



Welcome to the IBLCE Candidate Information Guide!

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

This guide is a compilation of various information items that you will need to prepare and to apply for the International Board of Lactation Consultant Examiners (IBLCE) Exam. The Guide needs to be read in conjunction with the Application Supplement specific to the exam year and your country. Please request the current Application Supplement if not included in this guide. The guide is set out in sections to take you through the application process stage by stage.

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

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

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

Warm Regards,

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



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

| | |
|--------------------------|-----------------|
| Early Bird Fee | February |
| Discount Fee | March |
| Exam fee deadline | April |

ELSEWHERE AROUND THE WORLD

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



IBLCE AND KEY DATES

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

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

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

What is an IBCLC?

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

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

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

THE INTERNATIONAL BOARD OF LACTATION CONSULTANT EXAMINERS

Vision

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

Mission

KEY DATES

| | |
|----------------------|---|
| 31 January | Deadline for mailing MILCC Scholarship applications |
| Last day in February | Early Bird Discount deadline for mailing completed exam applications |
| Last Day in March | Discount fee deadline for mailing completed exam applications |
| Last day in April | Final day for mailing completed exam applications |
| By end May | All exam applications will have been reviewed and candidates contacted about their eligibility and site allocation |
| 10 June | Initial deadline for mailing exam withdrawal refund requests |
| Early July | Candidates receive exam admission tickets and site information |
| 1 July | Final deadline for mailing exam withdrawal refund requests |
| last Monday in July | EXAM DATE — 26 July 2010 |
| Mid October | Exam results, score reports, etc., are mailed (in July we will advise you of the exact date); coded pass/fail lists are placed on the website on the same day |

ELIGIBILITY REQUIREMENTS FOR 2010 EXAM



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

IBLCE strongly recommends that all exam candidates undertake a comprehensive lactation specific education course which is usually around 120 - 150 hours.

Currently, the majority of exam candidates will be eligible under pathway 1 as pathway 2 and 3 are in their infancy and are not available in most countries.

Pathway 1

Health Professionals and Accredited Mother Support Counsellors:

To be eligible for this pathway you must be:

Either

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

OR

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

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

- A) Have a minimum of 45 hours of lactation specific education within the **5 years immediately prior to exam application**. *However, if you will be doing the exam in a language other than English, you should have completed a minimum of 60 hours of professional education in lactation .*
- B) Have a minimum of 1000 lactation specific clinical practice hours within the **5 years immediately prior to exam application**.

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

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

N.B. You do not need to be working or volunteering at the time of application but you do need to meet the criterion in your chosen pathway.

Pathway 2

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

Pathway 3

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

All eligibility requirements MUST be completed at time of application.



ELIGIBILITY REQUIREMENTS

Qualification for Pathway 1.

You must be a Health professional or an Accredited Mother Support Counsellor.

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

OR

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

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

Professional Education

You must have completed a minimum of **45** hours of professional education in lactation reflecting the exam blueprint, within the five years immediately prior exam application. However, if you will be doing the exam in a language other than English, it is strongly recommended you have completed a minimum of **60** hours of professional education in lactation. The need for more hours is due to the body of literature on breastfeeding and lactation being predominantly in English. Candidates who are not able to study these materials in their primary language have been shown to need significantly more pre-exam education hours to achieve a similar standard of exam performance. Candidates who rely on the exam being translated who have completed a minimum of 80 hours of education achieve similar good pass rates as candidates who have done the exam in English. **Private study** – is also a major component of exam preparation for all candidates and is not included in your formal education eligibility criteria.

Former IBCLC

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

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

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

IBCLC Recertifying by Exam

If you are an IBCLC whose certification is still current and who is recertifying by exam, you are not required to provide references, information on clinical hours, CERPS, or documentation of qualifications. The fee is the same whether you are recertifying by exam or by CERPs. Please read the Recertification Application Supplement.

As a recertifying IBCLC, you must use the buff coloured Application to Recertify form, rather than the standard exam application form included in this Guide.



Clinical Breastfeeding Experience

Clinical breastfeeding experience or breastfeeding counselling hours are defined as the time you spend helping mothers and babies with breastfeeding, usually in one-to-one consultations in person or on the phone. Group consultations may also be included. Your clinical hours **MUST be accumulated over the 5 years immediately prior applying to sitting the exam.**

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

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

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

Please do not include your midwifery training, as these have already been allowed for when determining the eligibility pathways related to education. Exception: if you already had some clinical hours as a midwife and you then did additional training such as in maternal and child health, you can include the clinical hours during that further training.

Lactation Education

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

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

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

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

Definition of lactation education

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

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



IBLCE BLUEPRINT OF KNOWLEDGE & SKILLS FOR IBCLC'S

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

All exam questions have both Discipline and Chronological parameters.

Disciplines

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

Chronological Periods

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



Preamble

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

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

Principles of Ethical Practice

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

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

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

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

(©IBLCE—Implemented 1 Dec 2004)

To lodge a complaint

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

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

**IBLCE, Chair of the Discipline Committee
6402 Arlington Boulevard, Suite 350
Falls Church VA 22042-3217 USA**



SCOPE OF PRACTICE FOR IBCLCs

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

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

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

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

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

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

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

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

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

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

IBCLCs have the duty to preserve client confidence by:

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

(Continued)



SCOPE OF PRACTICE FOR IBCLCs *(continued)*

IBCLCs have the duty to act with reasonable diligence by:

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

©IBLCE — IBLCE adopted March 2008

Clinical Competencies 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 that are encountered most frequently by lactation consultants. This checklist can help you identify areas where you have less experience or knowledge, and you are encouraged to try to focus your professional education on these aspects. Clinical instructors can use this checklist as an appropriate guide in providing individualised education.

The checklist covers the following domains:

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

To view or download the complete competencies checklist visit www.iblce.edu.au/Downloadcentre.php

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

ILCA Standards of Practice

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

International Lactation Consultant Association (ILCA) Standards of Practice for International Board Certified Lactation Consultants can be found online at <http://www.ilca.org/i4a/pages/index.cfm?pageid=3314>

SUGGESTED RESOURCE LIST



Since individual study is a major component of exam preparation, this reading list is included to aid you in your preparation. This Suggested Reading List is not all-inclusive, nor does it cover all exam items. The IBLCE recommends that candidates become familiar with a wide range of literature, scientific studies and journals, including material published outside their own countries. Inclusion on this list does not constitute an endorsement by IBLCE.

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

General Lactation Texts

- Lawrence, Ruth and Lawrence, Robert. *Breastfeeding: A Guide for the Medical Profession*. Elsevier Mosby, 2005.
- Riordan, J. *Breastfeeding and Human Lactation*. Jones & Bartlett, 2004.

Practical Breastfeeding Management Texts

- Biancuzzo, M. *Breastfeeding the Newborn: Clinical Strategies for Nurses*. Mosby, 2003.
- Brodribb, W. (ed) *Breastfeeding Management*. Australian Breastfeeding Association, 2004.
- Lauwers, J, and Swisher A. *Counseling the Nursing Mother*. Jones & Bartlett, 4th Edition 2003.
- Mohrbacher, N, and Stock J. *The Breastfeeding Answer Book*. La Leche League International, 2003.
- The Royal College of Midwives, UK. *Successful Breastfeeding*. Churchill Livingstone, 2003.
- Walker. *Breastfeeding Management for the Clinician*. Harcourt Brace, Canada.
- Hale, T, Hartmann, P. *Hale and Hartmann's text book of Human Lactation*. Hale Pub. 2007.

Professional Texts

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

Books of Clinical Photographs

- Auerbach K., and J. Riordan. *Clinical Lactation: a visual guide*. Jones & Bartlett, 2000.
- Wilson-Clay, B., and Hoover K. *The Breastfeeding Atlas* 4th edition. Lactnews Press, Austin Texas, 2007.

Additional Reading

- AAP & ACOG. *Breastfeeding Handbook for Physicians*. 2006 (primarily for candidates who are physicians)
- Allain A and Chetley A. *Protecting Infant Health: A Healthworker's Guide to the International Code of Marketing of Breast-milk Substitutes*. IBFAN, 2003. [J,M]
- Greenhalgh, Tricia *How to read a paper: the basics of evidence based medicine*. BMJ Publishing Group. Relevant full text extracts available as articles at: <http://www.bmj.com/> [I]
- Hale, Thomas. *Medications and Mothers' Milk* Pharmasoft Publishing, 2008 or biennial new edition. [F]
- Hale, T and Berens P. *Clinical Therapy in Breastfeeding Patients*. Pharmasoft Publishing. [F]
- Hale, T and Ilett K. *Drug Therapy and Breastfeeding*. Pharmasoft Publishing, 2002. [F]
- Hanson, Lars. *Immunobiology of Human Milk: How Breastfeeding Protects Infants*. Pharmasoft Publishing, 2004. [D]
- Ivey AE and Ivey MB. *Intentional Interviewing and Counseling: Facilitating Client Development in a Multicultural Society*. 5th edition. Wadsworth: 2003. [G]
- Lang, S. *Breastfeeding Special Care Babies*. Baillière Tindall, 2002. [most disciplines; chronological period: 2]
- Merewood A and Phillip B. *Breastfeeding Conditions and Diseases*. Pharmasoft Publishing, 2001. [E]
- Morris, SE and Klein, MD. *Pre-Feeding Skills — A Comprehensive Resource for Mealtime Development*. Therapy Skill Builders, 2nd edition, 2000. [A,C,E,G,H,L]
- NHMRC. *Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers*. Australian Government Printer, 2003. [M]
- Polit, D and Beck, C. *Essentials of Nursing Research: Methods, Appraisal, and Utilization*. 6th edition. [I]
- Roberts, K and Taylor B. *Nursing Research Processes: An Australian Perspective*. Nelson, 2002. [I]
- Shealy K, Li R, Benton-Davis s, Grummer-Strawn LM. *The CDC Guide to Breastfeeding Interventions*. US Dept of Health and Human Services, CDC, 2005. [M]
- Shelov, S. *Caring for Your Baby and Young Child: Birth to Five Years*. AAP. Bantam Books, 2004. [H]
- Stuart-Macadam P and Dettwyler K, *Breastfeeding: Biocultural Perspectives*. Hawthorne, NY: 1995. [G]
- Tappero, EP and Honeyfield ME. *Physical Assessment of the Newborn*. NICU Ink, 2003. [chron. periods: 5&6]
- Watson Genna, C. *Supporting Suckling skills*. Jones and Bartlett. 2008. [A,E,H,L]
- WHO. *The International Code of Marketing of Breast-Milk Substitutes: frequently asked questions*. 2006 <http://www.who.int/child-adolescent-health/> [M]
- Wolf, LS and Glass RP. *Feeding and Swallowing Disorders in Infancy: Assessment and Management*. Psych Corp, 1992. [A,E,H,L]
- Wright, N., Morton, J, & Kim J. *Best Medicine: Human Milk in the NICU* 2008 [B & J]



SUGGESTED RESOURCE LIST and MILCC

Journals, Websites and Other Publications

Academy of Breastfeeding Medicine

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

Australian Breastfeeding Association

www.breastfeeding.asn.au

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

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

ILCA www.ilca.org *Journal of Human Lactation*.

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

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

Standards of Practice for IBCLC Lactation consultants.

International Lactation Consultant Association (ILCA) 2005 (reprinted in this *Guide*) [J]

La Leche League International

www.lalecheleague.org New Zealand:

www.lalecheleague.org/LLLNZ *Breastfeeding*

Abstracts Quarterly annotated summary of important new research - by subscription from LLLI.

World Health Organisation, Geneva www.who.int

and <http://www.who.int/nut/publications.htm#inf>

Complementary Feeding: family foods for breastfed children. WHO 2000 [H]

Evidence for the Ten Steps to Successful

Breastfeeding. Geneva, WHO 1998 [M]

Global Strategy for Infant and Young Child Feeding.

Geneva, WHO 2003 [M]

HIV and Infant Feeding. A guide for health care

managers and supervisors and Guidelines for decision makers. Geneva, WHO 1998 [D, M]

Hypoglycaemia of the Newborn: Review of the

Literature. Geneva, WHO 1998 [B]

International Code of Marketing of Breast-milk

Substitutes. Geneva, WHO 1981 [M]

Nutrient Adequacy of Exclusive Breastfeeding for the

Term Infant During The First Six Months of Life. 2002

Protecting, Promoting and Supporting Breastfeeding:

The Special Role of Maternity Services. WHO/

UNICEF Statement, 1989.

Relactation: Review of experience and

recommendations for practice. Geneva, WHO 1998

[B]

MILCC FINANCIAL ASSISTANCE

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

A MILCC application form is available from IBLCE on request or at <http://iblce.edu.au/MILCC.php>

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

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

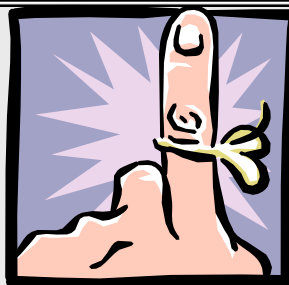
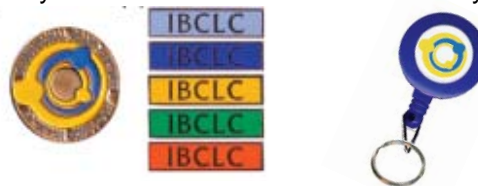
IBCLCs recertifying by exam or by CERPs may also apply for MILCC financial assistance. If recertifying by CERPs, the completed recertification application and MILCC application must be mailed to IBLCE by the end of January (to apply for the early bird fee rate)

SUPPORTING MILCC

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

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

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



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



COMPLETING THE IBLCE EXAM APPLICATION

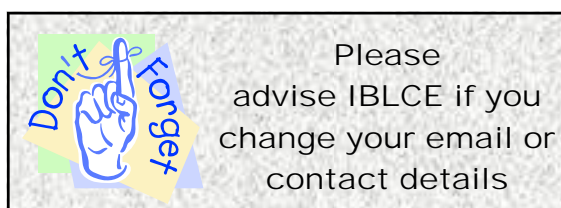
This section provides important information about applying to be an IBLCE exam candidate and tells you how to fill in the Application Form (version 2.10). **The numbers refer to the items on the form.**

1. Identification Details

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

2. Contact Details

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



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

3. Exam Site

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

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

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

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

4. Exam Fees

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

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



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

COMPLETING THE IBLCE EXAM APPLICATION *(continued)*



5. Individual Considerations

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

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

6. Calculating Your Breastfeeding Clinical Hours

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

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

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

Column 1: Place of Work/Experience

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

Column 2: Title Position

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

Column 3: Area/Nature of Work/Experience

Briefly describe the nature of your work/experience.

Column 4: Month/Year Started and Ended

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

Column 5: Total Weeks, Excluding Leave

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

Column 6: Average Hours Per Week

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

Column 7: Total Hours Worked

Figure out your total number of work hours by multiplying the total number of hours per week by the number of weeks in the position. A full-time job is generally 38 hours per week times 46 weeks per year or approximately 1700 hours per year worked.



COMPLETING THE IBLCE EXAM APPLICATION

Column 8: Percentage of Time Providing Clinical Breastfeeding Counselling Practice

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

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

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

Columns 9: Total Hours Providing Breastfeeding Counselling

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

Total Clinical Practice Hours:

Then add up the clinical hours in Column 9 to give you your total clinical practice hours.

7. Calculating Your Professional Lactation Education

Using the table in the application form, provide details of the professional education specific to lactation or breastfeeding management that you have attended, during the five-year period prior to application. You can include relevant education from:

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

For a comprehensive lactation education course, you do not need to list each session, just list the total number of hours you have completed at time of application. You cannot count practice exams as part of your education.

Sessions with essentially the same content can be counted only once. Private study is not included, nor are audio or video tapes except as part of a structured learning program.

Attending or conducting education sessions for parents is not professional education for you.

8. Principle Employment

This information sought for IBLCE statistical purposes. Please mark the appropriate box.

9. Current Workplace

Please complete the information requested about your workplace.

10. Professional Qualifications

Tick **all** the boxes that correspond to your qualification/s or registration/s. If you have other relevant qualification/s or registration/s, please fill in the "Other" line.

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

11 & 12. Terms and Conditions & Signed Statement

Avoid an incomplete application fee by ensuring you have read section 11 & 12, answered the questions in section 12 and sign your application.

You **MUST** read these terms and conditions carefully in this section as it describes your commitment to IBLCE professional standards and practice.

You **must read the four statements** and honestly answer the 4 questions. If you answer "Yes" to any of the questions, you should provide information with your application. If necessary, IBLCE will confidentially seek further information from you. A "Yes" response

will not necessarily mean you will not be permitted to sit for the exam, especially if you are otherwise able to be employed in the health care system without restriction.

FEES AND DEADLINES



Exam Fee Payments

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

No personal cheques will be accepted. Exam fees may be paid only by:



1. Credit Card authorisation by completing the form that is part of the Application Supplement, using only Visa or MasterCard. IBLCE does **NOT** accept American Express or Diners Club cards. (If your fee is shown in Australian dollars, that is the amount we will charge to your credit card. However, if your fee is shown as being in another currency, we will charge your credit card the amount in Australian dollars as close as possible to the stated fee in your currency, using the exchange rate applicable on that day.)



Please note that exchange rate movements and fees charged by your card provider can lead to the amount on your card account not being exactly the same as the stated fee.)

2. Direct Credit by EFT within Australia to IBLCE's bank account BSB 037010 Account number 115740; enter your name in the Description field. (You must make this transfer before you post your application, and you must enclose a copy of the electronic payment receipt with your application form so that we can match your payment to our bank statement.)

3. Direct Credit from an overseas bank account to IBLCE's bank account at Westpac, Sandy Bay Tas Branch; SWIFT code WPACAU2S; account name IBLCE; BSB 037010 Account number 115740. (You must make this transfer before you post your application, and you must enclose a copy of the electronic payment receipt with your application form so that we can match your payment to our bank statement.)

4. For NEW ZEALAND CANDIDATES ONLY Direct Credit within New Zealand to IBLCE's bank account Westpac account number 03 0854 0610312-00 Enter your name in the Description field. (You must make this transfer before you post your application, and you must enclose a copy of the electronic payment receipt with your application form so that we can match your payment to our bank statement.)

If you have provided incomplete information or your payment is rejected the banking costs will be forwarded on to you.

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



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

Application Deadlines

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

| | |
|-----------------------|-----------------------------|
| Early Bird fee | last day of February |
| Discount fee | last day of March |
| Full fee | last day of April |

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

Incomplete Applications: If any item of required information or documentation is not included with your application, your application will be classed as incomplete and therefore it will not have met the fee deadline. We will contact you about what is missing. Meanwhile, your application will not be given priority and will be set aside until it is complete. This policy has been instituted because of the extra administrative time and costs involved, and so as to be fair to other applicants who have delayed their applications until a later deadline to ensure that their applications included all the required information and documents.

Examples that would make your application incomplete:

- not enclosing your qualification certificate/s
- not enclosing complete payment details
- not listing the required clinical practice hours or education hours evidence
- not answering the 4 questions in section 12 and/or not signing and/or dating your application form
- not completing the signed statement, or not answering all 4 questions, or not signing the statement



Incomplete applications will incur an additional charge.



FEES AND DEADLINES

“Repeat” Discount

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

Withdrawal Deadlines

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

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

Exam Content

The exam is composed of 175 multiple choice questions. The degree of difficulty is set at postgraduate university level. Since effective lactation consultation requires assessment and decision-making skills, the questions are primarily designed to test the application of knowledge, rather than the pure recall of facts. Application questions are more realistic and enhance the validity of the exam.

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

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

The photo section has 100 questions based on colour photographs which illustrate various situations and clinical conditions relevant to lactation consultant practice. Typically, candidates are asked to evaluate whether or not a problem is present, the nature of the problem, or how it should be managed. Each candidate will be provided with a booklet of colour pictures to use for this part of the exam.

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

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

Exam Confidentiality

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



EXAM INFORMATION

Exam Questions

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

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

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

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

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

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

How the exam is Scored

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

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

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

The Critique Form

IBLCE (unlike other credentialing bodies) gives you a Critique Form to use during the exam. Comments on individual questions should be restricted to those which you have good reason to believe may be faulty and must include an explanation or they will not be collated and considered by the Post-Exam Review Committee. You should also state which answer you chose - many comments merely tell us why an incorrect answer is incorrect. Your comments are entirely optional and will not affect your individual score in any way.



AFTER THE IBLCE EXAM

Notification of Results

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

No exam results are available before this date, nor can they be provided at any time in response to phone or email enquiries. All results are mailed on the same day, although they will inevitably be received over a period of days.

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

Appeal Policy

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

Candidates can not review their exam materials under any circumstances. The IBLCE cannot delete a question for an individual candidate without deleting it for everyone and re-scoring the exam, and individual scores cannot be adjusted because of hardship or other circumstances.

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

Policy for Unsuccessful Candidates

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

Maintenance of Certification

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

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

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

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

For more information www.iblce.edu.au

Ensure that IBLCE always has your current contact details

'so we can stay in contact with you'

Watch for the *e-newsletters* that keeps you up to date with your certification news!



IBLCE COUNTRY COORDINATORS

The Country Coordinators are committed IBCLCs who support exam candidates and IBCLCs with their certification and recertification. If you have any questions or concerns you can contact the Country Coordinator for your country.

Coordinator for New Zealand

Rachel Walker, IBCLC
PB 5048
Christchurch, New Zealand
Ph: (03) 366 0856
Email: nz@iblce.edu.au



Coordinator for Hong Kong

Chee Yuet Oi, IBCLC
Ph/Fax: 2603 6137
Mobile: 9417 6366
Email: hongkong@iblce.edu.au



Coordinator for South Africa

Jacque Nutt, IBCLC
PO Box 80
Wellington 7654 South Africa
Ph/Fax: (021) 873 0004
Email: southafrica@iblce.edu.au



Coordinator for Taiwan

Wang, Shu Fang
No 880, Sec., 2,
Chien-Kuo Road,
Hualien, 97005, Taiwan
Email: taiwan@iblce.edu.au



Coordinator for Japan

Masumi Imura, IBCLC
Ph: +81 465 21 6500
Fax: +81 465 21 6538
Email:japan@iblce.edu.au

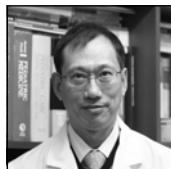


Coordinator for The Philippines

Dr Grace Agrasada, IBCLC
Mobile: 0918 799 4001
Email: philippines@iblce.edu.au

Coordinator for Korea

Joo Sin-hang IBCLC
Email: korea@iblce.edu.au



Coordinator for Thailand

Meena Sobsamai, IBCLC
Ph/Fax: (02) 722 0467
Email: thailand@iblce.edu.au



Coordinators for Indonesia

Mandy O'Reilly, IBCLC
Jalan Tumaritis27,
Cilandah Barat,12430 Indonesia
Ph: (021) 765 3224
Email: indonesia@iblce.edu.au



Mandy O'Reilly IBCLC and
Professor Rulina Suradi IBCLC



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

