

**North American Board of Breastfeeding and Lactation Medicine (NABBLM)**  
**NABBLM-C Certification Examination Blueprint**  
**(Last Updated: June 13, 2023)**

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| <b>1. Obtain and Review Patient Data (16.1%)</b>  |
| 1.A Take comprehensive BFL history of lactating parent(s)                                   |
| 1.B Take comprehensive BFL history of infant(s)/child(ren)                                  |
| 1.C Take comprehensive BFL history of feeding/expressing                                    |
| 1.D Perform physical exam of BFL parent (e.g., focused, relevant)                           |
| 1.E Identify abnormal breast anatomy  |
| 1.F Collect milk cultures   |
| 1G. Recognize BFL parent emotional/mental health concerns                                   |
| 1H. Perform physical exams of infant/child (e.g., focused, relevant)                        |
| 1I. Obtain infant growth measurements   |
| 1J. Identify abnormal infant oral anatomy   |
| 1K. Observe function of lingual frenulum  |
| 1L. Observe feeding (e.g., attachment/latch, behavior, comfort)                             |
| 1M. Evaluate feeding positioning  |
| 1N. Assess milk transfer  |
| 1O. Perform weighted feed   |
| 1P. Conduct hand expression assessment  |
| 1Q. Conduct pumping assessment  |
| 1R. Document BFL history and physicals  |
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| <b>2. Formulate Diagnoses: Integrate Subjective and Objective Findings (15.7%)</b>          |
| 2A. Interpret diagnostic test results (e.g., lab & imaging results)                         |
| 2B. Evaluate milk production issues   |
| 2C. Evaluate persistent breast pain   |
| 2D. Diagnose breast pathology (e.g., abscess, mastitis)                                     |
| 2E. Evaluate NAC trauma   |
| 2F. Evaluate lactiferous duct issues (e.g., bleeding, compression, constriction, infection) |
| 2G. Evaluate mammary gland abscess in BFL context (e.g., drain, refer)                      |
| 2H. Interpret infant growth charts  |
| 2I. Evaluate infant oral anatomy and function   |
| 2J. Interpret infant behavior (e.g., comfort, feeding, sleep)                               |
| 2K. Evaluate infant growth  |
| 2L. Evaluate dyad feeding   |
| 2M. Identify feeding problem (e.g., dyad, infant, maternal)                                 |
| 2N. Evaluate feeding attachment/latch   |
| 2O. Troubleshoot pump issues  |
| 2P. Develop differential diagnoses for BFL concerns   |
| 2Q. Interpret dynamic relationship between diagnoses of BFL patients                        |

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| <b>3. Manage Care of BFL Parent(s) (17.5%)</b>  |
| 3A. Manage breast pathology (e.g., injury, lesions, mastitis spectrum)                      |
| 3B. Treat NAC pathology (e.g., lesions, trauma)   |
| 3C. Treat lactiferous duct issues (e.g., bleeding, compression, constriction, inflammation) |
| 3D. Treat breast infections (e.g., abscess, mastitis)                                       |
| 3E. Manage mammary gland abscess in BFL context (e.g., drain, refer)                        |
| 3F. Manage persistent breast pain   |
| 3G. Manage milk production issues (e.g., insufficient or over-production)                   |
| 3H. Assist with maternal milk removal difficulties  |
| 3I. Treat regional mammary gland dysfunction (e.g., "blocked ducts" or focal engorgement)   |
| 3J. Treat engorgement   |
| 3K. Perform manual mammary lymphatic drainage   |
| 3L. Manage relactation  |
| 3M. Manage induced lactation  |
| 3N. Manage nipple shield use  |
| 3O. Manage D-MER  |
| 3P. Manage BFL parent emotional/mental health concerns (e.g., refer, treat)                 |
| 3Q. Obtain breast imaging   |
| 3R. Prescribe medication in BFL context   |
| 3S. Manage nursing during pregnancy   |
| 3T. Manage BFL issues related to parents w/special needs (e.g., mental or physical issues)  |
| 3U. Document findings & interventions of lactating parent(s)                                |
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| <b>4. Manage Care of BFL Infant(s)/Child(ren) (6.5%)</b>                                    |
| 4A. Develop infant growth treatment plans   |
| 4B. Manage feeding aversion (e.g., bottle refusal, breast distress)                         |
| 4C. Manage ankyloglossia (e.g., perform or refer for frenotomy)                             |
| 4D. Manage BFL issues related to infants with special needs (e.g., anomalies, prematurity)  |
| 4E. Provide feeding supplementation recommendations   |
| 4F. Provide feeding guidance (e.g., fussy baby, sleepy baby)                                |
| 4G. Document findings & interventions of feeding infant(s)/child(ren)                       |

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| <b>5. Manage Care of the BFL Family Interface (18.3%)</b>  |
| 5A. Engage in shared BFL decision making (e.g., feeding plans, weaning)                                    |
| 5B. Develop a management plan  |
| 5C. Provide management plan  |
| 5D. Counsel patient on diagnosis or issues   |
| 5E. Triage urgency of BFL issues   |
| 5F. Manage dynamic interactive conditions between BFL patients (e.g., aversion)                            |
| 5G. Manage risk factors  |
| 5H. Manage treatment for BFL conditions (e.g., mastitis, hyperlactation, vasospasm)                        |
| 5I. Manage latch/attachment difficulties   |
| 5J. Manage tandem nursing  |
| 5K. Manage pump issues   |
| 5L. Provide BFL wound care (e.g., frenotomy, nipple trauma)  |
| 5M. Manage BFL weaning process   |
| 5N. Provide supportive patient counseling  |
| 5O. Consult on complex BFL cases   |
| 5P. Provide BFL follow-up care   |
| 5Q. Support families through the BFL continuum   |
| 5R. Provide clinical BFL guidance to stakeholders (e.g., lactation dyads, hospital staff, other providers) |
| 5S. Document BFL Family Interface findings and interventions   |
| 5T. Provide referrals (e.g., specialized care, surgical intervention)                                      |
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| <b>6. Conduct Patient Health Education (19.7%)</b>   |
| 6A. Demonstrate appropriate use of nipple shield   |
| 6B. Provide education on relactating   |
| 6C. Provide education on induced lactation   |
| 6D. Teach hand expression techniques (e.g., antenatal, postnatal)  |
| 6E. Counsel on medication & supplement use during lactation  |
| 6F. Counsel on substance use during lactation  |
| 6G. Counsel BFL families on return to work   |
| 6H. Provide antenatal patient information (e.g., antenatal milk expression, hospital practices, lactation) |
| 6I. Provide education on galactagogues   |
| 6J. Provide contraception counseling for BFL families  |
| 6K. Provide BFL education re: maternal medical conditions  |
| 6L. Demonstrate use of paced bottle feeding  |
| 6M. Provide BFL education re: infant medical conditions (e.g., hypoglycemia, jaundice, poor growth)        |
| 6N. Demonstrate use of feeding tube at the breast  |
| 6O. Counsel families on routine BFL topics   |
| 6P. Provide patient counseling   |
| 6Q. Provide patient education  |
| 6R. Teach proper device use (e.g., cup, pump, tube)  |
| 6S. Provide education on weaning   |
| 6T. Provide BFL anticipatory guidance – Child (e.g., normal newborn behaviors, sleep)                      |
| 6U. Counsel on human milk sharing (e.g., banking, donation, use)   |
| 6V. Provide BFL anticipatory guidance – Peripartum (e.g., rooming in, separation, skin-to-skin)            |

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| <b>7. Engage in Professional Development and Advocacy Functions (6.2%)</b>                            |
| 7A. Incorporate Justice, DEI, and decolonization principles   |
| 7B. Maintain BFL-friendly office/environment  |
| 7C. Advocate for BFL families with stakeholders (e.g., government, hospital staff, insurance, others) |
| 7D. Engage in BFL professional development activities   |
| 7E. Apply evidence-based & best practice guidelines for BFL medicine                                  |
| 7F. Promote hospital BFL practices & policies   |
| 7G. Promote compliance with WHO International Code of Marketing Breast-milk Substitutes               |