breastfeeding clinical hours within a 38-hour work week, your percentage is 16 divided by 38, multiplied by 100, which equals 42%.

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: Total Hours providing Breastfeeding Counselling**

Multiply your clinical percentage in Column 8 by the total number of hours you worked (Column 7). This is your total clinical practice hours for a single job/work experience.

**Total Clinical Practice Hours:** Then add up the clinical hours in Column 9 to give you your total clinical practice hours.



# COMPLETING THE IBLCE EXAM APPLICATION

## 7. Calculating Your Professional Lactation Education

Using the table in the application form, provide details of the professional education specific to lactation or breastfeeding management that you have attended, during the five-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.

For a comprehensive lactation education course, you do not need to list each session, just list the total number of hours you have completed at time of application. 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.**

## 8. Principle Employment

This information is sought for statistical purposes. Please tick ONE box which best indicates the area of your principal current employment setting.

## 9. Current Workplace

This information sought for IBLCE statistical purposes. Please complete the information requested about your workplace.

## 10. Professional Qualifications

In the first column, tick one or more boxes, in the second column, please 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.

## 11. 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. 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 exam takers or doing the exam in a language other than their primary language.

## 12. Signed Statement

You **must read the five statements** and honestly answer the 5 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.

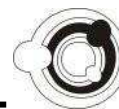
You **MUST** read these terms and conditions carefully in this section as it describes your commitment to IBLCE professional standards and practice. Please sign the application and indicate the date.

**Avoid delay in processing your application by ensuring you have read section 12, answered the 5 questions and have dated and signed your application.**

We check that your application is complete, establish your file on the database, and determine your eligibility. We confirm information on request. Incomplete applications are followed up.

Applications are processed in the order in which they are received. In busy periods, it may take three to four weeks before your application is processed. We will contact you if there is any problem with your application and we will notify ineligible applicants. In early July candidates will receive the admission package, confirming eligibility, acceptance, exam site allocation and a receipt for exam fees received. However please feel free to contact us any time before early July if you have questions.

# FEES AND DEADLINES



## Exam Fee Payments

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. All fees must be paid in EURO and may be paid by:

**1. Credit Card authorisation** by completing the details on page 1 of the exam application form, using only Visa or MasterCard. IBLCE does **NOT** accept American Express, Diners Club cards nor national Bank Cards.



**2. Bank transfer from a bank account to IBLCE's bank account in Austria:**

For European Standard Transfers:

IBLCE in Europe IBAN: AT55 2020 5012 0000 3067 BIC/SWIFT: SPBDAT21XXX

For transfers from the Middle East and North Africa:

Account in the name of: IBLCE in Europe, Steinfeldgasse 11, 2511 Pfaffstaetten, Austria

Account no: 1200-003067

Name and address of bank: Sparkasse Baden, Stiftgasse 1, 2511 Pfaffstaetten, Austria

SWIFT/BIC: SPBDAT21XXX

Please make this transfer *before* you post your application, and enclose a photocopy of the bank transfer receipt with your application form so that we can match your payment to our bank statement.

**We do not accept payment of fees by cheque or money order!**

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



**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>

**Ineligibility 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.

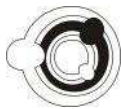
**Incomplete applications will be treated as meeting the next deadline. An additional charge will apply, being the difference between the fee you have paid and the fee for the next deadline.**

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.



**Incomplete applications will be treated as meeting the next fee deadline!**

**Repeat Discount:** This special rate is available to an exam candidate who was unsuccessful and is applying again in the immediate 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.



## FEES AND DEADLINES

### 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 IBLCE in Europe by **20 June**. 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.

### DEFERRAL FROM THE EXAM

IBLCE understands that unexpected situations crop up and prevent you from sitting the exam. If you are unable to sit the exam due to unforeseen circumstances prior to or on the exam day please contact the Regional Director to discuss your options.

### BREASTFEEDING POLICY

IBLCE wants to ensure that you and your baby's needs are catered for on the exam day. Please indicate on your application form that you will need to breastfeed your baby and the Regional Director will contact you to discuss your needs and organise appropriate processes. IBLCE does have a breastfeeding policy to support exam candidates. See at <http://www.iblce-europe.org>

### EXAM CONTENT

The exam is composed of 175 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; the morning session consisting of 75 questions and the afternoon session consisting of 100 questions. Of the 175 questions, 75 are cognitive, based on word scenarios and 100 are based on photos. They are all combined for classification into Disciplines and Chronological Periods.

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 photo section has 100 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.

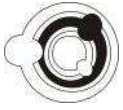
All examination questions are referenced to the technical/medical literature, usually to literature published within the last five years. Older scientific studies may be used if they are still quoted as reputable references in current texts. Each exam question is referenced to printed materials, not 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.

### EXAM QUESTIONS AND SCORING

For more information about the exam questions or the scoring process visit the IBLCE in Europe website at <http://www.iblce-europe.org>

### 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.



# AFTER THE IBLCE EXAM—MILCC SCHOLARSHIPS

## NOTIFICATION OF EXAM RESULTS

Your official exam result will be mailed to you in mid-to late October. When we send your Candidate Admission Ticket, we will inform you about 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 or email enquiries. All results are mailed on the same day, although they will inevitably be received over a period of days. 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 postmarked no later than **30 days after the exam results posting** in the same year. The policy can be viewed at: [www.iblce-europe.org](http://www.iblce-europe.org)

Candidates cannot 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. If a candidate fails the exam they may request that their 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 **30 days after the exam results are released**.

## 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 resit the exam again, a candidate needs to meet current eligibility requirements, submit another application and pay the relevant exam fee. IBLCE has an Eligibility Appeals Policy at [www.iblce-europe.org](http://www.iblce-europe.org) or contact the Regional Director for more details.

## 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. IBLCE has determined that this is the best way to ensure continued competence of IBCLCs, and hence to protect consumers.

Approximately a year before your certification is due to expire, we will send you current information and application materials. Please ensure that we have got your current address. For more information [www.iblce-europe.org](http://www.iblce-europe.org)

## 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 in Europe on request or at <http://www.milcc.org>

Applications must be submitted with a completed exam application and mailed to IBLCE in Europe by the end of January.

**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 CERPs may also apply for MILCC financial assistance. If recertifying by CERPs, the completed recertification application and MILCC application must be mailed to IBLCE by the end of January (to apply for the early bird fee rate)

## SUPPORTING MILCC

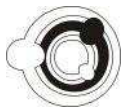
Once certified you can get an IBCLC lapel pin for a donation to support MILCC. More information see at: [www.milcc.org](http://www.milcc.org)



- |                |                       |
|----------------|-----------------------|
| Light Blue:    | Initial certification |
| Dark Blue:     | Recert - 5 years      |
| Golden Yellow: | Recert - 10 years     |
| Emerald Green: | Recert - 15 years     |
| Ruby Red:      | Recert - 20 years+    |



**IBLCE will send you regular email communications about your certification so please ensure we have your current email address**



## IBLCE COUNTRY COORDINATORS

The Country Coordinators are committed IBCLCs who support exam candidates and IBCLCs with their certification and recertification. If you have any questions or concerns you can contact the Country Coordinator for your country. For full contact details please see [www.iblce-europe.org](http://www.iblce-europe.org)

### **IBLCE Coordinator Belgium**

Lies Versavel IBCLC  
Mobile +32 (0) 495 83 35 38  
[be@iblce-europe.org](mailto:be@iblce-europe.org)

### **IBLCE Coordinator Bosnia I Herzigovina**

Adisa Hotic IBCLC  
Phone work +387 (0) 37 683 301  
Phone home +387 (0) 37 685 117  
Fax work +387 (0) 37 683 301  
[ba@iblce-europe.org](mailto:ba@iblce-europe.org)

### **IBLCE Coordinator Croatia**

Irena Zakarija-Grkovic MD IBCLC  
Phone: +385 (0) 21 557 823  
[hr@iblce-europe.org](mailto:hr@iblce-europe.org)

### **IBLCE Coordinator Denmark**

Ingrid Nilsson IBCLC  
phone work +45 (0) 4075 3137  
phone home +45 (0) 44 48 43 40

### **IBLCE Coordinator Egypt**

Dr. May Mattar IBCLC  
Mobile: +20 (0) 127438019  
[eg@iblce-europe.org](mailto:eg@iblce-europe.org)

### **IBLCE Coordinator Finland**

Katja Koskinen IBCLC  
Tel: +358 (50) 57 31 677  
[fi@iblce-europe.org](mailto:fi@iblce-europe.org)

### **IBLCE Coordinator France**

Chantal Audoin IBCLC  
Phone: +33 (0) 5 61 42 96 95  
[fr@iblce-europe.org](mailto:fr@iblce-europe.org)

### **IBLCE Coordinator Greece / Cyprus**

Anastasia Karathanasi, MD, IBCLC  
Phone: +30 (0) 211 700 67 49  
Fax: +30 (0) 249 402 22 16  
Mobile: +30 (0) 697 773 04 40  
[gr@iblce-europe.org](mailto:gr@iblce-europe.org)

### **IBLCE Coordinator Hungary**

Ibolya Rozsa IBCLC  
Phone: ++36 (0) 30 583 4877  
[hu@iblce-europe.org](mailto:hu@iblce-europe.org)

### **IBLCE Coordinator Iceland**

Björk Tryggvadóttir IBCLC  
Simi/Tel: +354 (0) 565 78 28  
GSM/Mobile: +354 (0) 869 02 66  
Fax: +354 (0) 544 8040  
[is@iblce-europe.org](mailto:is@iblce-europe.org)

### **IBLCE Coordinator Republic of Ireland and Northern Ireland**

Nicola Clarke IBCLC  
Phone +353 (0) 1 834 1883  
[ie@iblce-europe.org](mailto:ie@iblce-europe.org)

### **IBLCE Coordinator Italy**

Laura E. Antinucci IBCLC  
Phone +39 06 30362966  
Mobile: +39 0329 627 4156  
[italy@iblce-europe.org](mailto:italy@iblce-europe.org)

### **IBLCE Coordinator Kuwait**

Dr. Mona Al Sumaie IBCLC  
Phone work +965 (0) 48 36 155 481 60 43  
Phone home +965 (0) 533 37 68 93 73 776  
Fax work +965 (0) 481 3905  
Fax home +965 (0) 53 33 768  
[kw@iblce-europe.org](mailto:kw@iblce-europe.org)

### **IBLCE Coordinator Lebanon**

Iman Elzein  
Phone home +961 (0) 1 73 80 78  
Mobile: +961 3 824 100  
[lb@iblce-europe.org](mailto:lb@iblce-europe.org)

### **IBLCE Coordinator Lithuania**

Daiva Sniukaite IBCLC  
Phone & Fax: + 37 (0) 5 27 54 543  
Mobile: + 37 (0) 698 36 946  
[lt@iblce-europe.org](mailto:lt@iblce-europe.org)

### **IBLCE Coordinator Netherlands**

Siemian Berghuijs-Krijger IBCLC  
Phone: +31 (0) 79 329 0061  
Mobile: +31 (0) 6 521 333 39  
[nl@iblce-europe.org](mailto:nl@iblce-europe.org)

### **IBLCE Coordinator Norway**

Mette Ness Hansen IBCLC  
Phone office: +47 (0) 23 07 54 05  
[no@iblce-europe.org](mailto:no@iblce-europe.org)

### **IBLCE Coordinator Poland**

Malwina Okrzesik, IBCLC  
Mobile: +48 (0) 502127588  
[pl@iblce-europe.org](mailto:pl@iblce-europe.org)

### **IBLCE Coordinator Portugal**

Maria Adelaide Órfão IBCLC  
Phone +35 (0) 917 55 79 50  
[pt@iblce-europe.org](mailto:pt@iblce-europe.org)

### **IBLCE Coordinator Romania**

Dr. Marta Tünde Muresan IBCLC  
Phone +40 (0) 74 53 29 093  
[ro@iblce-europe.org](mailto:ro@iblce-europe.org)

### **IBLCE Coordinator for Russia, Ukraine and Latvia**

Maya Bolman IBCLC  
[russia@iblce-europe.org](mailto:russia@iblce-europe.org)

### **IBLCE Coordinator Saudi Arabia**

Mary J. Butterworth IBCLC  
Mobile: 966 556 231 390  
Phone work: +966 (0) 1 252 00 88 13278  
Phone home: +966 (0) 1 2520088 444 68  
[sa@iblce-europe.org](mailto:sa@iblce-europe.org)

### **IBLCE Coordinator Slovenia**

Andreja Tekauc-Golob, dr. med., spec. ped. IBCLC  
Phone work: +386 (0) 2 321 2453  
[si@iblce-europe.org](mailto:si@iblce-europe.org)

### **IBLCE Coordinator Spain**

Adelina García Roldán IBCLC  
phone home +34 (0) 944 99 22 73  
mobile +34 (0) 680 63 98 38  
[es@iblce-europe.org](mailto:es@iblce-europe.org)

### **IBLCE Coordinator Sweden**

Ann Tiits IBCLC  
Mobile: +46 (0) 733 592 073  
Phone work: +46 (0) 8 556 93 773  
Fax work: +46 (0) 8 500 111 12  
[se@iblce-europe.org](mailto:se@iblce-europe.org)

### **IBLCE Coordinator Switzerland**

Johanna Thomann Lemann  
Tel./ Fax : +41 (0) 31 911 35 36  
[ch@iblce-europe.org](mailto:ch@iblce-europe.org)

### **IBLCE Coordinator United Arab Emirates and Oman**

Paula Miller IBCLC  
Mobile: +971 (0) 50 65 011 89  
Phone and Fax: +971 (0) 4 394 2207  
[ae@iblce-europe.org](mailto:ae@iblce-europe.org)

### **IBLCE Coordinator United Kingdom**

Yvonne Insh RM IBCLC  
Mobile: +44 (0) 79 39 04 82 12  
Work: +44 (0) 20 88 46 78 58  
Home +44 (0) 20 73 81 64 73  
[uk@iblce-europe.org](mailto:uk@iblce-europe.org)



**Don't forget! If you are moving house or change your email address let us know!**

[office@iblce-europe.org](mailto:office@iblce-europe.org)