CANDIDATE INFORMATION GUIDE

For initial, repeat, and inactive candidates who plan to apply for the IBCLC® examination

As an International Organisation, IBLCE® uses British English in its publications.

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I. What is IBLCE and the IBCLC Commission?

IBLCE®, or the International Board of Lactation Consultant Examiners®, is an independent international credentialing body whose mission is to serve the global public interest by advancing professional practice in lactation consultation and support through credentialing.

A. Contact Information

IBCLC Commission
International Board of Lactation Consultant Examiners (IBLCE)
Phone: +1 703-560-7330
www.iblce.org

IBLCE has customer service in several locations. Candidates may reach the location that serves their country of residence by using the contact information found on the website.

The Commission provides additional resources regarding applying for the IBCLC certification and the examination administration on its website. Please check this website regularly as you prepare to either apply for eligibility or sit the IBCLC examination.

B. The IBCLC Commission

The IBCLC Commission is the governing body administering the International Board Certified Lactation Consultant® (IBCLC®) certification programme and has authority and responsibility for all essential certification programme activities, including certification and recertification requirements.

C. Key Dates

Please visit the IBCLC Commission website for application deadlines and other important key dates.

II. Purpose of Certification

Purpose: The purpose of the IBCLC certification is to recognise each individual who meets established criteria which uphold standards of practice and thereby promote public protection.

Population Being Certified: An IBCLC is a professional member of the healthcare team who has earned and maintains the credential which identifies knowledge and expertise in

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breastfeeding management and care. An individual who holds the credential has met defined eligibility requirements and passed a rigorous, psychometrically sound examination. Since 1985, the IBCLC credential has provided evidence that, as a practitioner, the IBCLC has the required knowledge to:

- Advocate and educate about breastfeeding as a global public health imperative
- Provide leadership for society, from communities to policymakers
- Promote environments that support breastfeeding
- Facilitate an optimal breastfeeding experience for families
- Identify and manage high-acuity lactation challenges

An IBCLC works independently and in collaboration to empower mothers, children, and families to meet their breastfeeding goals.

Mark Issued: The designation issued to an International Board Certified Lactation Consultant is both International Board Certified Lactation Consultant and, in abbreviated form, IBCLC.

The IBCLC certification programme offers a voluntary credential, and certification does not necessarily confer the right or privilege to practise. Individuals who hold the IBCLC credential must abide by the legal authority in the jurisdiction in which they practise or wish to practise. Candidates must meet the eligibility criteria outlined in this Guide, adhere to the *Code of Professional Conduct for International Board Certified Lactation Consultants*, as well as pass an examination in order to earn the IBCLC certification.

To maintain the IBCLC certification, certificants must recertify every five years. IBCLC certificants have the option to recertify by completing a Continuing Education Self-Assessment (CE Self-Assessment) and 75 required focused continuing education recognition points (CERPs) or equivalent individual CERPs OR by re-examination. The IBCLC must also complete basic life support education and training on the WHO Code in this time frame, as well as 250 hours of practice in lactation consulting. Please review the Recertification Guide on the IBCLC Commission's website for further information about recertification requirements.

IBCLC certificants who let their certification lapse will become Inactive and will have one year to reinstate their certification. Please review the Recertification Guide on the IBCLC Commission's website for further information about reinstatement requirements.

III. IBCLC Examination Eligibility Requirements

The IBCLC Commission requires that all IBCLC applicants must meet the following key components of the IBCLC eligibility requirements irrespective of Pathway chosen.

As shared in previous IBLCE Briefings, IBLCE continues to work to update its policies and procedures to strengthen its commitment to the aims of the *International Code of Marketing*

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of Breast-milk Substitutes (WHO Code) and subsequent World Health Assembly (WHA) resolutions.

IBLCE has to date implemented a policy for mandatory WHO Code training for the IBLCE Board and Staff, as well as an education requirement for both initial certification and recertifying IBCLCs. Please refer to future IBLCE Briefings and updates to this guide for more information.

A. Health Sciences Education

Education in health science subjects typically studied by health professionals during their professional education is required of all candidates.

Candidates must complete education in the 14 subjects described in the *Health Sciences Education Guide*. If one is educated in one of the professions on the *Recognised Health Professions List*, one meets this requirement. Or one meets this requirement if one can provide evidence from a governmental authority that recognises the profession as a clinical health profession.

B. Lactation Specific Education

Comprehensive education in human lactation and breastfeeding is a vital part of preparing to become an IBCLC. Candidates are encouraged to secure education which covers all the disciplines and chronological periods listed on the *IBCLC Detailed Content Outline* (Effective 2023). Candidates in all Pathways must complete 90 hours of education in lactation, and two (2) of these 90 lactation specific hours should be focused on the WHO Code.

The IBCLC Commission does not offer, approve, or accredit lactation education designed to prepare candidates for the certification examination. Nor does the Commission recommend or endorse any particular programme or course in lactation education.

Note: If an initial candidate is submitting programmes approved for CERPs to meet the initial eligibility requirements, ONLY L-CERPs can be used for the 90 hours of lactation education. Please note, education related to the WHO Code may be categorised as L- or E-CERPs.

Communications Specific Education

In addition to 90 hours of lactation specific education, five (5) hours of education focused on communication skills is required. Preferably, these five hours will be directly related to lactation and breastfeeding care, but this is not a requirement.

Communication is a key area in the *IBCLC Detailed Content Outline* and in practice, as IBCLCs must understand the client and provide the most appropriate plan of care, engage in

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active listening and emotional support, and assist the client in making informed decisions.

The *IBCLC Detailed Content Outline* outlines that candidates and certificants focus their study on communications areas such as:

- Active listening
- Anticipatory guidance
- Care plan development and sharing
- Educating mothers and families
- Educating professionals, peers, and students
- Emotional support
- Empowerment
- Group support

Various general communications courses (i.e., not specifically related to lactation care) are also acceptable, such as:

- Foundations of Interpersonal Communication
    - Theories and principles of interpersonal communication emphasising models of communication, verbal and nonverbal message systems, and analysis of communicative relationships.
- Health Communication
    - Examines interpersonal communicative processes associated with health in consumer-provider, family, and health communication campaign contexts. Particular attention to understanding cultural differences in perceptions of and communication about health and disease.
- Consumer-Provider Health Communication
    - Explores relational health communication research and practice. Examines the role of interpersonal communication in healthcare delivery, health promotion, disease prevention, risk communication, as well as in promoting personal and psychosocial well-being.

Courses from the Health Science Education Guide cannot simultaneously count toward the health science requirement and the communication specific education requirement. You will need to decide how you want to use your communications class. If it is counted toward the 14 health science courses, then you will need to take another class for the communications requirement.

Please note: Courses in public speaking, media communications, marketing, and industrial or work psychology do not meet this requirement.

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C. Lactation Specific Clinical Experience

All candidates must complete relevant clinical experience.

Lactation specific clinical experience is providing maternal/child care that supports breastfeeding families, including lactation assistance to pregnant and breastfeeding women and lactation education to families and/or professionals.

All reported lactation specific clinical experience must be supervised. Depending upon the eligibility pathway a candidate follows, clinical experience may need to be directly supervised. Please see page 27 of this guide for interim guidance on the use of technology to meet clinical practice requirements.

Candidates are encouraged to have a broad range of experience in providing lactation and breastfeeding care that spans the spectrum from pre-conception through weaning and encompasses an extensive variety of clinical skills. The IBCLC examination tests the application of knowledge in the disciplines listed on the *IBCLC Detailed Content Outline*.

Actual practice and provision of lactation and breastfeeding care is required. Observation or shadowing of lactation practitioners does not count as lactation specific clinical hours.

Clinical experience may include in-person consultations, telephone consultations, or online breastfeeding or lactation care.

D. Adherence to the Code of Professional Conduct for International Board Certified Lactation Consultants

The IBCLC certification programme has a *Code of Professional Conduct for International Board Certified Lactation Consultants* and accompanying procedures, which are made publicly available on the Commission website. The purpose of this is to define professional conduct for IBCLCs and to protect the public.

An IBCLC candidate (not currently certified as an IBCLC) with a pending disciplinary matter involving an alleged *Code of Professional Conduct for International Board Certified Lactation Consultants* violation is ineligible to apply for, and sit for, the IBCLC examination while such an Ethics & Disciplinary (E & D) matter is pending. Upon conclusion of the finalised E & D matter, and upon review of the underlying E & D matter, as well as the final sanction, the Commission in its sole discretion will determine whether such a candidate may sit for the IBCLC examination.

IV. Pathways to IBCLC Examination Eligibility

To be eligible to sit the IBCLC examination, one may pursue one of three pathways to meet the key eligibility components set forth above. One must meet the criteria through one of the

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following pathways to be eligible to sit for the IBCLC examination. The pathways are designed to ensure that all applicants have a health sciences background; a minimum of 90 hours of lactation specific education—two (2) hours of which must be on the WHO Code—in addition to five (5) further hours of communication specific education; as well as relevant clinical experience and adherence to the *Code of Professional Conduct for International Board Certified Lactation Consultants* by attestation. These three eligibility pathways permit individuals from a variety of diverse backgrounds to gain the knowledge and skills relevant to practice as an IBCLC. Further details may be found on the website.

A. Pathway 1: Recognised Health Professionals and Recognised Breastfeeding Support Counsellors

Pathway 1 IBCLC candidates must practise as a *Recognised Health Professional* or provide breastfeeding support through a *Recognised Breastfeeding Support Counsellor Organisation.* In the case of applicants who provide breastfeeding support through a Recognised Breastfeeding Support Counsellor Organisation, they must have completed the 14 subjects set forth in the Health Sciences Education Guide. Additionally, all Pathway 1 candidates must have the following:

1. Minimum of 90 hours of lactation specific education, including two (2) hours of WHO Code education, within the **five years immediately** prior to examination application.

2. Minimum of five (5) hours of education is required to be focused on communication skills within the **five years immediately** prior to examination application. Preferably these five hours will be directly related to lactation and breastfeeding care, but this is not a requirement.

3. Minimum of 1,000 hours of lactation specific clinical practice in an appropriate supervised setting within the **five years immediately** prior to examination application.[1]

4. Clinical practice is to be obtained in an appropriate supervised setting, to include the following:
    - Hospital
    - Birth Centre
    - Community Clinic
    - Lactation Care Clinic/Practice
    - Primary Care Practitioner's Practice/Office

5. Clinical practice hours can be earned through independent practice as a licensed/registered healthcare professional in non-healthcare settings because

[1] Please see page 27 of this guide for interim guidance on the use of technology to meet clinical practice requirements.

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healthcare professionals have sufficient training and capacity to perform independent tasks without supervision.

6. For clinical practice, breastfeeding support counsellors from a *Recognised Breastfeeding Support Counsellor Organisation* must earn clinical hours in a delivery setting which meets the following criteria:
    - Provides structured training programmes for their counsellors which include comprehensive education in breastfeeding and lactation management
    - Has a Code of Ethics or Professional Conduct
    - Provides structured supervision for counsellors, with an appropriate level of training
    - Provides a continuing education programme for counsellors

7. Please reference the *Recognised Breastfeeding Support Counsellor Organisation* page on the website for detailed implementation information.

8. Whether one is a *Recognised Health Professional* or a breastfeeding support counsellor from a *Recognised Support Counsellor Organisation*, the 1,000 hours does not need to be ***directly*** supervised. In the practice settings where these two types of professionals practise, direct supervision is not typical and/or feasible. Therefore, the number of clinical practice hours is higher than that required in Pathway 2 or 3.

9. Adherence, with attestation, to the *Code of Professional Conduct for International Board Certified Lactation Consultants*.

B. Pathway 2: Accredited Lactation Academic Programmes

Pathway 2 IBCLC applicants must meet the Health Sciences Education requirement and complete a comprehensive academic programme in human lactation and breastfeeding that is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or another accrediting body with equivalent accreditation standards for lactation academic programmes. The programme must be accredited at the time of the candidate's completion.

Currently, the only lactation specific accreditation body is CAAHEP, which includes the independent Lactation Education Accreditation and Approval Review Committee (LEAARC) as an independent subject matter expert review committee.

These comprehensive lactation academic programmes are university- or college-based, include both didactic and clinical components, and require health sciences education, whether as a prerequisite or as education which must be earned concurrently, prior to

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completion of the academic programme.

All Pathway 2 applicants, via their lactation academic programme, must have the following:

1. Minimum of 90 hours of lactation specific education, including two (2) hours of WHO Code education, within the **five years immediately** prior to examination application.

2. Five (5) hours of education is required to be focused on communication skills within the **five years immediately** prior to examination application. Preferably these five hours will be directly related to lactation and breastfeeding care, but this is not a requirement.

3. Minimum of 300 hours of ***directly supervised*** lactation specific clinical practice within the **five years immediately** prior to examination application.
    - The IBCLC(s) providing the direct supervision must be currently certified IBCLCs in good standing.

4. Adherence, with attestation, to the *Code of Professional Conduct for International Board Certified Lactation Consultants*.

300 hours of lactation specific clinical experience is appropriate given the comprehensive nature of the lactation academic programme and given that it is directly supervised.

C. Pathway 3: Mentorship with an IBCLC

Pathway 3 mentorship is a structured, defined relationship between an applicant and IBCLC(s) which must be preapproved. The mentorship must be developed according to the specifications found in the *Pathway 3 Plan Guide*, and the certification status of the IBCLCs serving as mentors must be verified by IBCLC programme staff prior to beginning the mentorship. **All Pathway 3 Plans MUST be verified through an application process (which includes a fee) PRIOR to earning clinical hours for this Pathway**.

In addition to the *Health Sciences Education* requirement, Pathway 3 candidates must have the following:

1. Minimum of 90 hours of lactation specific education, including two (2) hours of WHO Code education, within the **five years immediately** prior to examination application.

2. Minimum of five (5) hours of education is required to be focused on communication skills within the **five years immediately** prior to examination application. Preferably these five hours will be directly

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related to lactation and breastfeeding care, but this is not a requirement.

3. Minimum of 500 hours of ***directly supervised*** lactation specific clinical practice as described in the *Pathway 3 Plan Guide* and obtained within the **five years immediately** prior to examination application.
    - The IBCLC(s) who provide the direct supervision must be currently certified IBCLCs in good standing.

4. Adherence to, with attestation, the *Code of Professional Conduct for International Board Certified Lactation Consultants*.

The 500 clinical hours are established given that they are earned with a practising IBCLC within a structured mentorship programme.

The *Pathway 3 Plan Guide* can be found on the website.

V. Important Publications for Examination Candidates

IBCLC examination candidates should be familiar with the following publications, all of which can be found on the IBCLC Commission website.

- *IBCLC Detailed Content Outline*
- *Clinical Competencies for the Practice of International Board Certified Lactation Consultants (IBCLCs)*
- *Scope of Practice for International Board Certified Lactation Consultant (IBCLC) Certificants*
- *Disciplinary Procedures*
- *Appeals Policies* (in the *Candidate Information Guide* and *Recertification Guide*) *and Forms*
- *Code of Professional Conduct for International Board Certified Lactation Consultants*

VI. Applying to Sit the Examination

A. Choose Your Pathway

After determining their examination eligibility pathway, applicants should use the Pathway Checklist found at the end of this Guide to be sure they have met all requirements of that pathway and retain any documentation that verifies completion of the pathway requirements, as they will need to submit evidence if audited.

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B. Complete an Online Application

The online application is available in the same languages in which the examination is offered. Visit the website and locate the language listed below in the IBCLC Examination Overview section.

IBLCE is incorporated in the United States and therefore the IBCLC certification programme is subject to the US Department of Treasury's Office of Foreign Assets Control (OFAC) regulations and guidance. In the instance that an individual indicates that their citizenship or residence or address is in a geographic area subject to these US regulations, the online credential management system will hold access to the account until specific information is verified by staff. This may differ depending on OFAC communications regarding the country or geographic area of focus.

Please note that OFAC regulations are highly dynamic and subject to change.

This does not affect access to the CE Self-Assessment, digital credentials, or other online systems that do not involve payment.

C. Fees and Payments

Complete information about the fees and payment options can be found in the IBCLC Programme Fee Guide.

D. IBCLC Examination Overview

The IBCLC examination consists of 175 multiple choice questions. Each question has only one correct answer, and there is no penalty for a wrong answer. It is to your advantage to answer all questions. The examination is given in two parts, and most questions in Part Two are associated with an image. The standard IBCLC examination is four (4) hours, which includes a ten (10) minute break between Part One and Part Two. Once you have completed Part One of the examination and started your scheduled break, you cannot return to any questions in Part One. Thirty extra minutes of time are allocated for test takers who attest that the examination is not offered in their primary language. The IBCLC examination consists of content related to the knowledge domains described in the *IBCLC Detailed Content Outline*.

The March/April IBCLC examination is offered in English only, and the September IBCLC examination is offered in the 10 most frequently administered examination languages:

- Chinese Traditional
- Danish
- English
- French

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- German
- Italian
- Japanese
- Korean
- Portuguese
- Spanish

Additional information on other examination languages can be found in the Translation of the IBCLC Examination into a Language Policy and the related FAQs on the IBCLC Commission website.

Pursuant to the policy linked above, the IBCLC Commission plans to introduce the IBCLC examination in the **Arabic** language, with the goal of advancing the professional practice in lactation consultation among Arabic-speaking professionals. Arabic is spoken by over 400 million people worldwide and is one of the official languages of the World Health Organization.

This additional language is currently planned for the examination administration taking place the latter half of **2027**. Please see the IBCLC Commission website for additional information.

Scaled Scoring for the IBCLC Examination

The IBCLC examination results are reported using the scaled scoring system. As a globally recognised certification, scaled scoring will continue to ensure fairness, consistency, and clarity across examination forms and score reports of the IBCLC examination. Please refer to the FAQs on the IBCLC Commission website for more information.

E. Examination Sites

IBLCE offers computer-based testing (CBT) for the examination worldwide. The use of Live Remote Proctoring (LRP) has been approved for IBCLC examination administrations moving forward. Currently, LRP is offered only in English, French, and Spanish (the March/April examination is available only in English). Please reference the IBCLC Commission website for information and updates regarding current testing modalities. In countries where CBT centres are not geographically available, a pop-up CBT testing location may be offered.

Please note: Pop-up sites can only be requested for underserved regions where a minimum number of candidates plan to sit the IBCLC examination during any given administration.

If you live in an area where you believe there may be adequate candidate demand for a Pop-

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up Site, please contact the region that serves you so we can coordinate with candidates in the area to determine if we will meet the minimum volume required by the testing vendor for a Pop-up Site.

Test centre locations can be viewed prior to applying for an examination, but please know that IBLCE's available test centre list changes periodically. Test centre availability will be most accurate at the time that you apply and go to schedule the examination appointment. You will receive an Examination Authorisation email when you are able to schedule an appointment. Scheduling as soon as you receive this notice can assist you with finding the test centre of your choice.

F. Examination Security and Incident Review Protocols

The IBCLC examination is offered in secure testing environments in order to maintain the integrity of the examination and the IBCLC certification programme. Examination administrations follow security and confidentiality protocols.

Incidents during examination administrations, and after the examinations, are reviewed to follow up as needed to determine the nature of the incident and to seek resolution as applicable.

G. Reasonable Accommodations

The IBCLC programme works with candidates to provide reasonable accommodations during the examination administration for medical conditions and disabilities. The IBCLC examination application form asks the candidate whether they seek reasonable accommodation for the examination, or whether or not a personal medical item may be needed during the examination. IBCLC programme staff works with candidates to provide reasonable accommodations for medical conditions and disabilities in accordance with applicable law.

To allow sufficient time for making reasonable accommodations, candidates must notify the IBCLC programme of their requests at the time they apply for the examination. If an issue arises after submitting the examination application, candidates should report the request as soon as possible. IBCLC programme staff will reach out to the candidate for the necessary documentation. **Candidates are asked to please return documentation within 10 business days.** Providing this documentation promptly will give IBLCE and its third-party testing vendor sufficient time to process requests and, if approved, provide the greatest flexibility when scheduling appointments. Candidates who do not return required documentation in a timely fashion are not guaranteed a testing date with the requested accommodation. Third-party documentation provided by the candidate must directly link the requested reasonable accommodation(s) to the verified health condition(s).

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H. Special Note for Pregnant Candidates

Candidates who experience health issues that may affect their ability to take the examination must notify IBCLC programme staff as soon as possible.

I. Breast/Chestfeeding During Examination Administration

The International Board of Lactation Consultant Examiners (IBLCE) and the IBCLC Commission are devoted to lactation care. Therefore, it is appropriate to provide the opportunity for examination candidates who are breast/chestfeeding to breast/chestfeed or express milk during the IBCLC examination while at the same time maintaining examination security. It is necessary that these allowances meet all the requirements for ensuring examination security while at the same time offering reasonable solutions that will allow test takers to breast/chestfeed or express milk during the examination appointment. Therefore, a break will be permitted for breast/chestfeeding or expressing milk after the first part of the examination, but no additional examination seat time for testing will be permitted. Additionally, all examination candidates, inclusive of those breast/chestfeeding or expressing milk, may not return to the first part of the examination after its completion.

Candidates requesting a breast/chestfeeding break during the examination should read the *Procedures for Breast/Chestfeeding During Examination* found on the website.

J. Non-Primary Language

The IBCLC examination is translated into multiple languages (see Section D. IBCLC Examination Overview). For candidates or certificants whose primary language, as attested to on the IBCLC application, is not among those into which the IBCLC examination is translated, the candidate will be provided extra examination time of 30 minutes (15 additional minutes in Part One and 15 additional minutes in Part Two).

VII. Confidentiality Policy

A. Commitment to Confidentiality

The IBCLC Commission in alignment with IBLCE policy is committed to protecting confidential and/or proprietary information related to applicants, candidates, certificants, the examination development process, and examination content. IBLCE and the IBCLC Commission will not disclose any confidential applicant, candidate, or certificant information unless authorised in writing by the individual or as required by law.

B. Examination Results

Individual examination results are considered confidential. Examination scores are released

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only to the individual candidate unless a signed release is provided in advance. Results are not released by phone or fax. Personal information submitted by applicants, candidates, and certificants with an application for initial certification or recertification is considered confidential.

C. Application Status

An individual's application status is considered confidential. The IBCLC programme does not disclose information regarding whether an individual has applied for certification or has taken the examination. Current certification status is published and verifiable as noted in the Credential Verification section of this policy.

D. Credential Verification

The names of certified individuals are not considered confidential and may be published. Published information may include name, city, state, country, and certification status. An online registry of certificants is provided to the public. Employers may also receive written verification provided that the IBCLC programme has received a signed release from the certificant.

E. De-Identified Data

To promote and support research within the human lactation and breastfeeding field, the IBCLC programme will, upon approval by the IBLCE Research Committee, provide aggregated and de-identified data. To achieve these goals and aims, the IBCLC programme reserves the right to use a combination of de-identified data including but not limited to examination results to evaluate performance, testing, and administration strategies for research and evaluation purposes. IBLCE may also disseminate approved surveys and questionnaire-type requests as approved by the Research Committee to its constituents to complete at their own will.

F. Examination Candidates

IBCLC examination candidates are prohibited from transmitting information about IBCLC examination questions or content in any form to any person or entity at any time, either prior to, during, or following the examination, and failure to comply with this prohibition, or failure to report any information about suspected violations of such prohibitions or otherwise about any possible examination irregularities by themselves or others, may result in score cancellation or certification revocation in accordance with IBCLC programme policies and procedures and/or legal action against the candidate, including criminal prosecution.

G. Disciplinary Process Related to Code of Professional Conduct

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Complaints

The disciplinary process related to **Code of Professional Conduct Complaints** is considered confidential. The investigation and determination of disciplinary matters and Code of Conduct Complaints should remain confidential, from anyone not involved in the disciplinary process, except as required by law, or as necessary to conduct the disciplinary process.

VIII. Initial Candidate and Recertification Audit Policy

Initial, recertification, and reinstatement applications are audited. These audits are conducted on a standardised and randomised basis. If selected for such an audit, the applicant or certificant must furnish the complete, accurate information requested in a timely manner. Failure to do so may result in a delay or denial to sit for the IBCLC examination and/or initiation of disciplinary action pursuant to the *Code of Professional Conduct for International Board Certified Lactation Consultants* and/or suspension or revocation of the opportunity to reapply for certification.

In addition to the randomised and standardised audit process set forth above, the IBCLC Commission specifically further reserves the right to require any applicant or recertificant to provide proof of education, employment, course work, or proof of any of the initial eligibility or recertification requirements in a timely manner and for such proof to be complete and accurate. Such failure to do so could also result in a delay or denial to sit for the IBCLC examination and/or initiation of disciplinary action pursuant to the *Code of Professional Conduct for International Board Certified Lactation Consultants* and/or suspension or revocation of the opportunity to reapply for certification.

IX. Notification of Examination Eligibility

Applicants who successfully meet all requirements will be notified by email of their eligibility to take the examination. This Authorisation Email will include information about examination centre locations and examination day procedures. Applicants who do not meet the examination eligibility requirements will be notified by email and will be eligible for a partial refund of examination fees paid.

X. Policy for Appealing an Eligibility or Recertification Decision

Appeals of adverse certification eligibility or recertification decisions from IBCLC certificants and applicants will be reviewed. An adverse decision may be appealed for the following reasons: 1) certification or recertification criteria were applied incorrectly or 2) a factual error impacted the underlying decision.

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A missed deadline may be appealed only due to substantiated and verified extraordinary circumstances. Certificants or applicants who wish to do so should submit the Appeals Form. The requirements associated with this process are described below.

Extraordinary circumstances are exclusively serious illness or severe injury of the candidate/certificant or immediate family member, death of an immediate family member, experiencing unavoidable natural disaster, or changes related to active military duty.

Certificants or applicants who are determined to be ineligible to take the examination or ineligible to recertify by CERPs will be notified. ***All appeals must be submitted within 30 days of the date of the notification of ineligibility.***

Appeals are evaluated by the Appeals Committee, which considers the executed appeals form together with information submitted in support of the appeal. ***In signing the appeals form, the certificant or applicant acknowledges that the decision of the IBCLC Appeals Committee is final.***

XI. Examination Withdrawal/Cancellation

If a candidate must withdraw from the IBCLC examination for which they had applied and were accepted, and/or cancel their appointment to take the IBCLC examination, the candidate MUST notify IBCLC programme staff in writing by the posted deadlines to be eligible for a partial refund. Written notification of withdrawal/cancellation may be sent by mail, e-mail, or fax and must be *received* by IBCLC programme staff no later than these deadlines for a candidate to be eligible for a partial refund of the examination fees paid.

Please see the *current Fee Guide* for details regarding the partial refund amount. In the unfortunate and rare instance of verified death or late-stage, terminal illness of the candidate, the IBCLC programme will provide a full refund of examination fees.

After the posted deadlines, no partial refunds will be given to candidates who withdraw from/cancel the IBCLC examination. Only documented extraordinary circumstances will be accepted as reasons for consideration to request for fees paid to be deferred. If granted, the deferral will be good for one examination within a one-year timeframe. Review the *IBCLC Examination Withdrawal/Cancellation Policy* on the website for further details.

XII. Examination Rescheduling Policy

Examination candidates who must reschedule their appointments may do so by the posted deadlines on the IBCLC Commission website. After these dates, candidates will not be allowed to reschedule their appointments. Only under extraordinary circumstances will examination candidates rescheduling be considered. The IBCLC programme must be notified if an appointment needs to be rescheduled after these dates. Such decisions on rescheduling are determined solely within our discretion.

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Once you have successfully rescheduled your appointment, you will receive a rescheduling confirmation email. Failure to show up to your testing centre will result in loss of examination fees. **Examination candidates can only be rescheduled for the examination for which they have been accepted.**

XIII. Examination Admissions Procedures and Candidate Conduct

To gain admission to the examination, candidates must present TWO (2) forms of identification. The primary ID must be a valid, unexpired government-issued identification that includes the candidate's **name, current photograph, and signature**,* and the secondary ID must have either their name and signature or their name and current photograph.

The FIRST form of identification MUST be one of the following government-issued IDs:

- driver's license
- international/national/regional/local identification card
- passport
- military identification card (not permitted for Live Remote Proctoring**)
- green card permanent residence card or visa

The SECOND form of identification MUST display the candidate's name and signature or name and current photograph. Acceptable forms of secondary ID include but are not limited to:

- credit card (not permitted for Live Remote Proctoring**)
- social security card (not permitted for Live Remote Proctoring**)
- employment/student ID card
- professional license
- health insurance cards

*If your primary government-issued identification contains your photograph but not your signature, your second form of identification (e.g., an employee ID card or credit card) must contain your signature to supplement your photo-bearing, government-issue ID.

** LRP is offered only in English, French, and Spanish at this time. Only IDs in English will be accepted for LRP examinations in English. For LRP examinations in another available language, IDs in English or the language of the examination will be accepted. Digital IDs are not permitted.

Please Note: Candidates who do not have these two forms of identification must contact IBCLC programme staff before the examination day to learn of their options.

The names on the IDs must match and must be the same name as on file in the IBLCE credentialing management system. If you have to update or make changes to your name, you

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MUST contact IBCLC programme staff with these changes. Updates/changes can be made by posted deadlines prior to your scheduled examination appointment; however, the IDs must match at the time of examination check-in. Name discrepancies will be reported by the testing centre to the IBCLC programme.

Candidates should allow adequate time for arrival at the examination site. Candidates are encouraged to arrive at the test centre 30 minutes prior to the scheduled appointment. This should give candidates adequate time to complete the necessary sign-in procedures.

Candidates who arrive more than 30 minutes late for their appointment will be refused admission and examination fees will be forfeited. Likewise, candidates who fail to register at the examination site on the day of the examination will forfeit all rights to any refund of examination fees. Failure to make an appointment by the posted deadlines will result in the forfeiture of the examination fees paid. Failure to show up to your testing centre will result in loss of examination fee.

Each examination site will be supervised and monitored by one or more test centre administrators/Examination Proctors. Candidates are expected to follow the rules announced by the test centre administrators/Examination Proctors. The rules are in place to ensure that the examination administration is as free as possible from distractions and that all candidates are treated fairly. During the examination administration, test centre administrators/Examination Proctors will be monitoring the room to facilitate a secure examination administration.

Candidates may not leave the test centre during the examination administration or breaks. Leaving the test centre will result in an immediate dismissal from the examination.

Candidates will be required to store all personal items in a location designated by the test centre administrator/Examination Proctor. No personal items may be taken into the testing location. Candidates will not be allowed to use their mobile/cell phones or electronic devices during the examination or during any breaks that they take during the examination administration. Candidates found in possession of and/or using such devices during the examination or during breaks will be dismissed and their examinations will not be scored. Candidates who bring their cell phones or other electronic devices to the examination site must power them off (putting them on silent/mute is not sufficient) and store them in the place designated by the test centre administrator/Examination Proctor. Neither the test centre administrators/Examination Proctors nor IBLCE are responsible for candidates' personal property.

Talking to another examination candidate is not permitted during the examination. Questions regarding the examination administration will be answered by the test centre administrator/Examination Proctor during orientation. Questions concerning the examination content are not permitted. Test centre administrators/Examination Proctors are not allowed to provide interpretation or clarification of examination questions. Cheating will not be tolerated and, if discovered, will result in a candidate's scores being cancelled or their certification being revoked in accordance with policies and procedures and/or legal action against the candidate, including criminal prosecution.

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Additionally, candidates may not discuss any examination questions after the examination with anyone, even those who also took the examination, as indicated in the *Confidentiality Policy* located in this Guide.

Please note: candidates will be asked to agree to Test Centre Regulations upon arrival to the test centre. If a candidate does not comply with these regulations, then they may be dismissed from the examination with forfeiture of the examination fees paid, including invalidation of the test score and/or pursuit of civil or criminal charges.

XIV. Examination Results Notification

Official examination results and score reports will be provided to candidates online approximately three months following the examination. Candidates who pass the examination will also receive their IBCLC digital credential after scores are made available online. For examination security reasons, individual questions are not made available following the examination.

Individual examination results are considered confidential. Results are not released by phone or fax.

XV. Policy on Requesting a Hand Score

If taken as a paper and pencil examination, scoring of the IBCLC examination is based on optical scanning of candidates' answer sheets. For computer-based testing, the candidate's response is electronically evaluated against the answer key provided. Candidates who believe that their examinations were not scored correctly may request hand verification of their answer sheets or a re-scoring of their computer-based testing responses.

All hand score requests must be submitted within 30 days following the date that the examination results were disseminated. The Hand Score Request Form can be accessed from the website. ***There is a fee associated with a Hand Score Request.*** This fee will be refunded if it is determined that the candidate's examination was scored incorrectly.

XVI. Policy for Appealing an Examination Outcome

Appeals of adverse certification decisions from examination candidates will be reviewed. An adverse decision may be appealed for the following reasons: (1) alleged inappropriate examination administration procedures or (2) environmental testing conditions severe enough to cause a major disruption of the examination process and/or other irregularities. Appeals regarding the following will NOT be accepted: (1) the determination of the passing score, (2) the examination or individual test items, or (3) test content validity. Any

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examination outcome appeal should be as specific as possible, detailing the basis of the appeal.

The Examination Outcome Appeals Form should be submitted to initiate this request. ***All Examination Outcome Appeals must be submitted within 30 days following the date that the examination results were disseminated***.

In evaluating an appeal, the executed appeal form and supporting documentation filed with the appeal as well as additional relevant information are considered. ***In signing the appeals form, the candidate acknowledges that the decision of the IBCLC Appeals Committee is final.***

A favourable appeal results **ONLY** in the deferral of the examination fees to a future examination arranged with adequate future notice.

XVII. Examination Retest Policy

In an effort to position candidates for future success on the IBCLC examination, and after a careful review of feedback from IBCLCs and stakeholders, the IBCLC Commission has recently refined the retest policy for candidates sitting the IBCLC examination. **Effective beginning with applications for the April 2026** administration, the retest policy for candidates who do not pass the IBCLC examination is as follows:

An unsuccessful candidate can retest up to three times.

After a fourth failed attempt, the candidate must earn 35 hours of additional lactation education and provide proof of the education before sitting the examination again.

After a fifth failed attempt, the candidate must wait a minimum of two years before sitting the examination again. The candidate can apply again as an initial candidate, having to meet all requirements in place at the time of application.

Once a candidate has passed the examination and earned the IBCLC, any previous failed attempts are no longer taken into account.

Applicants who plan to retest the examination should carefully review their examination score report and consider completing education in those areas of the examination in which their performance was poor. To be eligible to take the examination again, a candidate must meet current eligibility requirements, submit an application for the applicable examination, and pay the relevant examination fee. The rationale for the retesting policy is that candidates are encouraged to affirmatively address areas of deficiency prior to retaking the examination.

Prior attempts will count towards the totals allowed by the policy at the time it goes into effect.

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If a candidate fails the IBCLC examination, they are eligible to receive a 50% discounted examination retest fee for the next examination attempt or up to two years following the first time they do not pass. Both initial and recertification examination candidates are eligible for the discounted rate.

XVIII. IBCLC Registry

IBLCE reserves the right to publish the names of current IBCLCs. This registry can be found on the IBCLC Commission website.

XIX. Nondiscrimination Policy

The IBCLC programme does not and shall not discriminate on the basis of race, colour, religion, sect, gender, gender identity, sexual orientation, sex, ethnicity, age, national origin, ancestry, political persuasion, ability/disability, marital status, geographic location, or socioeconomic status in any of its activities or operations or any other basis prohibited by the laws of the United States of America or of the Commonwealth of Virginia. IBLCE and the IBCLC Commission are committed to providing an inclusive and welcoming environment for all members of the IBLCE community, as well as all seeking access to the IBLCE community.

XX. IBCLC Trademark Use Policy

The International Board of Lactation Consultant Examiners® (IBLCE®) owns certain names, trademarks, and logos, including the certification marks International Board Certified Lactation Consultant®, IBCLC®, and IBCLC Logo (the "Marks"). Only those individuals who have met the IBCLC eligibility requirements, passed the IBCLC examination, and maintained the IBCLC certification may use the Marks. Use of the Marks may only be made in accordance with the *IBCLC Trademark Use Policy* and its terms and conditions which can be found on the website.

XXI. Pathway Checklist if Randomly Selected for Audit

The following checklist outlines the requirements and the documentation that will be required if the application is selected for audit.

A. Pathway 1: Recognised Health Professionals and Recognised Breastfeeding Support Counsellors

- Health Sciences Education Courses: complete all 14 required courses
    - Individuals educated in one of the Recognised Health Professions may submit a copy of their license, registration, transcript, diploma, or degree

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as evidence of completion of the 14 courses.
    - Individuals who are not Recognised Health Professionals may submit copies of their transcript(s) and certificates as evidence of completion of the 14 courses.
- Lactation Specific Education: complete 90 hours of education
    - Including WHO Code Education: complete two (2) hours of education
    - Certificates or a transcript may be submitted as evidence of completion of the required 90 hours of instruction.
- Communication Specific Education: complete five (5) hours of education
    - Certificates or a transcript may be submitted as evidence of completion of the required five (5) hours of instruction.
- Lactation Specific Clinical Experience: complete a minimum of 1,000 hours
    - Provide information about the number and timeframe of the hours and settings in which the clinical hours were earned. Candidates may complete the *Lactation Specific Clinical Practice Calculator* from the website as proof of practice hours.

B. Pathway 2: Accredited Lactation Academic Programmes

- Health Sciences Education Courses: complete all 14 required courses
    - Individuals educated in one of the Recognised Health Professions may submit a copy of their license, registration, transcript, diploma, or degree as evidence of completion of the 14 courses.
    - Individuals who are not Recognised Health Professionals may submit copies of their transcript(s) and certificates as evidence of completion of the 14 courses.
- Complete an accredited lactation academic programme (specifically listed on the accreditor's website as a recognised Pathway 2 Programme) that integrates the following in the curriculum:
    - 90 hours of Lactation Specific Education
        - Including WHO Code Education: complete two (2) hours of education
    - Five (5) hours of Communication Specific Education
- 300 hours of directly supervised Lactation Specific Clinical Experience
- A copy of your transcript, certificate, or a letter from the lactation academic programme director may be submitted as evidence of completion from the academic programme.

C. Pathway 3: Mentorship with an IBCLC

- Have a verified Pathway 3 Plan on file
- Health Sciences Education Courses: complete all 14 required courses
    - Individuals educated in one of the Recognised Health Professions may

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submit a copy of their license, registration, transcript, diploma, or degree as evidence of completion of the 14 courses.
    - Individuals who are not Recognised Health Professionals may submit copies of their transcript(s) and certificates as evidence of completion of the 14 courses.
- Lactation Specific Education: complete 90 hours of education
    - Including WHO Code Education: complete two (2) hours of education
    - Certificates or a transcript may be submitted as evidence of completion of the required 90 hours of instruction.
- Communication Specific Education: complete five (5) hours of education
    - Certificates or a transcript may be submitted as evidence of completion of the required five (5) hours of instruction.
- Lactation Specific Clinical Experience: complete a minimum of 500 directly supervised hours as outlined in your Pathway 3 Plan
    - Provide information about the number and timeframe of the hours and settings in which the clinical hours were earned. Candidates may use the logs and time sheets provided in the *Pathway 3 Plan Guide*.

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XXII. June 2022 Updated Interim Guidance on the Use of Technology to Meet Pathways 1, 2, and 3 Clinical Practice Requirements

The June 2022 Updated Interim Guidance on the Use of Technology to Meet Pathways 1, 2, and 3 Clinical Practice Requirements was originally published by IBLCE before the transition to the IBCLC Commission Structure.

In July 2025, the IBCLC Commission further extended the timeframe for this Interim Guidance for the foreseeable future, with no substantive changes made at this time.

A. Relevant Background

The International Board of Lactation Consultant Examiners® (IBLCE®) previously released an *Advisory Opinion on Telehealth* focusing on the provision of lactation consultant services to ***consumers*** in alignment with IBCLC® guiding practice documents inclusive of the *Scope of Practice for International Board Certified Lactation Consultant® (IBCLC®) Certificants* (dissemination and effective date December 12, 2018), the *Code of Professional Conduct for IBCLCs* (effective November 1, 2011 and updated September 2015), and the *Clinical Competencies for the Practice of International Board Certified Lactation Consultants (IBCLCs)* (dissemination and effective date December 12, 2018).

For a variety of reasons, inclusive of accessibility but most pertinently the onset of the COVID-19 pandemic, on April 17, 2020, IBLCE issued *Interim Guidance on the Use of Technology to Meet Pathway 1 and 2 Clinical Practice Requirements*. This interim guidance was intended to clarify and inform IBLCE stakeholders regarding the use of technology to meet the lactation specific clinical practice requirement pursuant to IBCLC Pathway 1 (Recognised Health Professional or Recognised Breastfeeding Support Counsellor Organisation) and Pathway 2 (Accredited Lactation Academic Programmes). At that time, IBLCE indicated it would be providing similar information in due course with respect to Pathway 3 (Mentorship with an IBCLC).

Therefore, on May 14, 2020, IBLCE issued this *Updated Interim Guidance on the Use of Technology to Meet Pathways 1, 2, and 3 Clinical Practice Requirements* and it superseded and replaced the previous interim guidance issued on April 17, 2020. This updated version included the addition of guidance for Pathway 3. On October 6, 2020, IBLCE further extended the timeframe for this Interim Guidance to September 30, **2021**, with no substantive changes made at that time. Upon further review and with the sustained impacts of the COVID-19 pandemic, IBLCE further extended the timeframe for this Interim Guidance to September

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30, **2022**, with the addition of the reference list (Appendix A) as the *August 2021 Updated Interim Guidance*. In June 2022, IBLCE further extended the timeframe for this Interim Guidance to September 30, **2023**, with no substantive changes made at this time.

B. Key Prefatory Notes

1. Adherence to IBLCE Advisory Opinion on Telehealth

Candidates seeking to meet IBCLC eligibility requirements via Pathway 1, Pathway 2, or Pathway 3, as well as those providing oversight of clinical practice, must carefully review and follow IBLCE's *Advisory Opinion on Telehealth*. That opinion provides important information relevant to the use of technology with respect to IBCLC lactation specific clinical practice via Pathway 1, Pathway 2, and Pathway 3. IBCLCs providing clinical supervision must adhere both to the laws in their jurisdiction of practice as well as to the relevant IBCLC guiding practice documents inclusive of the *Scope of Practice for International Board Certified Lactation Consultant® (IBCLC®) Certificants* (dissemination and effective date December 12, 2018), the *Code of Professional Conduct for IBCLCs* (effective November 1, 2011 and updated September 2015), and the *Clinical Competencies for the Practice of International Board Certified Lactation Consultants (IBCLCs)* (dissemination and effective date December 12, 2018).

That advisory opinion also makes clear that an IBCLC should particularly consider how one's provision of lactation consulting services via telehealth is in alignment with the key provisions of the aforementioned guiding practice documents inclusive of privacy, security, assessment, demonstration and evaluation of relevant techniques, provision of evidence-based information to clients, as well as appropriate collaboration with, or referral to, other healthcare providers. Particularly emphasised is Principle 3.2 of the *Code of Professional Conduct* which requires advance written consent from the breastfeeding parent prior to photographing, recording, or taping (audio or video) that parent or the child.

The information provided in the *Advisory Opinion on Telehealth* also applies to clinical supervision by IBCLCs as well as those pursuing the IBCLC via Pathway 1, Pathway 2, and Pathway 3[1] and is incorporated by reference into this interim guidance document.

[1] IBLCE is not responsible for the individual educational, practice, professional, or contractual terms or situations of any IBCLC, including but not limited to any legal or other terms of any business relationship between any aspiring IBCLC and one's educational institution or clinical supervisor. Individual IBCLCs and applicants are fully responsible for all actions and decisions, whether legal, health, or financial related, and neither IBLCE nor its officers, directors, employees, subject matter experts, or other agents are responsible or liable for any loss or damage caused by such acts or decisions. All determinations as to eligibility, candidacy, and certification made by IBLCE shall be based on applicable terms, conditions, and requirements as stated by IBLCE in published materials and on the IBLCE website in accordance with applicable IBLCE policies and procedures.

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2. The Use of Technology in Clinical Supervision

Technology can be used in the context of clinical supervision and is particularly important due to public health considerations such as are currently being experienced worldwide, but also due to accessibility issues.

However, use of technology in the context of clinical supervision does require enhanced communication, additional planning, and a focus on technological and administrative details, as well as a sound grasp of the legal requirements in not just one, but two locations and thus possibly two jurisdictions. Key considerations include security, most particularly of technological platforms, privacy including sensitive health data as well as detailed informed consent. Those making use of technology in clinical supervision should also give careful consideration to the reliability of potential platforms. Basic to intermediate competency should be achieved by all parties using the platform prior to its utilisation. Moreover, considerable thought and planning should be devoted to assuring that the clinical supervision is designed to create a realistic clinical experience.

Those seeking to leverage technology to provide clinical supervision, if not already experienced in this type of supervision, should pursue training or independent study in this approach to knowledgably and competently provide effective clinical supervision similar to that which would be offered in person. For a reference list compiled by IBLCE of peer-reviewed articles discussing telehealth in healthcare practice, please see Appendix A.

3. Relationship of IBLCE Interim Guidance to Pathway 1, Pathway 2, and Pathway 3

It is important to note that this document does not *substantively* change IBLCE's existing clinical practice eligibility requirements with respect to Pathway 1, Pathway 2, and Pathway 3 but simply provides information on ***how*** IBLCE's Pathway 1, Pathway 2, and Pathway 3 clinical eligibility requirements can be met by leveraging technology.

4. Relationship of IBLCE Interim Guidance to the IBCLC *Candidate Information Guide*

It is critical to note that due to the exigent circumstances associated with the current global pandemic, it is not feasible for IBLCE to quickly edit and translate the entirety of the IBCLC *Candidate Information Guide* nor the website into sixteen languages so as to

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align with this interim guidance document. Therefore, this interim guidance should be read in conjunction with the *Candidate Information Guide* and to the extent information contained in the *Candidate Information Guide* conflicts, or is silent, with the guidance contained in this document, this interim guidance shall govern.

It should also be carefully noted that this is interim guidance only. Due to the continued impact of the COVID-19 pandemic, this Interim Guidance is extended from the previously announced date of September 30, 2022, to **September 30, 2023**. IBLCE will continue to monitor the COVID-19 pandemic and provide any further updates in 2023.

C. IBCLC Certification Eligibility Pathways

As noted above, the International Board Certified Lactation Consultant (IBCLC) credential may be accessed through three pathways. It should be noted that current requirements for the IBCLC already contemplate, in a number of ways, the use of technology to meet IBCLC requirements. For example, many candidates pursuing the IBCLC through each of the three pathways meet the current 95-hour lactation specific education requirement, which includes an additional five hours of education focused on communication skills as of 2021, through online education.

Therefore, this interim guidance document is limited solesly to how one can meet the clinical practice requirements of Pathway 1, Pathway 2, and Pathway 3.

D. Interim Guidance

1. Pathway 1 and the Use of Technology for Lactation Specific Clinical Practice

Pathway 1 provides that candidates must practise as a *Recognised Health Professional* or provide breastfeeding support through a *Recognised Breastfeeding Support Counsellor Organisation* and earn a minimum of 1000 hours of lactation specific clinical practice inan appropriate supervised setting within the five years immediately prior to examinationapplication. Pathway 1 clinical practice hours currently allow for the use of technology in the following ways:

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i. Clinical practice must be obtained in an appropriate supervised setting which does not need to be directly supervised (further defined on page 9). If the appropriate supervised setting allows for the use of telehealth or other technologies to provide breastfeeding and lactation care, then this is an acceptable way to earn these clinical hours.

ii. Breastfeeding support counsellors from a *Recognised Breastfeeding Support Counsellor Organisation* must earn clinical practice hours in a delivery setting which meets the criteria outlined by IBLCE and may include telehealth or the use of other technologies as an option for providing services. For those volunteer accredited breastfeeding support counsellors using the flat-rate hour calculations to earn the needed 1000 hours of clinical practice, all modality types of care can count toward the flat-rate of 500 hours per 12 months. The 250 hours per 12 months rate for telephone and/or online care is increasing to 500 hours per 12 months. Noting that beginning January 1, 2022, and going forward, clinical practice hours are to be earned on an hour-for-hour basis and the flat rate option is no longer available.

2. **Pathway 2 and the Use of Technology for Direct Supervision of Lactation Specific Clinical Practice**

Students in Pathway 2 programmes may earn 100% of their minimum of 300 hours of directly supervised lactation specific clinical practice through technology platforms.

3. **Pathway 3 and the Use of Technology for Direct Supervision of Lactation Specific Clinical Practice**

Candidates in Pathway 3 mentorship programmes may earn 100% of their minimum of 500 hours of directly supervised lactation specific clinical practice through technology platforms.

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Appendix A: IBLCE Reference List for the Updated Interim Guidance on the Use of Technology to Meet Pathways 1, 2, and 3 Clinical Practice Requirements

Bashir, A., & Bastola, D. R. (2018). Perspectives of nurses toward telehealth efficacy and quality of health care: pilot study. *JMIR Medical Informatics, 6*(2). http://dx.doi.org/10.2196/medinform.9080

Bashshur, R. L., Howell, J. D., Krupinski, E. A., Harms, K. M., Bashshur, N., & Doarn, C. R. (2016). The empirical foundations of telemedicine interventions in primary care. *Telemedicine and e-Health, 22*(5), 342 – 375. https://doi.org/10.1089/tmj.2016.0045

Buvik, A., Bergmo, T. S., Bugge, E., Smaabrekke, A., Wilsgaard, T., & Olsen, J. A. (2019). Cost-effectiveness of telemedicine in remote orthopedic consultations: randomized controlled trial. *Journal of Medical Internet Research, 21*(2). https://doi.org/10.2196/11330

Mold, F., Hendy, J., Lai, Y., & de Lusignan, S. (2019). Electronic consultation in primary carebetween providers and patients: systematic review. *JMIR Medical Informatics, 7*(4). http://dx.doi.org/10.2196/13042

Pierce, R. P., & Stevermer, J. J. (2020). Disparities in use of telehealth at the onset of the COVID-19 public health emergency. *Journal of Telemedicine and Telecare, 0*(0), 1 – 7. https://doi.org/10.1177/1357633X20963893

Scott Kruse, C., Karem, P., Shifflett, K., Vegi, L., Ravi, K., & Brooks, M. (2018). Evaluating barriers to adopting telemedicine worldwide: a systematic review. *Journal of Telemedicine and Telecare, 24*(1), 4–12. https://doi.org/10.1177/1357633X16674087

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XXIII. 2027 Fee Schedule

Please see the IBCLC Programme Fee Guide for more information.

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XXIV. IBCLC Detailed Content Outline

Effective 2023

International Board Certified Lactation Consultant® (IBCLC®)
Detailed Content Outline

I.	**Development and Nutrition**	**32**

A. Infant

1. Feeding behaviours at different ages
2. Food intolerances/allergies
3. Infant anatomy and anatomical/oral challenges
4. WHO guidelines for introducing complementary foods
5. Low birth weight and very low birth weight
6. Milk banking – formal and informal
7. Normal infant behaviours
8. Nutritional requirements – including preterm
9. Preterm development, growth, and behaviours (including late preterm)
10. Skin tone, muscle tone, reflexes
11. Term development and growth
12. WHO growth charts with gestational age adjustment
13. Stooling and voiding

B. Maternal

1. Breast development and growth (typical and atypical)
2. Breast surgery
3. Composition of human milk
4. Maternal anatomical challenges
5. Maternal nutritional status
6. Nipple structure and variations
7. Nipple modifications (e.g., piercings, tattoos)

II.	**Physiology and Endocrinology**	**14**

A. Physiology of Lactation

1. Relactation
2. Infertility issues
3. Inducing lactation
4. Pregnancy and breastfeeding – tandem
5. Multiples (e.g., twins, triplets)

B. Endocrinology

1. Hormonal influence of milk production
2. Diabetes
3. Maternal hormonal disorders (e.g., pituitary, thyroid, Polycystic Ovarian Syndrome)
4. Maternal autoimmune disorders
5. Newborn hypoglycemia

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International Board Certified Lactation Consultant® (IBCLC®)
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III. Pathology	35

A. Infant

1. Ankyloglossia
2. Cleft lip and palate
3. Congenital anomalies (e.g., gastrointestinal, cardiac)
4. Gastroesophageal Reflux Disease (GERD), reflux
5. Hyperbilirubinemia
6. Infant neurological disabilities
7. Small for Gestational Age (SGA), Large for Gestational Age (LGA)
8. Infant acute disease (e.g., infectious, cardiac, metabolic)
9. Vertically transmitted infections (e.g., HIV, Hepatitis B)
10. Esophageal atresia
11. Inborn error of metabolism
12. Infant cancer
13. Infant GI anomalies

B. Maternal

1. Abscess
2. Milk ejection reflex dysfunction
3. Maternal acute disease (e.g., infectious, cardiac, metabolic)
4. Maternal chronic disease
5. Maternal disability (physical and neurological)
6. Mastitis
7. Milk supply, low or over
8. Nipple and breast conditions
9. Nipple pain and trauma
10. Post-partum hemorrhage
11. Pre-eclampsia / pregnancy induced hypertension
12. Maternal cancer

IV. Pharmacology and Toxicology	14

A. Alcohol
B. Nicotine and tobacco
C. Cannabis
D. Medications (e.g., prescriptions, over-the-counter, diagnostic and therapeutic procedures, aids to labor and delivery)
E. Drugs of abuse
F. Contraception
G. Galactagogues
H. Gel dressings/nipple creams
I. Herbs and supplements
J. Chemotherapy/radiation therapy/radioactive scans

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International Board Certified Lactation Consultant® (IBCLC®)
Detailed Content Outline

V.	**Psychology, Sociology, and Anthropology**	**20**

A. Transition to parenthood
B. Birth practices
C. Foods to eat/avoid that influence lactation
D. Employment – beginning or returning to work
E. Family lifestyle
F. Identifying support networks
G. Maternal mental health
H. Maternal psychological/cognitive issues
I. Breastfeeding dyad relationship
J. Safe sleep
K. Weaning
L. Cultural awareness

VI.	**Techniques**	**25**

A. Effective milk transfer (including medically-indicated supplementation)
B. First hour
C. Latching (attaching)
D. Managing supply
E. Milk expression (e.g., pumping, hand expression, leakage)
F. Position of the breastfeeding dyad (hands-off)
G. Refusal of breast, bottle
H. Skin-to-skin (kangaroo care)

VII.	**Clinical Skills**	**35**

A. Equipment and Technology

1. Feeding devices (e.g., tubes at breast, cups, syringes, teats, paladai)
2. Handling and storage of human milk
3. Nipple devices (e.g., shields, everters)
4. Dummies (pacifiers)
5. Pumps
6. Scales (e.g., accuracy, precision, operation)
7. Communication technology (e.g., virtual visits, translation or interpretation services, websites)

B. Education and Communication

1. Active listening
2. Anticipatory guidance
3. Care plan development and sharing
4. Educating mothers and families
5. Educating professionals, peers, and students
6. Emotional support
7. Empowerment
8. Group support

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VII. Clinical Skills (continued)

C. Ethical and Legal Issues

1. Breastfeeding in public
2. Clinical competencies
3. Code of Professional Conduct (CPC)
4. Principles of confidentiality
5. WHO code – advocacy and policy

D. Research

1. Apply evidence-based practice
2. Interpret research results
3. Use research to help develop policies and protocols
4. Design research (including gaining ethical permission)
5. Participate in surveys and data collection

E. Public Health and Advocacy

1. Advocate for Baby-Friendly Hospital Initiative (BFHI)
2. Advocate for compliance with World Health Organization International Code of Marketing of Breast-milk Substitutes (WHO Code)
3. Advocate for mother / infant in healthcare system
4. Develop breastfeeding-related policies
5. Advocate to government / health ministries
6. Breastfeeding in emergency situations (e.g., natural disasters, personal emergencies)

Total Number of Items on the Examination	**175**

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Secondary Classifications

As supported by the practice analysis results, examination items should generally relate to the key tasks associated with developing a care plan, which include:

	Tasks
1	Develop a plan
2	Document
3	Evaluate
4	Help mother determine goals
5	History taking
6	Work with other healthcare providers
7	Visual examination of the breastfeeding mother's nipple and breast
8	Visual examination of the breastfeeding infant's position and latch
9	Verbal communication with breastfeeding families

Except for those items addressing general principles, items are classified according to the chronological period, using the following guidelines:

	Chronological Periods
1	Prenatal - maternal
2	Labour - maternal / birth - perinatal
3	Prematurity (including late preterm)
4	0 - 2 days
5	3 - 14 days
6	15 – 28 days
7	1 - 3 months
8	4 - 6 months
9	7 - 12 months
10	Beyond 12 months
11	General principles (including preconception)

Specific targets are not provided for these secondary classifications, but all chronological periods appear on the examination.

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