CANDIDATE INFORMATION GUIDE

For initial, repeat, and lapsed 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?

IBLCE®, or the International Board of Lactation Consultant Examiners®, is the independent international certification body conferring the International Board Certified Lactation Consultant® (IBCLC®) credential.

A. Contact Information

International Board of Lactation Consultant Examiners (IBLCE)
10301 Democracy Lane, Suite 400
Fairfax, VA 22030-2545
USA
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 IBLCE website.

IBLCE 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 in 2023.

B. Key Dates

Please visit the IBLCE 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 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 IBLCE® 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 in this time frame, as well as 250 hours of practice in lactation consulting. Please review the Recertification Guide on IBLCE’s website for further information about recertification requirements.

IBCLC certificants who let their certification lapse will have one examination attempt within one year immediately following their expiration year to sit the examination without having to meet the clinical hour and education requirements and must pay the full examination fee. For any subsequent examination attempts, lapsed candidates must meet all eligibility requirements for an initial candidate valid at the time of examination application and pay the full examination fee.

III. IBCLC Examination Eligibility Requirements

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

Please note that while a number of IBLCE’s WHO Code initiatives have been implemented with further information forthcoming in the IBLCE Briefing, due to the pivot of time and resources necessitated by the COVID-19 pandemic, the implementation for mandatory WHO Code training for certificants as well as revision of the IBLCE®
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).

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

Communications Specific Education

In addition to the 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 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  
  o Theories and principles of interpersonal communication emphasising models of communication, verbal and nonverbal message systems, and analysis of communicative relationships.
- Health Communication  
  o 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  
  o Explores relational health communication research and practice. Examines the role of interpersonal communication in health care delivery, health promotion, disease prevention, risk communication, as well as in promoting personal and psychosocial wellbeing.

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.

C. Lactation Specific Clinical Experience

All candidates must complete relevant clinical experience. Clinical skills are a key knowledge area and important for successful practice as a lactation consultant.

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 24 of this guide for interim guidance related to COVID-19.

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 IBLCE® Code of Professional Conduct for International Board Certified Lactation Consultants

The IBLCE® Code of Professional Conduct for International Board Certified Lactation Consultants and accompanying procedures are publicly available on the IBLCE website. The purpose of this is to define professional conduct for IBCLCs and to protect the public.

An IBCLC candidate (not certified by IBLCE) with a pending disciplinary matter involving an alleged IBLCE® 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, IBLCE 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 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 95 hours of lactation specific education, five (5) hours of which must be communication specific education, as well as relevant clinical experience and adherence to the IBLCE® 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 practise as an IBCLC. Further details may be found on the IBLCE 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 95 hours of lactation specific education within the five years immediately prior to examination application.
   - Five (5) hours of this education is to be focused on communication skills. Preferably these five hours will be directly related to lactation and breastfeeding care, but this is not a requirement.

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

3. 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

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

5. 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

6. Please note: Candidates associated with an IBLCE Recognised Breastfeeding Support Counsellor Organisation are to earn clinical hours on an hour-per-hour basis.

7. 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.

8. Adherence to, with attestation, the IBLCE® Code of Professional Conduct for International Board Certified Lactation Consultants.

*Please see page 24 of this guide for interim guidance due to COVID-19.

B. Pathway 2: Accredited Lactation Academic Programmes

Pathway 2 IBCLC applicants must 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.

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 completion of the academic programme.

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

1. Minimum of 95 hours of lactation specific education within the five years immediately prior to examination application.
   o Five (5) hours of this education is to be focused on communication skills. Preferably these five hours will be directly related to lactation and breastfeeding care, but this is not a requirement.

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

3. Adherence to, with attestation, the IBLCE® Code of Professional Conduct for International Board Certified Lactation Consultants.

*Please see page 24 of this guide for interim guidance due to COVID-19.

Pathway 2 IBCLC applicants must have completed the accredited lactation academic programme within the five years immediately prior to their examination application. Please
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 IBLCE prior to beginning the mentorship. **All Pathway 3 Plans MUST be verified by IBLCE through an application process (which includes a fee) PRIOR to earning clinical hours for this Pathway.**

In addition to the Health Sciences Education courses, Pathway 3 candidates must complete:

1. Minimum of 95 hours of lactation specific education within the five years immediately prior to examination application.
   - Five (5) hours of this education is to be focused on communication skills. Preferably these five hours will be directly related to lactation and breastfeeding care, but this is not a requirement.

2. 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.

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

*Please see page 24 of this guide for interim guidance due to COVID-19.

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

B. Complete an Online Application

The online application is available in the same languages as IBLCE offers the examination. Visit the IBLCE website and locate your language.

C. Fees and Payments

Complete information about the fees and payment options can be found at the end of this Guide.

D. IBCLC Examination Overview

The 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 IBLCE examination is four (4) hours, which includes a ten (10) minute break between Part One and Part Two. 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.

E. Examination Sites

IBLCE offers computer-based testing (CBT) for the examination worldwide. IBLCE
has approved the use of Live Remote Proctoring (LRP) for 2020-2023 IBCLC examination administrations in light of the ongoing global pandemic. Any use of LRP for IBCLC examinations in 2024 and beyond will be subject to further review. LRP is only available in English, as this is the only language currently available from the testing vendor. Please reference the IBLCE website for information and updates regarding testing modalities in 2023. In countries where CBT centres are not geographically available, a pop-up CBT testing location may be offered. 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. IBLCE will notify you by 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. IBLCE examination administrations follow security and confidentiality protocols.

IBLCE reviews incidents during examination administrations, and after the examinations, to follow up as needed to determine the nature of the incident and to seek resolution as applicable.

G. Reasonable Accommodations

IBLCE 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. IBLCE works with candidates to provide reasonable accommodations for medical conditions and disabilities in accordance with applicable law.

IBLCE staff will reach out to the candidate for the necessary documentation. **Candidates are asked to please return documentation within 30 business days.** Providing this documentation promptly will give IBLCE and its third-party testing vendor sufficient time to process requests and 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.
H. Special Note for Pregnant Candidates

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

I. Breast/Chestfeeding During Examination Administration

The International Board of Lactation Consultant Examiners (IBLCE) is devoted to lactation care. Therefore, it is appropriate for IBLCE 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 IBLCE examination security while at the same time offering reasonable solutions that will allow test takers to breast/chestfeed or pump 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 IBLCE website.

J. Non-Primary Language

The IBCLC examination is translated into a wide range of languages. 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, IBLCE will provide extra examination time of 30 minutes.

VII. Confidentiality Policy

A. Commitment to Confidentiality

IBLCE is committed to protecting confidential and/or proprietary information related to applicants, candidates, certificants, the examination development process, and examination content. IBLCE will not disclose any confidental 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 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. IBLCE does not disclose information regarding whether or not 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 by IBLCE. 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 IBLCE has received a signed release from the certificant.

E. De-Identified Data

IBLCE may, upon approval by the IBLCE Research Committee, use aggregated and de-identified data. IBLCE reserves the right to use a combination of de-identified data, including but not limited to examination results. IBLCE may also disseminate approved surveys and questionnaire-type requests to its constituents to complete at their own will.

F. Examination Candidates

IBLCE examination candidates are prohibited from transmitting information about IBLCE 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 IBLCE policies and procedures and/or legal action against the candidate,
including criminal prosecution.

G. IBLCE Disciplinary Process Related to Code of Professional Conduct Complaints

The IBLCE 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

IBLCE audits initial applications and recertification applications. 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 IBLCE® 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, IBLCE specifically further reserves the right to require any applicant or recertificant to provide proof of education, employment, coursework, or proof of any of the initial eligibility or recertification requirements in a timely manner and 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 IBLCE® 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 eligibility notification 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

IBLCE will review appeals of adverse certification eligibility or recertification decisions
from IBCLC certificants and applicants. An adverse decision may be appealed for the following reasons: 1) IBLCE did not apply certification or recertification criteria correctly or 2) a factual error impacted the underlying decision.

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. Due to COVID-19, additionally in 2023, extraordinary circumstances include COVID-19 related concerns, such as job loss of the candidate and/or partner/spouse, COVID-19 health issue for candidate or immediate family member, and/or concern for going into the public due to COVID-19.

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

Appeals are evaluated by the IBLCE 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 IBLCE 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 IBLCE in writing by the posted deadlines to be eligible for a partial refund. After the posted deadlines, no partial refunds will be given to candidates who withdraw/cancel from the IBCLC examination. Only documented extraordinary circumstances will be accepted as reasons for IBLCE to consider a request for the fees paid to be deferred to a future examination. Review the IBCLC Examination Withdrawal/Cancellation Policy on the IBLCE website for further details.

**XII. Examination Rescheduling Policy**

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

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 with photograph
- international/national/regional/local identification card with photograph
- passport with photograph
- military identification card with photograph
- green card permanent residence card or visa with photograph

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

*LRP is offered only in English by the third-party testing vendor at this time.

**Please Note**: Candidates who do not have these two forms of identification must contact IBLCE before the examination day to learn of their options. The names on the IDs must match and must be the same name as the one on file with IBLCE. Candidates who need to update or make changes to their name MUST contact IBLCE with these changes by the deadline listed in examination authorisation email; however, the IDs must match at the time of examination check-in.

Candidates should allow adequate time for arrival at the examination site. Candidates are
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.

Each examination site will be supervised and monitored by one or more test centre administrators/IBLCE Examination Proctors. Candidates are expected to follow the rules announced by the test centre administrators/IBLCE 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. The test centre administrators/IBLCE Examination Proctors will designate a location where personal belongings such as purses are to be stored during the exam. During the examination administration, test centre administrators/IBLCE 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 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/IBLCE Examination Proctor. [Please note: Neither the test centre administrators/IBLCE 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/IBLCE Examination Proctor during orientation. Questions concerning the examination content are not permitted. Test centre administrators/IBLCE 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 IBLCE policies and procedures and/or legal action against the candidate, including criminal prosecution.
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.

The examination will be administered in multiple-choice format. The candidate will view and answer questions on a computer.

XIV. Examination Results Notification

Official examination results will be provided to candidates two to three months following the examination. Candidates who pass the examination will also receive their IBCLC certificate, along with their examination score report. For examination security reasons, IBLCE does not make individual questions available following the examination.

XV. Policy on Requesting a Hand Score

If taken as a paper and pencil examination, scoring of the IBLCE 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 by IBLCE. 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 IBLCE 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

IBLCE will review appeals of adverse certification decisions from examination candidates. 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 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, IBLCE considers the executed appeal form and supporting documentation filed with the appeal as well as additional relevant information. In signing the appeals form, the candidate acknowledges that the decision of the IBLCE 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

There is no limit to the number of times an unsuccessful candidate may apply to retest the IBCLC certification examination. 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.

If a candidate fails the IBCLC examination, then they are eligible to receive a 50% discounted examination retest fee for the next three examination attempts or up to three 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 IBLCE website.

XIX. Nondiscrimination Policy

IBLCE 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 is 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 and IBCLC Logo (the “Marks”). Only those individuals who have met the IBLCE eligibility requirements, passed the IBLCE 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 IBLCE 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 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 95 hours of education
  - Certificates or a transcript may be submitted as evidence of completion of the required 95 hours of instruction.
    - Including Communication Specific Education: complete five (5) hours of education
- 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 accreditors’ website as a recognised Pathway 2 Programme) that integrates the following in the curriculum:
  - 95 hours of Lactation Specific Education
    - Including Communication Specific Education: complete five (5) hours of 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 with IBLCE

- 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.

- Lactation Specific Education: complete 95 hours of education
  - Certificates or a transcript may be submitted as evidence of completion of the required 95 hours of instruction.
    - Including Communication Specific Education: complete five (5) hours of education

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

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 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 31 and is incorporated by reference into this interim guidance document.

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...

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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.
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 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.
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 solely 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 in an appropriate supervised setting within the five years immediately prior to examination application. Pathway 1 clinical practice hours currently allow for the use of technology in the following ways:

   i. Clinical practice must be obtained in an appropriate supervised setting which does not need to be directly supervised (further defined on page 7). If the appropriate supervised setting allows for the use of telehealth or other

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.
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.
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

[http://dx.doi.org/10.2196/medinform.9080](http://dx.doi.org/10.2196/medinform.9080)


XXIII. 2023 Fee Schedule

Please see the IBLCE Fee Guide 2023 for more information.
## IBCLC Detailed Content Outline (Effective 2023)

### I. Development and Nutrition

#### 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

#### 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

#### 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
# International Board of Lactation Consultant Examiners® (IBLCE®)
## Detailed Content Outline

### V. Psychology, Sociology, and Anthropology
- 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
- 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
#### 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
## Detailed Content Outline

### 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)
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:

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Develop a plan</td>
</tr>
<tr>
<td>2</td>
<td>Document</td>
</tr>
<tr>
<td>3</td>
<td>Evaluate</td>
</tr>
<tr>
<td>4</td>
<td>Help mother determine goals</td>
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<tr>
<td>5</td>
<td>History taking</td>
</tr>
<tr>
<td>6</td>
<td>Work with other healthcare providers</td>
</tr>
<tr>
<td>7</td>
<td>Visual examination of the breastfeeding mother’s nipple and breast</td>
</tr>
<tr>
<td>8</td>
<td>Visual examination of the breastfeeding infant’s position and latch</td>
</tr>
<tr>
<td>9</td>
<td>Verbal communication with breastfeeding families</td>
</tr>
</tbody>
</table>

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

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

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