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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

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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



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

- 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 $^{(\!0\!)}$ (IBCLC $^{(\!0\!)}$) Detailed Content Outline

	STAGE WORK STATE CO. STATE	
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	
	 Feeding devices (e.g., tubes at breast, cups, syringes, teats, paladai) Handling and storage of human milk Nipple devices (e.g., shields, everters) Dummies (pacifiers) Pumps Scales (e.g., accuracy, precision, operation) Communication technology (e.g., virtual visits, translation or interpretation services, websites) 	
	B. Education and Communication	
	 Active listening Anticipatory guidance Care plan development and sharing Educating mothers and families Educating professionals, peers, and students Emotional support Empowerment 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



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.