



IBLCE

*International Board of
Lactation Consultant Examiners*

IBCLC Handbook

IBLCE in Europe



IBLCE

**International Board of
Lactation Consultant Examiners**

IBLCE Office in Europe

The IBLCE Office in Europe manages IBLCE operations in Europe, the Middle East and North Africa, working in close consultation with the IBLCE International Headquarters in the USA and the IBLCE Office in Australia.
International Board of Lactation Consultant Examiners,
incorporated in Virginia USA, members' liability limited

Here's your personal copy of the IBCLC Handbook!

Dear International Board Certified Lactation Consultant,

This publication is a compilation of various items of information needed by an IBCLC, brought together in the one place for easy reference.

Amongst other things, it contains:

- some background information about IBLCE and the exam (if you need to give an explanation at work, or if you want to encourage a colleague to seek certification)
- the Exam Blueprint (to remind you of the breadth of information you needed for the exam and the areas where you need to keep up to date), the IBLCE Code of Ethics, the ILCA Standards of Practice, the IBLCE Competency Statements, and the Clinical Competencies Checklist
- recertification information to help you plan your professional education over the period until you need to apply to recertify by CERPs, or for you to help your colleagues

Contact details for the IBLCE Office in Europe are below. In addition in most countries there are local IBLCE Coordinators. You will find their names and contact details on the IBLCE in Europe website www.iblce-europe.org Please get in touch if you have any questions, or if you want us to send a *Candidate Information Guide* to someone you know is interested in sitting for the exam.

It's important that you keep this *Handbook* for when you need to refer to it. Your name and certification dates are on the front, and your address as we have it in our database at the time we sent it to you. It is essential that you notify us of any change of address, and we suggest you make a note on the cover of any address change you have notified us of whenever you do so, so that you can always know you have kept us informed. That way, we can contact you with newsletters and notices of any changes to recertification arrangements that may arise.

If we haven't already met you, or talked to you on the phone, we look forward to meeting you at a conference and getting to know you as more than just a name in our database! We all have every reason to be very proud of our IBCLC qualification. We are also pleased at the way the profession has expanded and is becoming accepted in more and more countries. We think it's truly wonderful to be a part of such a friendly and dedicated group of people all round the world, using their expertise for the benefit of babies and mothers everywhere.

With our best wishes,

Ilse Bichler IBCLC
IBLCE Regional Director

**IBLCE Office in Europe
Steinfeldgasse 11
2511 Pfaffstaetten
AUSTRIA**

PHONE +43 2252 20 65 95
FAX +43 2252 20 64 87

**office@iblce-europe.org
ILSE BICHLER, IBCLC
REGIONAL DIRECTOR**

ABOUT THE IBLCE

Frequent terms and abbreviations

- The name of our organisation is IBLCE (International Board of Lactation Consultant Examiners);
- The qualification is IBCLC (International Board Certified Lactation Consultant);
- The international professional association is ILCA (International Lactation Consultant Association);
- The European professional association is VELB (Verband Europäischer Laktationsberaterinnen)
- IBLCE , ILCA and VELB are completely separate organisations even though we share similar ideals and work closely together.

INTERNATIONAL BOARD OF LACTATION CONSULTANT EXAMINERS

The IBLCE mission is to develop the internationally recognised certification standard and award credentials to individuals who demonstrate competence in providing breastfeeding assistance to mothers and children worldwide.

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.

www.iblce.europe.org

This is the address for the regional IBLCE website.

*This is where you can find further information
and where you can download materials.*

*This is where you can find out about programs, courses, modules
and discussion meetings where you can earn CERPs.*

*This is where you can find out more about the IBLCE Board and the administrative team,
and see photos to help you put faces to names.*

*This is where you can find the register of names of currently certified IBCLCs,
and see your name listed on the register.*

This is where you can find the latest information in the news section.

This is where you can read the most recently published Statistical Report on the IBLCE exam.

This is where you will find links to the lactation consultant professional associations.

ABOUT THE IBLCE

IBLCE stands for International Board of Lactation Consultant Examiners

The IBLCE is a non-profit corporation, established to develop and administer the certification examination for lactation consultants. The IBLCE examination is the premier, internationally recognised measure of competence in lactation consulting. Founded in 1985, the IBLCE administers annual examinations, in multiple languages and at numerous sites around the world. Candidates who pass the examination gain the designation IBCLC (International Board Certified Lactation Consultant). In 2010 there were over 20,000 IBCLCs worldwide. IBCLCs adhere to a Code of Ethics and provide substantive breastfeeding assistance and skilled technical management of breastfeeding problems.

The Board

The IBLCE Board of Directors has sixteen members, who serve in an honorary capacity. The Board's composition is balanced to reflect geographical and professional diversity. At least half of the Directors are nominated by delegating organisations and the others are elected to fill designated positions. The Board meets twice a year in the Washington DC area, but Board and Committee work continues between meetings.

The Board Chair

EllenMcIntyre, OAM, PhD, IBCLC is Associate Professor and Manager at the Primary Health Care Research & Information Service (PHC RIS) at Flinders University in Adelaide, South Australia. Her focus is in applied research to increase the dissemination of information between research colleagues, policy makers and the medical community. Ellen has conducted research projects herself. From 1989 to 2006 she coordinated continuing education programs for health professionals. Since 1985 she is associated with the Australian Breastfeeding Association as an accredited breastfeeding counsellor. 2005 she received the award OAM (Medal of the Order of Australia) for her achievements for the public in her role as breastfeeding counsellor, IBCLC and for the development and organisation of information and continuing education in breastfeeding and lactation.

The International Headquarters

IBLCE's International Headquarters at Falls Church, Virginia (in the Washington DC area), is responsible for the overall administration of IBLCE, as well as providing regional services to the Americas with Anna Utter as Regional Director:

Regional Administration

In addition to the Regional Office for the Americas as part of the International Headquarters, there are two regional offices, one in Australia (serving the Asia Pacific and most of Africa) and one in Austria (serving Europe, the Middle East and North Africa). There is also a large team of local IBLCE Coordinators, each one based in a country where IBLCE is active.

IBLCE Office in Europe

The IBLCE Office in Europe has overall responsibility for IBLCE's operations in Europe, the Middle East and Northern Africa. There are about 4,500 IBCLCs in 40 countries in the area served by this office. The largest group is in Germany (more than 1000), the highest density of IBCLCs is in Australia, followed by and Switzerland and Austria. In 2010, the European/Middle Eastern Region had around 1000 candidates for the annual exam administration, at 36 exam sites in 21 countries.

Your Regional Director

Ilse Bichler IBCLC is the Regional Director for the IBLCE Office in Europe, based in Austria, responsible for this area since the year 2000. She has been an IBCLC since 1991, La Leche League Leader for 14 years, founding member and Chair of the Austrian Association for Lactation Consultants, Board Member of the European Association for Lactation Consultants (VELB) from 1992 to 1997, European Representative to the IBLCE Board from 1994 to 2000. She is a Baby Friendly educator and assessor and member of the Austrian Breastfeeding Commission .

National Coordinators

IBLCE has volunteer representatives as Coordinators in most of the countries where there are already IBCLCs. These Coordinators are IBCLCs themselves and they represent IBLCE's interests in their country; respond to inquiries and requests for information materials; encourage exam and recertification applications; and advise IBLCE on local and cultural issues.

There are 30 IBLCE Coordinators in the European Middle Eastern Region as of 2010. Names and contact details you will find on the IBLCE in Europe website:

www.iblce-europe.org

ABOUT THE IBLCE and IBCLCs

Certification as an International Board Certified Lactation Consultant (IBCLC) is the credential which brings together all health professionals who share a common knowledge base in human lactation.

The IBCLC credential is regarded as best practise standard in lactation consultant certification. It is the only professional credential for lactation consultants recognised by the International Lactation Consultant Association (ILCA), and throughout the world by national professional associations for lactation consultants. The designation IBCLC identifies members of the health care team who can provide substantive breastfeeding assistance and skilled technical management of breastfeeding problems. The European Blueprint for the Promotion of Breastfeeding in Europe 2004 is listing the IBLCE Credential as the recommended standard for all who counsel breastfeeding mothers—for download at www.iblce-europe.org

Experience has shown that lactation consultants contribute to improved breastfeeding practices and success rates and that they have the ideal qualifications to help their hospitals become Baby Friendly. By supporting and educating their colleagues, the overall standard of breastfeeding care is improved amongst all staff.

Optimal practice and quality of care are as important in lactation management as they are in other health care fields. The IBLCE examination is an objective and independent measure of knowledge, skill, and experience. Board certification is quality assurance.

WHAT IS THE IBLCE?

IBLCE stands for International Board of Lactation Consultant Examiners, the organisation that administers the world's first truly international certification program.

The annual exam to credential IBCLCs has been offered in thirteen 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 a central office 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 around 20,000 currently certified IBCLCs worldwide, in 65 countries; their names are listed in on-line Registers.

The IBLCE certification program itself is accredited by the US National Commission for Certifying Agencies (NCCA), which sets stringent guidelines for health certifying organisations.

WHAT IS AN IBCLC?

International Board Certified Lactation Consultants (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 success 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 IBLCE certification.

The IBLCE recognises and supports the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions. The IBLCE therefore does not accept any sponsorship or endorsement from companies that market or distribute products within the scope of the Code.

The IBLCE Code of Ethics requires IBCLCs to abide by the provisions of the International Code of Marketing of Breast-Milk Substitutes, and subsequent WHA resolutions, which apply to health workers. If a health worker receives a contribution from a company which markets or distributes products within the scope of the International Code, for example for exam or recertification fees, textbooks, conference attendance or education, the Code requires that both the company and the recipient must disclose this to any institutions with which the recipient is affiliated. This also applies to contributions made to a third party on the health worker's behalf (Article 7.5). Any financial contribution must not create a conflict of interest, especially in regard to the Baby Friendly Hospital Initiative (WHA 49.15).

Add value to your IBCLC credential

Many centres, in many parts of the world, are reporting an increase in the number of women who want to breastfeed their babies. Unfortunately, these women are not always supported to succeed by the practices at the maternity facilities where they give birth, and some of the health workers giving them advice.

Even where expert assistance is readily available, mothers don't always know where to look for it and how to distinguish a breastfeeding specialist from someone who is less able to give the required assistance.

What are you doing to address this problem? Becoming an IBCLC was only the first step. Next, you and your employer should be promoting your unique, specialist skills so that the breastfeeding mothers know who you are, what an IBCLC lactation consultant is, what services you have to offer, and how they can contact you.

When you introduce yourself, do you mention your credential and, where appropriate, give a brief explanation of your certification and specialty training? Do you have a card or brochure that gives this information? Do you increase the mother's confidence in you by conveying to her that you are experienced, have a specialist knowledge, and that you work within evidence based practice and a code of ethics?

Some health professionals pay lip service to supporting breastfeeding, but lack the skills and commitment to help a mother through a challenging problem. How do mothers and potential referral sources know how to differentiate you, as an IBCLC, from others without your training and experience, and without the credential?

"I am delighted to at last be a certified IBCLC and look forward to providing the best possible standard of care to mothers and babies through breastfeeding."

There are many shorthand ways of communicating to your clients that you have skills in the technical management of breastfeeding and that they can expect substantive assistance and support. You can introduce yourself as an IBCLC lactation consultant, use the letters "IBCLC" after your name, wear your

IBCLC lapel pin, have your IBCLC ID card at hand and display your certificate.

As IBCLC lactation consultants, we do valuable work. We need to make sure colleagues and the mothers associate the name of our credential with positive outcomes. Only then will

"The IBCLC credential is wonderful to have in my area of maternal and child health nursing. I feel confident in the knowledge I have gained and find it is essential in counselling women in all aspects of breastfeeding."

IBCLCs achieve the degree of recognition they deserve, mothers will know whom to seek out when they need specialist assistance and hospitals will create dedicated positions for IBCLCs, or pay an allowance to midwives and nurses for their additional certificate. It's already happening, but you can help make it happen in your area and

happen faster. Add value to your IBCLC credential!

KEY DATES

28 February	CERPs recertification, early deadline
28 February	MILCC scholarships (exam or CERPs recertification) first round application deadline
31 March	Early exam application deadline (initial candidates and recertification by exam)
30 April	Standard exam application deadline (initial candidates and recertification by exam)
15 May	Late fee exam application deadline (initial candidates and recertification by exam)
last Monday in July	EXAM DAY
31 July	MILCC scholarships (CERPs recertification only) second round application deadline
31 August	CERPs recertification, standard deadline
mid October	Exam results mailed and placed on website
31 October	CERPs recertification, late fee deadline
31 October	Certification expiry date
1 December	Registries of IBCLCs on website are updated

Why should a lactation consultant be an IBCLC?

International Board Certified Lactation Consultants—IBCLCs - are the only lactation consultants recognised by the International Lactation Consultant Association—ILCA, and all national professional associations for lactation consultants, throughout the world.

All IBCLCs have passed a rigorous certification exam and must keep their knowledge and skills up to date through a compulsory recertification program. They are the only lactation consultants required to practice within a Code of Ethics and to have Standards of Practice. All this means that mothers or referring health professionals can be assured that the letters IBCLC are synonymous with the highest standard of care for breastfeeding mothers and babies.

Some “lactation consultants” are self-titled and are not IBCLCs. Because they have not submitted to independent testing, clients cannot be sure they have the same depth of knowledge and level of skills of an IBCLC, and there is no assurance of their competency or ethical practice.

Services typically provided by IBCLCs

Lactation consultants (IBCLCs) may provide some or all of the following services:

- private consultations
- home visits
- assistance in the hospital
- telephone consultations
- prenatal and postnatal breastfeeding education classes
- educational materials and literature
- advice on lactation equipment
- breast pump rental
- in-service education for other health professionals

Mothers may self-refer to a lactation consultant (IBCLC), or they may be referred by a doctor, midwife, child health nurse, physiotherapist, dietician, pharmacist, naturopath, or a mother support counsellor. As a member of the health care team, the lactation consultant (IBCLC) can liaise with the mother's primary health care provider/s to help the mother and her baby receive supportive and coordinated care.

Why might a mother consult a lactation consultant (IBCLC)

Listed below are some of the reasons why a mother might decide to consult a lactation consultant (IBCLC), before her baby is born, during the postnatal period, or later in the breastfeeding relationship:

- problems with the baby's attachment to the breast and/or suckling
- sore or damaged nipples
- concerns or problems with her milk supply - too little or too much
- unsettled breastfed baby
- breastfeeding twins or multiples
- premature baby
- relactation after stopping breastfeeding, or to induce lactation for an adopted baby
- babies with medical problems - e.g. failure to thrive, gastro-oesophageal reflux, lactose intolerance, cleft lip and/or palate, Down's syndrome, neurological impairment, metabolic problem
- maternal problems that impact on breastfeeding - e.g. unusual breast or nipple anatomy, history of breast surgery, physical disability, chronic condition requiring long-term medication
- mastitis or recurrent blocked ducts
- advice about breast pumps or other lactation equipment such as nipple shields, breast shells for inverted or sore nipples, breastfeeding supplementer
- expressing and storing breast milk
- combining breastfeeding with working or studying outside the home
- hospitalisation of mother and/or baby
- breastfeeding and food intolerances or allergies
- mixed feeding (breast milk and infant formula)
- weaning her baby, toddler or older child

Clearly, the skills of a lactation consultant can be crucial to successful breastfeeding outcomes. That's why it is important that the lactation consultant is an IBCLC.

JOIN YOUR PROFESSIONAL ASSOCIATIONS

The IBLCE urges IBCLCs to join and become involved in ILCA—the International Lactation Consultant Association, VELB - the European Association of Lactation Consultants and the appropriate LC professional association/s in your country. Within Europe, most national professional associations have a cooperative membership with the European Association VELB. By becoming an IBCLC, you become part of a local, a national and a global community. The IBCLC is the one credential that is recognised by all national and international professional associations. You can meet and communicate with others who share your credential and your interests. And, as part of your continuing professional education at conferences, meetings and chat-groups, you can share your passion about this wonderful field.

ILCA—International Lactation Consultant Association
1500 Sunday Drive, Suite 102
Raleigh, NC 27607 USA
www.ilca.org

VELB—European Association of Lactation Consultants
P.O. Box 139
6055 Alpnach-Dorf, Switzerland
www.velb.org

National Professional Associations of IBCLCs within Europe and the Middle East: See: www.iblce-europe.org

Making a difference... MILCC

Monetary Investment for Lactation Consultant Certification

IBCLC lactation consultants make a significant difference in the lives of new mothers and infants, but some need your financial assistance to make their certification a reality. You can help aspiring professionals gain the knowledge and certification they need to succeed by contributing to MILCC.

MILCC was founded in 1987 as an international, charitable organisation. Funding is provided to those candidates who demonstrate financial need and priority is given to applicants who work with under-served or disadvantaged families. Recipients are truly international. In recent years, they have represented such diverse countries as Guatemala, Egypt, South Africa and Poland, as well as Germany, Australia, Canada and the United States.

The MILCC Board of Directors and administrative staff serve on a voluntary basis and office space is donated by IBLCE. Scholarships can be awarded for exam or recertification fees, study materials and travel expenses. Nearly 100 % of the contributions received are awarded to IBLCE exam or recertification candidates.

Most certificants work in hospitals, clinics or medical practices. Others provide assistance to low-income mothers through government and international aid programs. Some work in remote communities where they are the only source of lactation support. Your generous contribution will enable them to earn the credential that makes a difference to so many lives through better breastfeeding outcomes.

"A MILCC scholarship made it possible for me to become an IBCLC. I now work at a clinic in a rural, agricultural area with immigrant mothers."

- MILCC scholarship recipient

"My baby has Down Syndrome and was having a lot of trouble with breastfeeding. The International Board Certified Lactation Consultant showed us ways to help her feed more effectively at the breast so that I didn't have to use formula, too."

- New Mother

When you give a donation for an IBCLC lapel pin, you help provide scholarships for financially disadvantaged candidates.

All donations for lapel pin are passed on to MILCC, which grants the scholarships. The more donations MILCC is getting, the more candidates who can be assisted, in both developed and developing countries.

When ordering your lapel pin, please consider adding a donation for MILCC as well. Please contact your IBLCE Coordinator, Professional Association or the IBLCE Office in Europe. See last page of this Handbook.

Don't get lost !

There are about 4500 IBCLCs in this region. IBLCE relies on them to keep us informed when they change addresses, but unfortunately they don't always remember and we lose touch with them. It is especially frustrating when they are due for recertification and we can't send them information, or mail is returned to sender.

Please notify IBLCE immediately of any change to your name, address, telephone number or email address. Informing your professional association is not sufficient, as IBLCE is independent of these groups and maintains its own address file. We would like to keep in contact with you throughout your period of certification, especially to keep you current with recertification matters. At least once a year, we will send you a copy of *The IBCLICK!*, the newsletter which keeps you informed about recertification issues and other matters relevant to you as an IBCLC.

The label on the cover of this *Handbook* shows the address we have for you when you did the exam. We suggest you amend and date this label when you have notified IBLCE of a change to your name or contact details, so you have a record that you have told us of any change.

We also maintain a missing persons list on the website. Since people interested in breastfeeding tend to gravitate together, perhaps you can help us find some of these missing IBCLCs, who have had mail returned to sender. Please tell us where they work, or where they live, or tell them to contact the IBLCE Office.

Of course, not all incorrectly addressed mail is returned. If you or a colleague IBCLC has not received anything from IBLCE for over a year, it may be because the address we tried to send mail to was not current.

If you are going overseas to live or work, we can usually put you in contact with a local IBLCE Coordinator. Because this is an international credential, there are not many places where there are no other IBCLCs.

Please keep us informed!



CERPs PROVIDER INFORMATION

IBLCE encourages course providers, conference and seminar organisers, and discussion group convenors to apply for CERPs for their programs. This assists IBCLCs in their continuing professional education.

It is more appropriate for pre-exam education courses to be accredited by the International Lactation Education Accreditation Council (ILEAC), a body under the auspices of ILCA, see: www.ilca.org, rather than approved for CERPs. However, if all or part of the program is also used by recertifying IBCLCs seeking to earn CERPs, then the program providers may apply to both. Please note that pre-exam education according to the IBLCE Exam Blueprint will not be 100% L CERPs.

Organisers of continuing education programs for IBCLCs will find the guidelines, application form, and fees as a download from www.iblce-europe.org



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Steinfeldgasse 11
2511 Pfaffstaetten
AUSTRIA

PHONE ++43 2252 20 65 95

FAX ++43 2252 20 64 87

www.iblce-europe.org

office@iblce-europe.org

CERPs Recertification Information

This is an updated version of the information in the Recertification Information Booklet that was previously available. Notice of any further changes to IBLCE's recertification information will be posted on the website.

CERPs are **C**ontinuing **E**ducation **R**ecognition **P**oints allocated by IBLCE to educational sessions, programs or materials appropriate for recertifying IBCLCs. A CERP program should enable the lactation consultant to better provide health care for clients.

IBCLCs recertify at 5 year intervals

Your certification as an IBCLC is for a period of five years, renewable by recertification at five year intervals. Before the end of each five year period, you must recertify.

- Five years after you last passed the exam you may recertify by showing you have at least 75 CERPs.
- Five years after you last passed the exam you may choose to recertify by exam again if you prefer, or if you do not have enough CERPs. The application fee is the same whether you recertify by CERPs or by exam. Please ask the IBLCE Office to send you further information about recertifying by exam.
- Ten years after you last passed the exam (5 years after CERPs recertification), you must pass the exam again.

Please note that you do not need CERPs when recertifying by exam, though it is highly recommended that you keep your knowledge and practice up-to-date at all times.

IBLCE sends you a current *Application to Recertify* and a *Recertification Application Supplement* (listing current fees) about a year before your certification is due to expire. Make sure we always have your current address!

CERPs dates

CERPs may be counted from the day after you last sat the exam, even though you did not receive your exam results until October, and must be completed before you submit your application. For courses begun before the exam, CERPs may be counted only for sessions or work done after the exam date.

When to apply?

Your certification expires on 31 October five years after the year in which you passed the exam. You may be recertified by CERPs at any time within the twelve months before your certification is due to expire. (If you have a good reason for wanting to submit your application earlier than this, please contact the IBLCE Office.)

Early fee deadline:	28 February
Standard fee deadline:	31 August
Late fee deadline:	31 October

Your CERPs recertification will extend your certification for an additional five years from the date your certification was due to expire.

Definition of terms

Throughout this document, the term “program” is used. The requirements apply both to conference or seminar programs and to courses or publications. The term “presenter” is intended to cover both speakers (at a conference or seminar) and authors (of a course or publication). The term “session” is intended also to cover a course unit/module. “Attendance” includes participation in a distance education course.

Many ways to earn 75 CERPs

To recertify by CERPs, you must show documentation of 75 or more CERPs, including at least 50 L CERPs and (except for those whose certification is due to expire in 2006) at least 5 E CERPs. The rest of the required 75 CERPs may be L, R or E CERPs. You can earn these CERPs in a variety of ways:

- attend conferences, seminars, in-service sessions, professional gatherings or structured discussion sessions with colleagues;
- complete independent study modules or distance education;
- prepare and present professional papers;
- publish professional writing, including research;
- complete coursework relevant to the work of an IBCLC;
- write questions or submit pictures for the IBLCE exam.

CERPs definitions

One CERP is equivalent to one hour of education time.

L CERPs are for **L**actation topics; E CERPs are for **E**thics topics; R CERPs are for **R**elated topics. These categories are explained in more detail in the next section. Please note that clinical work and classes for mothers are *not* professional education for you, and are *not* eligible for CERPs.

The designation, “x L (or E or R) CERPs allocated by IBLCE: Approval No. Cxxxx”, signifies that a program is relevant to the learning needs of IBCLCs and a CERP certificate will have been issued to you. If the program did not apply for CERPs approval, you can still include it in your CERPs application, but you must complete an *Individual Application for CERPs* for that program.

For IBCLCs whose certification is due to expire in 2006, attendance at E CERP sessions is encouraged, but there is no requirement for a minimum of 5 E CERPs. However, any E CERPs earned can be used to make up the rest of the required 75 CERPs, provided the minimum requirement of 50 L CERPs is met.

CERP CATEGORIES: L, E and R

L CERPs

L (lactation) CERPs can be earned from educational sessions, programs or materials where the primary focus or learning objective is lactation or breastfeeding specific, or addresses the role of the IBCLC. The content should be:

- at a level appropriate for an IBCLC,
- based on current research and scientific principles, and
- within the scope of practice of an IBCLC if addressing clinical practice
- presented by a person with professional qualifications or experience relevant to the content.

Examples of topics that may be appropriate for L CERPs include:

Breast anatomy in relation to lactation
Clinical skills for IBCLCs
Clinical documentation for IBCLCs
Influence of culture on breastfeeding
The Ten Steps to Successful Breastfeeding
Breastfeeding management
Breastfeeding research
Nutrition during lactation

E CERPs

E (ethics) CERPs can be earned from educational sessions, programs or materials that address professional ethics or ethical issues relevant to IBCLCs.

Examples of appropriate E topics include:

Practice ethics for lactation consultants
Health workers and the WHO International Code
Conflict of interest
The dilemma of formula company sponsorship. Knowing your limits; when to refer
Human rights and infant feeding choice
Dealing with a colleague whose practice is not based on scientific principles and up-to-date information
Copyright and intellectual property
Ethical issues in health care

R CERPs

R (related) CERPs can be earned from educational sessions, programs or materials where the primary focus or learning objective is directly related to the knowledge, skills or professional development of an IBCLC, but is not lactation or breastfeeding specific. The content should be:

- at a level appropriate for an IBCLC,
- based on current research and scientific principles, and
- covered by the *IBLCE Exam Blueprint* (or a resuscitation program)

Examples of topics that may be appropriate for R CERPs include:

General anatomy
Infant growth and development
Research methods and statistics
Cultural differences in health practices
Cardio-pulmonary resuscitation (CPR)
Postpartum depression
Counselling or communications skills
Adult education principles
Family dynamics
Nutrition (if not lactation-specific)
Complementary therapy (overview session)

No CERPs

You can not claim CERPs for programs organised by individuals or companies that manufacture or distribute products within the scope of the WHO International Code of Marketing of Breast-milk Substitutes; nor for programs where these companies or company personnel had input into the choice of speakers or the content of the presentations.

Clinical work as an IBCLC, and antenatal/postnatal classes for mothers are *not* professional education for you, and are *not* eligible for CERPs. Activities such as private study, reading journals, watching videos (without a group discussion) are not eligible for CERPs.

A topic that is *not* covered by the *IBLCE Exam Blueprint* is unlikely to be eligible for CERPs. Examples include:

Computer skills
Business management
Motivational sessions
Complementary therapy (instructional program)
Specialised midwifery skills, e.g. foetal monitoring

Please note that continuing education units for other health professions are not necessarily calculated on the same basis as CERPs for lactation consultants, so the numbers shown are not interchangeable.

CERP REQUIREMENTS

To obtain 75 CERPs for recertification, you need to average 15 per year, or approximately 2½ days of continuing education per year. While it is recommended that you spread your learning over the five-year period, this is not a requirement. To enhance your learning opportunities, try to earn your CERPs from a variety of sources.

At least 50 L and 5 E CERPs required

Because most of your continuing education should be related to lactation topics, *at least* 50 of the 75 CERPs required for recertification must be in Category L (lactation topics). An IBCLC whose certification is due to expire in 2007 or later is also required to include at least 5 E CERPs (ethics topics). Continuing education in related topics can enhance your work as a lactation consultant, so you may include R CERPs to make up the balance of the 75 total CERPs required. If you have 75 or more L and E CERPs, you do not need to include any R CERPs.

Examples

Examples of how you might meet the CERP requirements:

50 L CERPs + 5 E CERPs + 20 R CERPs
60 L CERPs + 10 E CERPs + 5 R CERPs
70 L CERPs + 5 E CERPs

If you are not sure if some of your education hours will be eligible for CERPs, it can be helpful if you include in your application more than the required 75, so as to be certain you will satisfy the minimum requirement. Be assured, however, that if we have a query about your application or your CERPs claims we will contact you for clarification.

Earn the same CERPs once only

You may earn CERPs once only for the same session or program. Repeat presentations cannot be counted if essentially the same material is covered each time, by the same presenter. However, if some sessions in a repeat program have been altered substantially, you may earn CERPs for those sessions.

WAYS TO EARN CERPs

CERPs approved programs

When you attend a session or program that has already been allocated CERPs by IBLCE (or an IBLCE-endorsed CERPs provider) you should seek confirmation in your Blue Booklet and/or receive a personal attendance certificate upon completion of the program. It will state your name, the name and date of the program, the number of L and/or E and/or R CERPs earned, and it will be signed by the organiser. It will also show the IBLCE Approval Number.

This is the simplest way to earn CERPs, as the confirmation in your Blue Booklet or alternatively a copy of this certificate is the only documentation you will require when you submit your application.

Please note that, even though program providers are required to send IBLCE the attendance list when the program has been approved for CERPs, we do not maintain an ongoing record of how many CERPs each IBCLC has earned. Nor can we go through all the attendance lists to re-create your record of attendance. We verify attendance certificates against lists, but it is your responsibility to keep track of your CERPs and provide relevant confirmation in your Blue Booklet or copies of your attendance certificates.

Programs without CERPs approval

As an IBCLC, you will sometimes attend, present or participate in a relevant program or session that does *not* already have L, E or R CERPs allocated by IBLCE. If you want to include these sessions when you recertify, you must submit an *Individual Application for CERPs*.

We kindly ask you to apply for these CERPs with your *Application to Recertify* and there will be no additional fee. When you come to recertify, you may find that most or all of your 75 CERPs are from programs that have already been allocated CERPs by IBLCE. You would therefore have little or no need to make an individual application.

However, if you want assurance now that the program will be eligible for CERPs when you recertify, you may make an individual application at any time, but you must pay a processing fee (please contact IBLCE for current fees).

An *Individual Application for CERPs* form is included in this document and is also available on the www.iblce-europe.org website. You will be required to attach proof of attendance *plus* details of the program – a published program that gives session information and times, or alternatives described on the form.

Please note that these CERPs will be applicable only to yourself – in other words, CERPs credited to you as a result of an *Individual Application for CERPs* do not apply to anyone else who participated in the same program. If several IBCLCs want CERPs for a program, it is better if the organisers apply for their program to be allocated CERPs by IBLCE. Preferably this should be done before the event, but it can be done retrospectively. Please encourage organisers to do so, using the *CERPs Provider Information*, which is available from IBLCE or the www.iblce-europe.org website.

IBLCE recognises that learning opportunities not covered in this information sheet may be eligible for CERPs, provided they meet IBLCE's definitions of professional education. Please contact us if you have questions.

CERPs for group meetings of IBCLCs

CERPs can be earned by attending a planned “professional education” discussion group that is not otherwise a seminar or part of a course (e.g. chat nights, link groups, regional education meetings). The session may focus on discussion of relevant topics or techniques, a prepared topic or case presentation, journal articles, conference audio or video tapes followed by discussion, or other education resources.

There must be a planned format and objectives, and a record made of the date, duration of the session, participants, topic and/or outline of material covered details of the organisers and (where appropriate) the presenter/s.

The simplest way for an IBCLC to earn CERPs for these sessions is where the organisers have applied to be a CERP Provider and issue attendance certificates showing the number of L, E or R CERPs allocated.

Where CERPs have not been approved, you must complete an *Individual Application for CERPs* for each program and attach the required information about the sessions, including proof of your attendance.

Please note that organisational business meetings do not qualify for CERPs, e.g. BFHI team meetings or the business component of a local group or association meeting. However, if there is also an educational component to the meeting, CERPs can be earned for this part of the meeting. A record should be made of when the professional education component started, its duration, and the topic and/or an outline of material covered.

Additional CERPs for giving a presentation

When you give a professional presentation to colleagues that is eligible for L or E CERPs, you can earn CERPs just as you would if you were in the audience. You can *also* earn the same number of CERPs again (i.e. double) as partial acknowledgement of the time spent on preparation of the presentation.

For example, if you present a 1¼ hour lecture on “Breastfeeding the Premature Baby”, you and those in attendance can earn 1.25 L CERPs. As the presenter, you also earn an additional 1.25 L CERPs for preparation time (= 2.5 L CERPs total), but only once, even if you repeat the session.

To receive credit for CERPs for presentation preparation, show separately on your application the actual session time and the additional CERPs you earned for presenting. Attach a copy of the program showing your name as presenter highlighted, or similar proof. If your session was part of a longer program that you attended, such as a conference, claim the CERPs for the whole program and then the additional CERPs for session you presented.

Please note: CERPs are earned for professional education only. Teaching antenatal classes or breastfeeding classes for mothers does not earn CERPs.

Lactation education courses

It is more appropriate for pre-exam education courses to be accredited by ILEAC (www.ilca.org) rather than approved for CERPs. However, if all or part of the program is also used by recertifying IBCLCs seeking to earn CERPs, then the program providers may apply to both. Please note that pre-exam education according to the IBLCE Exam Blueprint will not be 100% L CERPs.

Sessions with both L and R CERPs

Usually L or R CERPs are allocated on the basis of the overall content of a session. However, occasionally a session will have half its content eligible for L CERPs and half eligible for R CERPs, as determined from the session outline. In such a case, it may be appropriate to allocate half the session time as L CERPs and half as R CERPs, e.g. a one hour session on Infant Feeding may be eligible for 0.5 L CERPs and 0.5 R CERPs.

Academic coursework

Satisfactory completion of academic coursework is eligible for CERPs when it is a university or graduate-level course offered on campus or by distance education. Documentation must include the course description (from the syllabus) and a copy of your statement of results as issued by the institution. To be eligible for CERPs, the subject must be undertaken and completed during the five year period since you last passed the IBLCE exam.

To earn L CERPs for coursework, you should submit documentation that shows specific lactation content. Some subjects, e.g. Infant Feeding, may have a component that is eligible for L CERPs and the rest will be R CERPs or no CERPs. Please supply documentation or information supporting the number of L or R CERPs you are claiming, showing how you calculated them.

- A significant assignment or paper completed as part of your academic coursework (with bibliography) can earn up to 5 (L, E or R) CERPs (if it shows that at least 5 hours work must have been required).
- A PhD dissertation or Masters thesis in lactation will earn 75 L CERPs (official transcript and verification of completion by mentor required).

If you have been undertaking further education in your professional field, you may be able to claim R CERPs simply by submitting documentation of the subjects completed (provided they satisfy the definition of R CERPs). It is important to note that most subjects of relevant university and extension courses are more likely to qualify for Category R CERPs rather than Category L CERPs.

Independent Study Modules

An Independent Study Module (ISM) is a lactation education article or tape which has had questions written to it and has been accredited by IBLCE for CERPs. The CERPs credit is earned by submitting written answers to the questions, as detailed in the package. A certificate is issued on completion of assessment. CERPs-approved ISMs are now available through a variety of sources.

Distance education

Some distance education courses have been approved for CERPs, and you will receive a certificate of completion. To be credited with CERPs for a program you have completed that does not have CERPs approval, you are required to complete an *Individual Application for CERPs*. You must attach a copy of the course curriculum, the organiser's name, credentials and contact details, proof of completion, and a detailed record of the time you spent working on the program. Remember to calculate L, E and R CERPs separately.

Clinical observation

Clinical observation of an IBCLC, certified for more than five years, is eligible for one L CERP per 2 hours. The session must be structured, and must include recorded observations and clinical discussion. An application form is available from IBLCE.

Published work

- As the primary author of an article or scientific study in a peer reviewed (refereed) journal, or a chapter in a published book for health professionals, you can earn 15 CERPs.
- As the primary author of an article in a publication for professionals or a video primarily for educating health professionals (not mothers), you can earn up to 5 CERPs (with evidence of at least 5 hours work).
- As the primary author of an original hospital protocol or policy (with bibliography), you can earn up to 5 CERPs (with evidence of at least 5 hours work).
- For a poster presentation at a professional conference (with bibliography), you can earn up to 5 CERPs (with evidence of at least 5 hours work).

For all of the above, the work must be prepared, submitted and published between the date you last sat the exam and the expiry date of your current certification. It must meet the usual criteria for L, E or R CERPs.

CPR

You can earn R CERPs for completion of an infant or adult CPR (cardiopulmonary resuscitation) certification or update workshop. The number of CERPs awarded for CPR will be determined by the time frame of the program/s you attend, to a *maximum* of 6 R CERPs in the five-year period.

ETHICS CERPs

When recertifying by CERPs, an IBCLC whose certification is due to expire in 2007 or later, is required to include at least 5 CERPs that address professional ethics, within the 75 CERPs total.

IBLCE has decided to introduce this requirement to encourage IBCLCs to increase their awareness of the importance of professional ethics related to lactation consultant practice. The requirement to obtain CERPs in ethics should create a market which will encourage conference organisers and others to include sessions on professional ethics, and IBCLCs to attend them. For IBCLCs whose certification is due to expire in 2006, attendance at E CERPs sessions is encouraged, but there is no requirement for a minimum of 5 E CERPs.

SUMMARY OF CERP REQUIREMENTS

Total required	75
L CERPs	at least 50
E CERPs	at least 5*
R CERPs	no minimum required

If a program did not issue a CERPs certificate, you can include it by completing an "Individual Application for CERPs", but you will still need to provide verification of attendance.

** except if certification is due to expire in 2006*

CERPs for exam questions and pictures

Question writing can be a challenging and interesting way to gain CERPs. All questions accepted by the IBLCE as suitable for the IBLCE exam question bank earn one L CERP each. A clinical picture also earns one L CERP, or 2 if submitted with a questions. There is no limit to the number of CERPs that can be earned through question writing or pictures.

Questions and pictures should be submitted to the IBLCE Office in Austria for CERPs allocation in advance of applying to recertify. Allow time for the approval process. You may wish to send some sample questions first, for feedback about whether they meet IBLCE requirements.

Some helpful hints for question writing

- Provide references. All questions must include at least one primary reference (give full details including relevant page number) to a published study or the scientific literature. Do not reference to anecdotal material or author's opinions. Give preference to literature published within the past five years.
Tip: it is usually easier to write questions to references rather than try to reference a question after it is written.
- Follow IBLCE's prescribed format for the "stem", which is the sentence or paragraph which introduces the question, followed by multiple choice answers. See the *sample generic question* in the next column.
- IBLCE prefers questions that test the application of knowledge to a clinical situation, rather than straight recall of facts. See the *sample recall question*.
- There should be three to five responses to each question, with four responses being typical. You must indicate the one correct answer, so think through reasons why each of the other responses is not correct. Popular misconceptions are useful as incorrect responses.
- Do not write true/false questions or options such as "all of the above", "none of the above", "a and c", etc. as IBLCE does not use this type of question on the exam.
- Each response must follow the question stem logically and grammatically.

Question writing sessions

Question writing can be easier and more productive when done in a small group session. For example, a group can meet to discuss two or three journal articles before dividing into pairs to write questions based on the articles. CERPs from questions submitted by a group are divided among the participants unless otherwise specified.

Sample generic question

A mother has a baby aged x days/weeks/months and she/the baby have a particular problem . . . include brief information or details necessary to answer the question. . . .

Then ask something like one of the following:

What is the MOST likely cause?

What is the LEAST likely cause?

The BEST advice you should give this mother would be

You could suggest all of the following EXCEPT

You should FIRST tell the mother

In this situation, the use of a (name of device) will

This behaviour represents normal development for a baby of what age?

Which further information is MOST important to obtain from the mother?

Then write three to five responses, only one of which is correct.

Sample recall (negative stem) question:

Which of the following foods is NOT a good source of calcium?

A. natural cheese

B. red meat

C. almonds

D. dark green, leafy vegetables

Sample picture question:

This baby has been having difficulty breastfeeding effectively.

You should advise the mother that:

A.

B.

C.

D.

How to calculate CERPs for a session or program

To calculate the number of CERPs for a program, count only the actual session time programmed, including question time. Panel sessions relevant to lactation may be included, but do not include opening or administrative sessions and do not include lunch and other breaks.

CERPs do not need to be whole numbers. Add up the total time for all relevant sessions of a particular program and round it up or down to the nearest 15 minutes. Each 15 minutes equals ¼ or 0.25 of a CERP (e.g. a program totalling 3 hours 40 minutes = 3.75 CERPs; a 35 minute session = 0.5 CERPs).

Category L, E and R CERPs on the same program should be calculated separately. Don't assume that a program for lactation consultants will automatically be all L CERPs.

Using this basis for calculating CERPs, a one-day program is most unlikely to be worth 8 CERPs. Depending on the length of lunch and other breaks, it is more likely to be worth 6.5 CERPs, or fewer.

Your CERPs recertification application

Please read through the previous five pages of *CERPs Recertification Information*

so as to be sure you understand fully what is required. If you are worried that you may not have enough CERPs, please contact the IBLCE Office (or your country's coordinator) – but first please read the information and try to work out how many CERPs you already have. CERPs program providers send us attendance records for verification purposes, but we do not keep a tally of how many CERPs you have accumulated. It is your responsibility to maintain your own records.

Complete all sections of the *Application to Recertify form*

except sections 3. and 12. (which are relevant only to recertifying by exam).

Your CERPs Record and Calculation (section 7. of the *Application to Recertify form*)

- list each of the programs for which you are claiming CERPs;
- ensure you have the supporting document/s required to verify each line;
- write the corresponding line number on each document;
- keep all these documents in the same order as the lines on your CERPs record;
- calculate your total of L CERPs (and of E and R CERPs, if needed)

For each program that was pre-approved for CERPs, one confirmation is enough:

Either these CERPs have been confirmed by organisers in your Blue Booklet indicating the CERP Approval number or you send us a photocopy of your original attendance certificate – nothing else. The attendance certificate should have been signed by the organisers, and show the name and date of the program or meeting, the number of L, E and/or R CERPs allocated, and the IBLCE Approval Number. (Do not attach a copy of the program, as we already have it on file if CERPs are shown on the certificate.) Keep the original attendance certificate in case you are audited.

For each program that was NOT pre-approved for CERPs, we need three things:

- an *Individual Application for CERPs* form signed by you (please read the instructions on the form);
- proof of your attendance or completion;
- sufficient information about the length and content of the program and, where relevant, each session for which you are claiming CERPs, to verify how many L, E and/or R CERPs can be claimed.

The preferred order of your list and documents:

- Pre-approved CERPs first—either confirmed in Blue Booklet or by CERPs certificates, then (only if needed) those without CERPs certificates;
- L CERPs first, then E CERPs; list last any programs with only R CERPs (if needed);
- if you wish, you may list sessions from the one program provider together (e.g. all your group meetings);
- within each of these categories, list in chronological order or reverse chronological order;
- whatever you do, please make things easier for yourself and for us by numbering your enclosed documents to match the line numbers on your form, and file the documents in the same order.

Be sure to answer all four questions in the section 12. statement, and sign the statement.

Please do not overlook to fill it in and sign your application! A lot of precious energy gets lost if we have to return your papers to get your signature or to remind you about a missing attendance certificate!

Ensure that you have made payment prior to sending your documentation or have provided your complete credit card details.

Please double check your credit card number and the card expiry date! This will help us a lot and avoids unnecessary calls.

We process applications in the order received. There can be a delay of up to three or four weeks at busy times of the year before you hear from us. We will contact you if we have any queries.

We look forward to receiving your application!



To claim CERPs for a program that does *not* already have CERPs allocated by IBLCE, you must apply using this *Individual Application for CERPs* form. Photocopy the form as many times as you need to. You must complete a separate form for each program, attach the required documentation, and (unless you are applying separately) enclose with your *Application to Recertify*. See “Programs without CERPs approval” in *CERPs Recertification Information* for more information about making an individual application for CERPs.

Name of Program: _____ **Date of Program:** _____

You must attach the following:

- Proof of your attendance or participation, such as a certificate of attendance or completion.**

If not issued or not available, attach another form of evidence, such as a copy of your registration receipt or a signed statement from the program organiser. For in-service sessions, a copy of your official in-service records is required, or the record of the attendance for each meeting. In the case of academic coursework, attach a copy of your degree or diploma and/or your transcript of results (especially if the course is not yet completed), or a statement signed by your academic supervisor. If you were primarily responsible for a publication, such as an original hospital policy, attach your supervisor’s confirmation of this.

- Sufficient information about the length and content of the program and, where relevant, each session**

for which you are claiming CERPs, to verify how many L, E and/or R CERPs can be claimed. The onus is on you to prove the program was suitable for CERPs, and the appropriate number of CERPs in each category.

- For example, in the case of a conference or seminar, attach a copy of the program brochure, provided that it shows the separate sessions and their times. If there were concurrent sessions or if you did not attend the entire program, you must list or clearly mark the sessions that you attended, and state the number of L or E or R CERPs you are claiming for each session.
- In some cases, there will be sufficient information on the certificate of attendance or completion document referred to above – e.g. if that document sets out what was covered in the program or, in the case of a major course for which you are claiming the maximum number of R CERPs, clearly shows that the course was substantial and that the subject-matter fitted the definition of R CERPs.
- Where it is not obvious from the title of a session or course, you may need to provide more information to enable us to verify how many CERPs can be claimed and whether they were L, E and/or R – e.g. a speaker’s abstract or a course outline.
- For published work, a breastfeeding protocol or assignment completed as part of academic coursework, attach sufficient documentation to allow an assessment to be made, including details of other contributors to the project, and where relevant attach a confirmatory statement signed by your supervisor.

Then read and sign the following statement:

I wish to apply as an individual for CERPs for the attached program or for certain sessions marked on the attached program.

I certify that I attended or completed this program and that all the information provided in and with this application is true and correct, includes all relevant information, and the photocopies enclosed are all true copies of the original documents.

To the best of my knowledge, the program was not organised by individuals or companies that manufacture, market or distribute products within the scope of the WHO International Code of Marketing of Breast-milk substitutes; nor did these companies or company personnel have input into the choice of topics or speakers; and any other conflict of interest that might impair the objectivity and scientific rigor of the material presented in these sessions was brought to the participants’ attention.

Signed: _____ **Date:** _____

Name: _____

Remember: a processing fee applies if you submit this *Individual Application for CERPs* separately from a complete *Application to Recertify*. Contact IBLCE for current fee rate.

CODE OF ETHICS FOR IBCLCs

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 a physical, 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.

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.

Contact the IBLCE Office to obtain forms for making a complaint. 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

ILCA STANDARDS OF PRACTICE

International Lactation Consultant Association Standards of Practice for IBCLC Lactation Consultants

Approved by the Board of Directors, May 1999
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Preface

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

ILCA recognises the certification conferred by the International Board of Lactation Consultant Examiners (IBLCE) as the professional credential for lactation consultants. All individuals representing themselves as IBCLC lactation consultants should adhere to these *Standards of Practice* and the *Code of Ethics for International Board Certified Lactation Consultants* in any and all interactions with clients, clients' families and other health care professionals.

Introduction

Quality practice and service constitute the core of a profession's responsibility to the public. Standards of practice have been defined as stated measures or levels of quality that serve as models for the conduct and evaluation of practice. Standards promote consistency by encouraging a common systematic approach. They also are sufficiently specific in content to meet the demands of daily practice. These standards are presented as a recommended framework for the development of policies and protocols, educational programs, and quality improvement efforts. They are intended for use in diverse settings, institutions, and cultural contexts.

Standard 1. Clinical Practice

The clinical practice of the IBCLC lactation consultant focuses on providing lactation care and clinical management. This is best accomplished within the framework of systematic problem solving in collaboration with other members of the health care team and the client. IBCLC lactation consultants are responsible for decisions and actions undertaken as a part of their professional role, including the:

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

1.1 Assessment

- 1.1.1 obtain and document an appropriate history of the breastfeeding mother and child.
- 1.1.2 systematically collect objective and subjective information
- 1.1.3 discuss with the mother and document as appropriate all assessment information

1.2 Plan

- 1.2.1 analyse assessment information to identify concerns and/or problems
- 1.2.2 develop a plan of care based on identified concerns or problems
- 1.2.3 arrange for follow-up evaluation

1.3 Implementation

- 1.3.1 implement the plan of care in a manner appropriate to the situation and acceptable to the mother
- 1.3.2 exercise principles of safety and universal precautions
- 1.3.3 demonstrate procedures, techniques, equipment, and devices
- 1.3.4 provide appropriate instruction
- 1.3.5 provide a written report to the primary health care provider as appropriate, including:
 - assessment information
 - suggested interventions
 - instructions provided
- 1.3.6 facilitate referral to other health professionals, community services, and support groups as needed

1.4 Evaluation

- 1.4.1 evaluate outcomes of planned interventions
- 1.4.2 modify the plan based on the evaluation of outcomes
- 1.4.3 document and communicate to the primary health care provider(s) as appropriate:
 - evaluation of outcomes
 - modifications in the plan
 - follow-up

Standard 2. Breastfeeding Education and Counseling

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

- 2.1 provide education to parents and families to encourage informed decision-making about infant and child feeding
- 2.2 provide anticipatory teaching to:
 - promote ideal breastfeeding practices
 - minimise the potential for breastfeeding problems or complications
- 2.4 provide emotional support for continued breastfeeding in difficult or complicated circumstances
- 2.5 share current evidence-based information and clinical skills with other health care providers

Standard 3. Professional Responsibilities

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

- 3.1 adhere to these *Standards of Practice* and the IBLCE *Code of Ethics*
- 3.2 practice within the scope of the *International Code of Marketing of Breast-milk Substitutes* and subsequent relevant resolutions, maintaining an awareness of conflict of interest when/if profiting from the rental or sale of breastfeeding equipment
- 3.3 act as an advocate for breastfeeding women, infants, and children
- 3.4 assist the mother in maintaining an intact breastfeeding relationship with her child
- 3.5 use breastfeeding equipment and devices appropriately by:
 - refraining from unnecessary or excessive use
 - discussing the risks and benefits of recommended use
 - evaluating safety and effectiveness
 - assuring cleanliness and good operating condition
- 3.6 maintain and expand knowledge and skills for lactation consultant practice by participating in continuing education
- 3.7 undertake periodic and systematic appraisal for evaluation of one's clinical practice
- 3.8 support and promote well-designed research in human lactation and breastfeeding, and base clinical practice, whenever possible, on such research

ILCA STANDARDS OF PRACTICE (continued)

Standard 4. Legal Considerations

IBCLC lactation consultants are obligated to practise within the laws of the geopolitical region and setting in which they work. They must practise with consideration for clients' rights of privacy and with respect for matters of a confidential nature.

- 4.1 work within the policies and procedures of the institution where employed, or if self-employed, have identifiable policies and procedures to follow
- 4.2 clearly state applicable fees prior to providing care
- 4.3 obtain informed consent from all clients prior to:
 - assessing or intervening
 - reporting relevant information to the primary health care provider or other health care professional(s)
 - taking photographs for any purpose
 - seeking publication of information associated with the consultation
- 4.4 protect client confidentiality at all times
- 4.5 maintain records according to legal practices within the work setting

Glossary

Client - the party for whom professional services are rendered; the breastfeeding woman employing the services of the lactation consultant

Lactation Consultant - a health care professional who is an IBCLC

Primary health care provider - a health professional such as a physician, nurse practitioner, or midwife, who manages, directs, and coordinates the health care of a client

Universal precautions - a method of infection control involving the use of personal protective equipment, e.g., gloves, gown, goggles, for the handling of blood and selected body fluids.

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IBLCE COMPETENCY STATEMENTS

The following competency statements identify and summarise the special knowledge and skills included in the role of an International Board Certified Lactation Consultant (IBCLC).

The International Board Certified Lactation Consultant will:

1. Possess the skills, knowledge, and attitudes to provide competent comprehensive consultation and education in routine and special circumstance lactation, from preconception to beyond twelve months.
2. Integrate additional knowledge from the following disciplines in providing care for breastfeeding families: Maternal and Infant Anatomy; Physiology and Endocrinology; Nutrition and Biochemistry; Immunology and Infectious Disease; Pathology; Pharmacology and Toxicology; Psychology, Sociology, and Anthropology; Growth Parameters and Developmental Milestones; Interpretation of Research; Ethical and Legal Issues; Breastfeeding Equipment and Technology; Techniques; and Public Health.
3. Utilise knowledge of personality, counselling skills, and family and group theory when providing breastfeeding support.
4. Integrate cultural, psychosocial, nutritional, and pharmacological aspects of breastfeeding into lactation consultant practice.
5. Utilise appropriate communication skills in interactions with clients and health care providers.
6. Maintain a collaborative, supportive relationship with clients, emphasising individualised family care, client autonomy, informed decision making, and optimal health care.
7. Act as an advocate for breastfeeding in the community, workplace, and within the health care professions.
8. Utilise adult learning principles when providing educational experiences for clients, health care providers, and the community.
9. Interpret current research findings to determine appropriateness for application to practice.
10. Function and contribute as a member of the health care team, provide follow-up plans, and make appropriate referrals to other health care providers and community support resources.
11. Maintain comprehensive client records.
12. Follow a professional Code of Ethics, local laws and codes, and maintain appropriate standards of hygiene.
13. Observe the guidelines for health workers outlined in the WHO International Code of Marketing of Breast-milk Substitutes.
14. Maintain and enhance knowledge and skills with appropriate and regular continuing education.

CLINICAL COMPETENCIES CHECKLIST

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 which 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.

IBCLCs should also be familiar with other documents that address the role of the lactation consultant. The knowledge, skills and attitudes inherent in the role of an IBCLC are summarised in a list of “Competency Statements” included in *The IBCLC Handbook* and the *Candidate Information Guide*. A more detailed description of the role is provided in ILCA’s *Standards of Practice for IBCLC Lactation Consultants*, also in the *Handbook* and the *Guide*. Optimal breastfeeding care is clearly presented in the newly revised document *Clinical Guidelines for the Establishment of Exclusive Breastfeeding*, published by ILCA.

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

COMMUNICATION AND COUNSELLING SKILLS

In all interactions with mothers, families, health care professionals and peers, the student will demonstrate effective communication skills to maintain collaborative and supportive relationships.

The student will:

- Identify factors that might affect communication (i.e., age, cultural/language differences, hearing or visual impairment, mental ability, etc.)
- Demonstrate appropriate body language (i.e., position in relation to the other person, comfortable eye contact, appropriate tone of voice for the setting, etc.)
- Demonstrate knowledge of and sensitivity to cultural differences
- Elicit information using effective counselling techniques (i.e., asking open-ended questions, summarising the discussion, and providing emotional support)
- Make appropriate referrals to other health care professionals and community resources

The student will provide individualised breastfeeding care with an emphasis on the mother’s ability to make informed decisions.

The student will:

- Assess mother’s psychological state and provide information appropriate to her situation
- Include those family members or friends the mother identifies as significant to her
- Obtain the mother’s permission for providing care to her or her baby
- Ascertain mother’s knowledge about and goals for breastfeeding
- Use adult education principles to provide instruction to the mother that will meet her needs
- Select appropriate written information and other teaching aids

HISTORY TAKING AND ASSESSMENT SKILLS

The student will be able to:

- Obtain a pertinent history
- Perform a breast evaluation related to lactation
- Develop a breastfeeding risk assessment
- Assess and evaluate the infant’s ability to breastfeed
- Assess effective milk transfer

DOCUMENTATION AND COMMUNICATION SKILLS WITH HEALTH PROFESSIONALS

The student will:

- Communicate effectively with other members of the health care team, using written documents appropriate to the location, facility and culture in which the student is being trained, such as: consent forms, care plans, charting forms/clinical notes, pathways/care maps, and feeding assessment forms
- Use appropriate resources for research to provide information to the health care team on conditions and medications that affect breastfeeding and lactation
- Write referrals and follow-up documentation/ letters to referring and/or primary health care providers that illustrate the student’s ability to identify:
 - The mother’s concerns or problems, planned interventions, evaluation of outcomes and follow-up
 - Situations in which immediate verbal communication with the health care provider is necessary, such as serious illness in the infant, child, or mother
- Report instances of child abuse or neglect to specific agencies as appropriate or legally required

(continued)

SKILLS FOR THE FIRST TWO HOURS AFTER BIRTH

The student will:

- Identify events that occurred during the labour and birth process that may adversely affect breastfeeding
- Identify and discourage practices that may interfere with breastfeeding
- Promote continuous skin-to-skin contact of the term newborn and mother until the first breastfeed
- Assist the mother and family to identify newborn feeding cues
- Help the mother and infant to find a comfortable position for latching-on/attachment during the first breastfeed after birth
- Identify correct attachment
- Reinforce to mother and family the importance of:
 - Keeping the mother and baby together
 - Feeding the baby on cue - but at least 8 times in each 24 hour period

POSTPARTUM SKILLS

Prior to discharge from care, the student will observe a breastfeed and effectively instruct the mother about:

- Assessment of adequate milk intake by the baby
- Normal infant sucking patterns
- How milk is produced and supply maintained, including discussion of growth/appetite spurts
- Normal newborn behaviour, including why, when and how to wake a sleepy newborn
- Avoidance of early use of a dummy/pacifier and bottle teat
- Importance of exclusive breast milk feeds and possible consequences of mixed feedings with cow milk or soy
- Prevention and treatment of sore nipples
- Prevention and treatment of engorgement
- SIDS prevention behaviours
- Family planning methods and their relationship to breastfeeding
- Education regarding drugs (such as nicotine, alcohol, caffeine and illicit drugs) and complementary remedies (such as herbal teas)
- Plans for follow-up care for breastfeeding questions, infant's medical and mother's postpartum examinations
- Community resources for breastfeeding assistance

PROBLEM-SOLVING SKILLS

The student will be able to:

- Identify problems
- Assess contributing factors and cause
- Develop an appropriate breastfeeding plan in consultation with the mother
- Assist the mother to implement the plan
- Evaluate effectiveness of the plan

SKILLS FOR MATERNAL BREASTFEEDING CHALLENGES

The student will be able to assist mothers with the following challenges:

- Caesarean birth
- Flat/inverted nipples

- Thrush infections of breast, nipple, areola, and milk ducts
- Continuation of breastfeeding when mother is separated from her baby
 - Milk expression techniques
 - Maintaining milk production
 - Collection, storage and transportation of milk
- Cultural beliefs that are not evidence-based and may interfere with breastfeeding, (i.e., discarding colostrum, rigidly scheduled feedings, necessity of formula after every breastfeeding, etc.)
- Medical conditions that may impact on breastfeeding
- Adolescent mother
 - Strategies for returning to school
 - Maintaining milk production
- Nipple pain and damage
- Engorgement
- Blocked duct and/or nipple pore
- Mastitis
- Breast surgery/trauma
- Overproduction of milk
- Postpartum psychological issues including transient sadness ("baby blues") and postpartum depression
 - Appropriate referrals
 - Medications compatible with breastfeeding
- Insufficient milk supply, differentiating between perceived and real
- Weaning issues
 - Safe formula preparation and feeding techniques
 - Care of breasts

SKILLS FOR INFANT BREASTFEEDING CHALLENGES

The student will be able to assist mothers who have infants with the following challenges:

- Traumatic birth
- 35-38 weeks gestation
- Small for gestational age (SGA) or large for gestational age (LGA)
- Multiple births
- Preterm birth, including the benefits of kangaroo care
- High risk for hypoglycaemia
- Sleepy infant
- Excessive weight loss, slow/poor weight gain
- Hyperbilirubinemia (jaundice)
- Ankyloglossia (short frenulum)
- Thrush infection
- Colic/fussiness
- Gastric reflux
- Lactose overload
- Food intolerances
- Neurodevelopmental problems
- Teething and biting
- Breast refusal/early baby led weaning
- Breastfeeding a toddler
- Breastfeeding through pregnancy
- Tandem feeding

(continued)

CLINICAL COMPETENCIES CHECKLIST (continued)

MANAGEMENT SKILLS

The student will demonstrate the ability to:

- Perform a comprehensive breastfeeding assessment
- Assess milk transfer
- Calculate an infant's kilojoule and volume requirements
- Increase milk production

SKILLS FOR USE OF TECHNOLOGY AND DEVICES

The student will have up-to-date knowledge about breastfeeding-related equipment and demonstrate appropriate use and understanding of potential disadvantages or risks of the following:

- A device to evert nipples
- Nipple creams/ointments
- Breast shells
- Breast pumps
- Alternative feeding techniques
 - Tube feeding at the breast
 - Cup feeding
 - Spoon feeding
 - Eyedropper feeding
 - Finger feeding
 - Bottles and artificial teats
- Nipple shields
- Dummies/pacifiers
- Infant scales
- Use of herbal supplements for mother and/or infant

SKILLS FOR BREASTFEEDING CHALLENGES WHICH ARE ENCOUNTERED INFREQUENTLY

The following issues are encountered relatively infrequently, and may not be seen during the student's training. The entry-level lactation consultant would not be expected to be proficient in these situations, but should have the basic skills to assist the mother and infant while seeking guidance from a more experienced IBCLC.

Infant:

- Infant with tonic bite/ineffective/dysfunctional suck
- Cranial-facial abnormalities, such as micronathia (receding lower jaw) and cleft lip and/or palate
- Down Syndrome
- Cardiac problems
- Chronic medical conditions, such as cystic fibrosis, PKU, etc.

Mother:

- Induced lactation and relactation
- Coping with the death of an infant
- Chronic medical conditions, such as Multiple Sclerosis, lupus, seizures, etc.
- Disabilities which may limit mother's ability to handle the baby easily, such as, rheumatoid arthritis, carpal tunnel syndrome, cerebral palsy, etc.
- HIV/AIDS: understanding of current recommendations

SKILLS FOR MEETING PROFESSIONAL RESPONSIBILITIES

The student will demonstrate the following professional responsibilities:

- Conduct herself or himself in a professional manner, by complying with the *IBLCE Code of Ethics for International Board Certified Lactation Consultants* and the *ILCA Standards of Practice*; and by adhering to the *International Code of Marketing of Breast-milk Substitutes* and its subsequent World Health Assembly resolutions.
- Practice within the laws of the setting in which s/he works, showing respect for confidentiality and privacy.
- Use current research findings to provide a strong evidence base for clinical practice, and obtain continuing education to enhance skills and obtain/maintain IBCLC certification.
- Advocate for breastfeeding families, mothers, infants and children in the workplace, community and within the health care system.
- Use breastfeeding equipment appropriately and provide information about risks as well as benefits of products, maintaining an awareness of conflict of interest if profiting from the rental or sale of breastfeeding equipment.

SITES FOR ACQUISITION OF SKILLS

The student may acquire clinical/practical skills in the following settings:

- Private practice IBCLC office
- Private practice, obstetric, paediatric, family or midwifery practice
- Child health clinics and domiciliary services
- Hospital
 - Lactation services
 - Birthing centre
 - Postpartum unit
 - Mother-Baby unit
 - Level II and Level III nurseries: Special Care Nursery, Neonatal Intensive Care Nursery
 - Paediatric unit
- Community nursing services
- Out-patient follow-up breastfeeding clinics
- Breastfeeding telephone counselling services
- Antenatal and postnatal breastfeeding classes
- Home births (if legally permitted)
- Volunteer community support group meetings

IBLCE EXAM BLUEPRINT

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.

Note: This blueprint gives you an indication of the breadth of information you need as a lactation consultant. The examples given are for guidance only, they are not inclusive of all aspects covered under each learning discipline. The Disciplines are expanded into chapters in ILCA's *Core Curriculum for Lactation Consultant Practice*. Walker (ed), Jones & Bartlett.

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 (10-16)**
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 (10-16)**
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)

**CHANGED YOUR NAME/ADDRESS/PHONE/E-MAIL?
NEED A REPLACEMENT CERTIFICATE OR IBCLC-ID CARD?
WANT TO RECEIVE A LAPEL PIN BADGE?
ASK US A QUESTION?
PROVIDE US WITH SOME INFORMATION?**

EASY WAYS FOR YOU TO CONTACT IBLCE

Send an email to the Regional Director at office@iblce-europe.org with your request, using this form as a guide. This is often the easiest and least expensive way for you to contact us. Note: it is preferable not to use email to send your credit card details.

Or, just photocopy this form, complete whatever parts are relevant, and post or fax it to us.

Message from _____

Year first certified _____ **IBLCE ID number:** _____

I have moved or changed other contact details.

My current address is _____

Phone (work) _____ (home) _____ (mobile) _____ email _____

My previous address was _____

I have changed my name. My new full name is _____

My previous full name was _____

Please enclose a photocopy of a document to verify this change. You may request a replacement certificate in your new name. Fee applies. Please send in your old certificate to the IBLCE Office in Europe.

I wish to receive a replacement certificate. Please direct your request to the IBLCE Office in Europe.

I wish to receive a replacement IBCLC ID Card. Please direct your request to the IBLCE Office in Europe.

I wish to receive a MILCC lapel pin badge—please direct your request to your local IBLCE Coordinator, to your local Professional Association or to the IBLCE Office in Europe.

I wish to make a donation to the MILCC Scholarship Fund. Please contact your local IBLCE Coordinator or the IBLCE Office in Europe.

You will find contact addresses of your local IBLCE Coordinator and your Professional Association on the IBLCE Europe website www.iblce-europe.org

Post to
IBLCE in Europe
Steinfeldgasse 11
2511 Pfaffstaetten, Austria, Europe

Phone ++43 2252 20 65 95
Fax ++43 2252 20 64 87
email office@iblce-europe.org