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Presentation Abstracts, Objectives, Blueprint Areas & Quiz Questions

Oral Function, Assessment, and Tongue-Tie-Related Topics:

- [A Mindful Approach to Infant Tongue-Tie Care](#)
- [Tongue and Lip Tie: A Comprehensive Approach to Assessment and Care](#)
- [Connection and Care: Virtual Support for Tongue-Tied Infants](#)
- [Infant Oral Assessment: Exploring Anatomy and Function Beyond the Frenulum](#)
- [Oral Function: Assessment and Comprehensive Care for the Pre-Crawling Infant](#)
- [Activities for Supporting Optimal Infant Oral Function](#)
- [Evaluating Beyond the Frenulum: Assessment and Activities for Supporting Optimal Infant Oral Function](#)
- [Supporting Optimal Healing Outcomes for the Newborn Post-Frenectomy](#)
- [Will it hurt? Frenotomy Aftercare Strategies to Optimize Healing Outcomes for the Newborn](#)
- [Five Lessons from Lactation: Shaping Collaborative Ankyloglossia Care Across Disciplines](#)

Lactation/Infant Feeding Topics:

- [Making Sense of Mammaries: Assessment and Integrative Care](#)
- [Beyond the Basics of Latch: Support Strategies for Helping Babies When the Basics Aren't Enough](#)
- [A Case Study Approach to Critical Thinking Skills for Lactation Professionals](#)
- [Low Milk Production Detective Work: Assessment and Care Plan Considerations](#)
- [Clinical Lactation Tools: Bottles, Tubes and Shields, Oh my!](#)
- [Lactation after Loss](#)
- [Common Infant Digestive Health Concerns and Useful Support Strategies](#)
- [Empowering Parents: The Importance of Prenatal Lactation Assessment and Support](#)
- [Bodywork: Another Resource for Feeding Support](#)
- [Placentophagy Practices: Impact on Perinatal Health & Lactation](#)
- [Lactation Intensive for Birth and Health Professionals](#)
- [Clinical Skills Workshop](#)

Herbal Support Topics:

- [Herbal Support for Lactation and Infants](#)
- [Critical Thinking: Herbal Options in Lactation Care](#)
- [Beyond Fenugreek: An Individualized Approach to Herbal Galactagogues](#)
- [Nature's Nurturers: Plant Medicine for Perinatal Mental Health](#)
- [From Evaluation to Education: Navigating Herbal Care Options in Lactation Consultations](#)

A Mindful Approach to Infant Tongue-Tie Care (75-90 minutes)

Tongue-tie, clinically known as ankyloglossia, is a dynamic topic that is often surrounded by controversy and mixed opinions. Tongue-tie can restrict proper lingual functionality and mobility, causing a range of feeding and health issues for infants. Such challenges can be complex, multi-factorial, and emotional for families navigating them. Having a better understanding of the variables involved in infant oral function, proper differential diagnosis, and ankyloglossia-related care can help providers with best care for the patients they serve. This presentation will highlight how clinicians can foster a mindful approach to oral assessment, timing of treatment, and related care strategies when it comes to supporting families navigating the physical, emotional roller coaster ride of ankyloglossia.

Objectives:

- Describe strategies for assessing oral function
- Identify current evidence and incidence rates of ankyloglossia
- Identify critical thinking skills around our approach to tongue-tie care

IBLCE Blueprints:

- I. Development and Nutrition, A. Infant
- III. Pathology, A. Infant
- VII. Clinical Skills, B. Education and Communication
- VII. Clinical Skills, D. Research

Questions:

1. What percentage of babies with ankyloglossia have breastfeeding difficulties?
 - a. 10-20%
 - b. 20-50%
 - c. 25-60%
 - d. 25-80%
2. When considering the timing of a frenectomy procedure, clinicians should consider:
 - a. How fast the procedure can get scheduled
 - b. If the baby and family are ready for the procedure on all levels
 - c. If the baby is under 6 months of age, after that general anesthesia is needed
 - d. If the is not latching at all, then the procedure should be expedited.
3. The tongue needs to have variability of movement in order to feed well, including all EXCEPT:
 - a. Elevation
 - b. Cupping
 - c. Lateralization
 - d. Bunching

Answers:

1. d
2. b
3. d

Tongue and Lip Tie: A Comprehensive Approach to Assessment and Care (60 minutes to full day workshop options)

“Tongue tie” (clinically known as ankyloglossia) is of great interest in some settings and is still quite unknown in others. Tongue tie can restrict proper lingual functionality and mobility. These restrictions can cause significant feeding difficulties for infants. Feeding challenges can be complex and multi-factorial, therefore a comprehensive understanding of infant oral anatomy can help clinicians better assess and care for the patients they serve. The speaker will present on signs and symptoms of tongue tie, related health concerns, assessment and treatment strategies, and the status of the evidence base. This presentation is designed to meet the needs of anyone who clinically assesses infants, works with feeding issues, and/or provides lactation care.

***Note:** While tongue and lip tie issues have been somewhat of a hot topic in recent years, there is much more to the subject that needs to be discussed. Proper evaluation techniques, understanding oral anatomy and pre- and post-frenotomy support is vital in order for healthcare professionals to take their knowledge about tongue and lip tie to the next level. Melissa is a long-time member of several tongue tie professional organizations and has been involved in primary research regarding tongue tie. She has been working for years to increase awareness and professional standards around the topic of oral restrictions such as ankyloglossia. Melissa hopes this talk will encourage further discussion of ‘best practices’ when it comes to the topic of ankyloglossia.*

***90-minute recording of this talk available**

Session Objectives:

- Identify available evidence around ankyloglossia
- Understand the impact of tongue tie on infant feeding
- Identify basic oral assessment techniques for infants
- Appreciate collaboration and teamwork when dealing with oral restrictions
- Identify targeted care strategies for dyads coping with ankyloglossia

IBLCE Blueprints:

- I. Development and Nutrition, A. Infant
- III. Pathology, A. Infant
- VII. Clinical Skills, B. Education and Communication
- VII. Clinical Skills, D. Research

Questions:

1. What age of fetal tongue development is characterized by the following? Anterior to posterior peristalsis increases, fluid propelled to pharynx, lingual protrusion noted
 - a. 15-16 weeks
 - b. 20 weeks
 - c. 20-25 weeks
 - d. 23-25 weeks
2. What percentage of babies with ankyloglossia have breastfeeding difficulties?
 - a. 10-20%
 - b. 20-50%
 - c. 25-60%
 - d. 25-80%

3. Manageable goals for patients post-frenotomy include:
 - a. Minimize scar formation
 - b. Developing a sustainable feeding care plan
 - c. Management of discomfort
 - d. A, B and C -all of the above

Answers:

1. C
2. D
3. D

Connection and Care: Virtual Support for Tongue-Tied Infants

Providing virtual care has become a reality for many lactation professionals. How can we best consult families of tongue-tied babies virtually? How do we get the visual and functional information we need to guide our care when we are 'hands-off'? This session will discuss strategies for health professional working remotely including assessment, documentation, care plan formation, teamwork, and the referral process. While different than in-person consultations, virtual connection and excellent care for tongue-tied babies and their families is possible! Learning to adapt our practice style, gather information digitally, and pivot with the times is vital for our role in providing comprehensive lactation support virtually.

Session Objectives:

- Identify strategies to gather clinically relevant information when working virtually
- Describe techniques to assess oral anatomy and function when working remotely
- Identify documentation, teamwork, and referral strategies for virtual consulting

IBLCE Blueprints:

- III. Pathology, A. Infant
- VII. Clinical Skills, A. Equipment and Technology
- VII. Clinical Skills, B. Education and Communication

Questions:

1. Virtual consultations are useful for many reasons including accessibility, preference, and for safety reasons at times. T/F
2. A tool that may be useful for the consultant doing virtual consults is:
 - a. A stethoscope
 - b. A scale
 - c. A model doll and model mouth
3. It is always unethical to try and assess tongue-tie virtually. Families should just wait to be seen in person. T/F

Answers:

1. T
2. C
3. F

Infant Oral Assessment: Exploring Anatomy and Function Beyond the Frenulum

Is it a tongue tie? What else could be going on? Having a deeper understanding of the orofacial complex and functional oral motor patterns can help take your assessment techniques to the next level. Curious about jaws, tongues, palates, oral tone, suck patterns, and more? This presentation will focus on understanding the finer details and the bigger picture when it comes to infant oral assessment. We will cover the basics of infant oral anatomy, assessment techniques and optimal vs suboptimal movement, strength, and sucking patterns.

**60-minute recording of this talk available*

Session Objectives:

- Demonstrate the basics of infant oral anatomy assessment
- Describe immature vs. mature suck patterns
- Identify at least three aspects of oral assessment

IBLCE Blueprints:

- I. Development and Nutrition, A. Infant
- III. Pathology, A. Infant
- VI. Techniques
- VII. Clinical Skills, B. Education and Communication

Questions:

1. Oral function and sucking skills begin after a baby is born. T/F
2. Assessing buccal and lingual strength can be done with hands-on techniques. T/F
3. Upon assessment you see that an infant's lingual frenulum attaches to the tip of their tongue. What classification (based on Coryllos, Genna, Salloum classification system) of their lingual frenulum fits best?
 - a. Type I
 - b. Type II
 - c. Type III
 - d. Type IV

Answers:

1. F
2. T
3. a

Oral Function: Assessment and Comprehensive Care for the Pre-Crawling Infant

This 2 day intensive workshop is designed for health professionals involved in the care of the pre-crawling infant. The course is designed to enhance the care provider's understanding, assessment and management of oral function issues as they impact infant feeding and development. We will have case studies, interactive virtual activities, group work, discussion time, and more. Melissa and Michelle will help you level-up your assessment and clinical care techniques when it comes to supporting babies coping with compromised oral function and complex feeding challenges.

Session Objectives:

- Understand how to assess more complex infant feeding situations

- Implement personalized care plans to help dyads coping with unique issues
- Utilize critical thinking skills when supporting dyads through challenging feeding situations

IBLCE Blueprints:

- I. Development and Nutrition, A. Infant
- III. Pathology, A. Infant
- VI. Techniques
- VII. Clinical Skills, B. Education and Communication

Questions:

1. What types of issues can complicate feeding?
 - a. Digestive issues
 - b. Prematurity
 - c. Oral restrictions
 - d. All of the above
2. Palate begins to develop in utero at:
 - a. Week 4
 - b. Weeks 6-8
 - c. Weeks 12-17
3. Which of the following are signs of suboptimal oral function:
 - a. Difficulty latching
 - b. Arrhythmical jaw movements
 - c. Good lingual elevation
 - d. All of the above
 - e. a and b

Answers:

1. d
2. b
3. e

Activities for Supporting Optimal Infant Oral Function

Feeding is movement and some babies need personalized help when it comes to oral function and skills. This presentation covers critical thinking strategies around basic activities to support optimal infant oral function. We will review available evidence, contraindications, and targeted activities. We will discuss when and why to consider a variety of activities for the jaw, cheeks, tongue, palate, lips, and tongue. Learners will also recognize oral function concerns that require referral and connection to other allied health professionals.

**75-minute recording of this talk available*

Session Objectives:

- Based on oral assessment findings, the clinician will be able to identify specific areas of infant oral function that may benefit from supportive exercises and activities
- Describe exercises and techniques that support function of the lips, jaw, cheeks, tongue, and sucking patterns
- Identify contraindications for oral work and when to refer

IBLCE Blueprints:

- III. Pathology, A. Infant
- VI. Techniques
- VII. Clinical Skills, B. Education and Communication

Questions

1. For some babies, therapeutic oral exercises can help strengthen feeding skills and orofacial muscles. T/F
2. Suck training is described as:
 - a. A precise set of infant suckling exercises that parents must do aggressively and frequently for the training to work
 - b. A term that describes any form of therapy that is used to correct an infant suckling problem
 - c. An exercise where the infant tries to mimic and copy sucking motions after watching a video
3. If basic oral exercises and activities are not resulting in infant feeding progress or other developmental, medical, or feeding exist, prompt referral to the primary care provider and other allied health care providers is important. T/F

Answers:

1. T
2. b
3. T

Evaluating Beyond the Frenulum: Assessment and Activities for Supporting Optimal Infant Oral Function

Is it a tongue tie? What else could be going on? Having a deeper understanding of the orofacial complex and functional oral motor patterns can help take your assessment techniques to the next level. Curious about jaws, tongues, palates, oral tone, suck patterns, and more? This presentation will focus on understanding the finer details and the bigger picture when it comes to infant orofacial assessment. We will cover the basics of infant oral anatomy, assessment techniques, and optimal vs suboptimal movement, strength, and sucking patterns. We will also explore foundational activities that can help support optimal newborn oral function based on assessment findings that can easily be taught to parents. Lactation professionals have a duty to provide personalized care plan strategies as they relate to infant feeding and lactation. This presentation assessment and activity ideas that add to your clinical toolbox and critical thinking skills. Learners will also recognize oral function concerns that require referral and connection to other allied health professionals.

Session Objectives:

- Identify at least three aspects of oral assessment
- Describe at least one example of when oral work would be contraindicated
- Identify at least three activities families can implement for oral function support

IBLCE Blueprints:

- I. Development and Nutrition, A. Infant
- III. Pathology, A. Infant
- VI. Techniques
- VII. Clinical Skills, B. Education and Communication

Questions

1. For some babies, therapeutic oral exercises can help strengthen feeding skills and orofacial muscles. T/F
2. Suck training is be described as:
 - a. A precise set of infant suckling exercises that parents must do aggressively and frequently for the training to work
 - b. A term that describes any form of therapy that is used to correct an infant suckling problem
 - c. An exercise where the infant tries to mimic and copy sucking motions after watching a video
3. If basic oral exercises and activities are not resulting in infant feeding progress or other developmental, medical, or feeding exist, prompt referral to the primary care provider and other allied health care providers is important. T/F
4. Oral function and sucking skills begin after a baby is born. T/F
5. Assessing buccal and lingual strength can be done with hands-on techniques. T/F
6. Upon assessment you see that an infant's lingual frenulum attaches to the tip of their tongue. What classification (based on Coryllos, Genna, Salloum classification system) of their lingual frenulum fits best?
 - a) Type I
 - b) Type II
 - c) Type III
 - d) Type IV

Answers:

1. T
2. b
3. T
4. F
5. T
6. a

Supporting Optimal Healing Outcomes for the Newborn Post-Frenectomy

A hotly debated topic among clinicians is post-frenectomy care. There are a few emerging theories and clinical practice ideas when it comes to frenectomy aftercare for the newborn. Clinicians and families sometimes struggle with the idea of how to balance efficient post-frenectomy care while minimizing stress and discomfort of the newborn. While the evidence strongly points to the benefit of frenectomy for tongue-tied neonates, there is little published evidence regarding best aftercare practices. During this presentation we will explore the lactation consultant's role in supporting the family post-frenectomy. We will also discuss neonatal pain and pain management strategies and the impact of stress on wound healing. This presentation will help provide a well-rounded view of frenectomy aftercare strategies lactation professionals should consider when supporting families coping with post-frenectomy concerns.

****90-minute recording of this talk available***

Session Objectives:

- Describe the role of the lactation professional post-frenectomy
- Describe how oral wounds heal
- Identify at least three post-frenectomy pain relief and care plan ideas

IBLCE Blueprints:

- III. Pathology, A. Infant
- VII. Clinical Skills, B. Education and Communication
- VII. Clinical Skills, D. Research

Questions:

1. Oral wounds begin to heal very quickly, within 24 hours. However, the complete healing process takes longer. T/F
2. Skin to skin contact and therapeutic touch can help with neonatal pain management. T/F
3. Oral wounds heal in the following order:
 - a. Hemostasis – Inflammation – Remodeling connective tissue – Re-epithelialization
 - b. Inflammation – Remodeling connective tissue – Hemostasis – Re-epithelialization
 - c. Hemostasis – Inflammation – Re-epithelialization – Remodeling connective tissue
 - d. Re-epithelialization – Hemostasis – Inflammation – Remodeling connective tissue

Answers:

1. T
2. T
3. c

Will it hurt? Frenotomy Aftercare Strategies to Optimize Healing Outcomes for the Newborn

There are a few emerging theories and clinical practice ideas when it comes to frenotomy aftercare for the newborn. Clinicians and families sometimes struggle with the idea of how to balance efficient post-frenotomy care while minimizing stress and discomfort of the newborn. While the evidence strongly points to the benefit of frenotomy for tongue-tied neonates, there is little published evidence regarding best aftercare practices. During this presentation we will explore the neonatal experience of pain along with pain management and oral healing strategies. We will also discuss the impact of stress on wound healing and focus on ways to help keep babies calm and happy through the recovery process. For families coping with a tongue-tied baby, it is often a physical and emotional roller coaster ride. This presentation will help provide a well-rounded view of frenotomy aftercare issues as well as clinical, care strategies to optimize healing and feeding for the newborn.

Session Objectives:

- Identify the development of pain perception in the fetus
- Describe some of the short and long term consequences of painful experiences in the neonatal period
- Describe ways to assess neonatal pain
- Identify pre and post frenotomy pain relief strategies

IBLCE Blueprints:

- II. Pathology, A. Infant
- VII. Clinical Skills, B. Education and Communication

Questions:

1. You have a patient who has recently had a frenectomy. Some non-pharmacological infant pain management strategies you could recommend are:
 - a. Skin to skin contact
 - b. Massage, therapeutic touch
 - c. Loud music and bright lights

- d. Both A and B
2. Providing anticipatory guidance to parents around what to expect before and after a frenotomy can be a vital part of the care an IBCLC provides. T/F

Answers:

1. d
2. T

Five Lessons from Lactation: Shaping Collaborative Ankyloglossia Care Across Disciplines

Infant feeding and tongue-tie care sit at the intersection of clinical complexity, lived experience, and evolving evidence. This presentation explores the historical and current role of lactation in shaping assessment, decision-making, and outcomes in ankyloglossia care. Grounded in both data and clinical insight, we will examine five key lessons that challenge reductionist approaches and support more comprehensive, informed care: **Lactation has led the way**, highlighting its foundational influence on driving evaluation and intervention; **Numbers don't lie**, emphasizing the importance—and limitations—of emerging evidence; **Never just a mouth**, reinforcing the need for whole-infant, relational, and neurodevelopmental perspectives; **Guessing isn't good enough**, underscoring the risks of assumption-based care; and **Controversy is critical**, recognizing that ongoing debate is essential for progress, reflection, and improved outcomes. Attendees will leave with a deeper understanding of how to integrate evidence, clinical reasoning, and critical reflection into more effective, patient-centered care.

Learning objectives:

1. Analyze the role of lactation in shaping the assessment and management of ankyloglossia, recognizing its historical and ongoing influence on clinical decision-making.
2. Evaluate current evidence and clinical data related to tongue-tie care, identifying the strengths, limitations, and risks of assumption-based or reductionist approaches.
3. Apply an integrative, whole-infant framework to feeding assessment and intervention, incorporating critical reflection, caregiver context, and the value of clinical controversy in improving outcomes.

IBLCE Blueprints:

- I. Development and Nutrition, A. Infant
- III. Pathology, A. Infant
- VII. Clinical Skills, B. Education and Communication
- VII. Clinical Skills, D. Research

Questions:

1. Which statement best reflects the role of lactation in tongue-tie (ankyloglossia) care?
 - A. Lactation concerns are secondary to anatomical findings
 - B. Lactation has historically played a central role in driving evaluation and intervention
 - C. Lactation is only relevant after surgical intervention
 - D. Lactation outcomes are unrelated to tongue-tie diagnosis

Correct Answer: B

2. The concept “Never just a mouth” emphasizes which of the following?
 - A. Oral anatomy is the only factor that matters
 - B. Feeding issues are unrelated to neurodevelopment
 - C. Infant feeding should be assessed within a whole-body, relational, and neurodevelopmental context

D. Surgical intervention resolves all feeding concerns

Correct Answer: C

3. Why is “guessing isn’t good enough” an important principle in tongue-tie care?

- A. Clinical intuition is always sufficient
- B. Standardized protocols eliminate all uncertainty
- C. Assumption-based care can lead to inconsistent outcomes and unmet expectations
- D. Guessing improves efficiency in busy clinical settings

Correct Answer: C

4. What is the value of controversy in the context of tongue-tie and lactation care?

- A. It should be avoided to maintain consistency in care
- B. It reflects poor clinical practice
- C. It drives critical reflection, research, and improvement in care approaches
- D. It has no impact on patient outcomes

Correct Answer: C

Making Sense of Mammarys: Assessment and Integrative Care

Abstract:

The lactating breast is a dynamic organ, and comprehensive assessment techniques can provide valuable insight. This session, *Making Sense of Mammarys: Assessment and Integrative Care*, provides a comprehensive framework for evaluating the lactating breast, including palpation and functional assessment of glandular tissue. Participants will learn to identify common lactation challenges such as inflamed mammary tissue, various causes of nipple soreness, and other localized or systemic breast issues. Emphasis will be placed on integrating clinical findings with support strategies to enhance lactation outcomes and parental well-being. Attendees will gain practical skills to perform structured mammary assessments, interpret findings, and implement integrative supportive measures.

Learning Objectives:

1. Describe normal lactational changes in mammary glandular tissue and overall breast anatomy.
2. Identify and assess common lactation-related issues, including causes of discomfort and inflammation.
3. Apply integrative and evidence-informed strategies to support mammary function and health.

Question 1:

Which of the following is the **most accurate method to assess mammary glandular tissue** in a lactating parent?

- A. Visual inspection alone
- B. Palpation and functional evaluation
- C. Asking the patient about pain only
- D. Ultrasound for all patients routinely

Answer: B – Palpation and functional evaluation allow clinicians to assess glandular tissue structure, and detect concerns

Question 2:

A lactating parent presents with a small, white spot on the nipple and localized tenderness. What is the **most likely lactation-related condition**?

- A. Mastitis
- B. Plugged duct
- C. Blebs (milk blebs/nipple blockage)
- D. Galactocele

Answer: C – Blebs are small, white keratinized or milk blockages at the nipple tip that can cause localized pain and interfere with milk flow.

Question 3:

Which **intervention** may support resolution of a plugged duct?

- A. Complete cessation of breastfeeding
- B. Anti-inflammatory support, normal milk removal, rest, support
- C. Avoiding breast stimulation entirely
- D. Only oral antibiotics without breast support

Answer: B – Anti-inflammatory support, normal milk removal, rest, support.

Beyond the Basics of Latch: Support Strategies for Helping Babies When the Basics Aren't Enough

In a perfect world, every baby would latch beautifully right after delivery and feed happily ever after. In reality what we often see is that most parents and babies need a little help to get feeding off to a good start. Many dyads need a lot of help. And a few parent/baby pairs need a miracle to breastfeed successfully. How can we best help those tough cases? There are many reasons babies struggle to latch and feed well. Some issues may include structural issues, physical discomfort, respiratory concerns, medical issues, digestive issues, poor feeding tool choices, prematurity, and more. Many providers are frustrated when they are unable to help a dyad latch and feed successfully. Using case studies, we will review challenging situations and the assessment techniques and care plan strategies that helped. This session is designed to help providers implement critical thinking when it comes to difficult cases.

**75-minute recording of this talk available*

Session Objectives:

- Understand how to assess more complex breastfeeding situations
- Identify the root cause(s) of the feeding issue at hand
- Implement personalized care plans to help dyads coping with unique issues
- Utilize critical thinking skills when supporting dyads through challenging feeding situations

IBLCE Blueprints:

- III. Pathology, A. Infant
- III. Pathology, B. Maternal

- V. Psychology, Sociology, and Anthropology
- VI. Techniques
- VII. Clinical Skills, A. Equipment and Technology
- VII. Clinical Skills, B. Education and Communication

Questions:

1. Structural concerns of the neonate (such as torticollis, mandibular symmetry, etc) never impact a baby's ability to feed smoothly and efficiently. T/F
2. When fitted and used improperly, a nipple shield may impact the infant's ability and desire to feed at the breast/chest and transfer milk efficiently. T/F
3. Feeding specialists and lactation consultants do not need to know about respiratory concerns of the neonate because it is not their main clinical role. T/F

Answers:

1. F
2. T
3. F

A Case Study Approach to Critical Thinking Skills for Lactation Professionals

There are many reasons infants struggle to latch and feed well. Critically thinking through a case involves assessing all the variables that may be impacting feedings. This is no easy task when we must consider what is happening on the parent's side and the infant's side. How can we put all the pieces of a complex case together in order to be an effective lactation detective? This session is designed to help providers implement critical thinking skills in order to think outside the box when it comes to difficult cases.

**90-minute recording of this talk available*

Session Objectives:

- Understand how to assess more complex feeding situations
- Identify the root cause(s) of the feeding issue at hand
- Implement personalized care plans to help dyads coping with unique issues
- Utilize critical thinking skills when supporting dyads through challenging feeding situations

IBLCE Blueprints:

- III. Pathology, A. Infant
- III. Pathology, B. Maternal
- VII. Clinical Skills, B. Education and Communication

Questions:

1. What types of issues can complicate feeding?
 - a. Digestive issues
 - b. Prematurity
 - c. Oral restrictions
 - d. All of the above
2. Your goal should always be to help patients use less feeding tools. T/F
3. Critical thinking through cases happens before, during, and after patient appointments. T/F

Answers:

1. d
4. F
5. T

Low Milk Production Detective Work: Assessment and Care Plan Considerations

Low milk production is one of the top areas of concern for families, and this presentation examines the various factors. Explore root causes of production issues, and hear specific and realistic recommendations. Work through interactive case studies, ramp up your critical-thinking skills, and improve your care plan strategies.

**75-minute recording of this talk available*

Session Objectives:

- Identify at least 3 reasons milk supply may be compromised
- Describe at least 3 diagnostic tools and assessment techniques for identifying low milk supply etiology
- Explain at least 3 ways to evaluate if care plan strategies are working for the supply optimization and the parent

IBLCE Blueprints:

- I. Development and Nutrition, B. Maternal
- II. Physiology and Endocrinology, A. Physiology of Lactation
- II. Physiology and Endocrinology, B. Endocrinology
- III. Pathology, B. Maternal
- VI. Techniques
- VII. Clinical Skills, A. Equipment and Technology
- VII. Clinical Skills, B. Education and Communication

Questions:

1. Primary insufficiency is defined as the inability to produce enough to exclusively feed due to suboptimal lactation management. T/F
2. In the US, what percentage of parents suffer from chronic insufficient milk production?
 - a. 5-15%
 - b. 10-20%
 - c. 20-30%
3. Lactation function can be impacted by:
 - a. Pregnancy, birth, postpartum impact
 - b. Systemic disparities, barriers to adequate care
 - c. Neuroendocrine impact, stress, mood
 - d. All of the above

Answers:

1. F
2. a
3. d

Clinical Lactation Tools: Bottles, Tubes and Shields, Oh my!

There are many ways to love and feed a baby. Having in-depth knowledge about feeding-related tools should be a part of any lactation professional's toolbox. In this session we will review a variety of tools such as shield, supplemental feeding options, bottles, and more. Tools may be needed for a variety of reasons. We will explore critical thinking strategies for tool selection. Clinicians that have a strong foundation in feeding tools can often help family's find creative ways to meet their feeding goals faster than just a 'wait and see' approach. We will explore how certain tools fit, flow, work, and when to implement them. This session will have you re-thinking how you think about feeding tools and when to use them.

Session Objectives:

- Utilize critical thinking skills when selecting clinical lactation tools
- Select tools that help families work on their unique feeding goals
- List risks and benefits of nipple shields and supplementation methods including cup and finger feeding, bottle and at-breast supplementation

IBLCE Blueprints:

- VII. Clinical Skills, A. Equipment and Technology
- VII. Clinical Skills, B. Education and Communication

Questions:

1. Nipple shields are a recent invention in the last 40 years. T/F
2. Finger feeding and cup feeding have benefits and risks. T/F
3. Bottle flow rate, teat/nipple shape should be considered when clinically implementing bottles as a feeding tool. T/F

Answers:

1. F
2. T
3. T

Lactation Care after Loss

After losing an infant, grieving parents may still have to cope with physical postpartum issues, including lactation. This presentation reviews and addresses care options for lactation concerns after pregnancy, neonatal, or infant loss. Currently, lactation care and advice after loss varies greatly. Lactation professionals are instrumental in providing parents with anticipatory guidance and evidence-based care. This module will review types of loss, lactation and breast/chest care strategies post loss including milk suppression or expression, pharmaceutical and holistic care ideas, and related resources. We will also review the newly published ACOG guidelines on the topic. Implementing system-wide training and education regarding this topic will help families receive the information they need to navigate the physical and emotional path to healing after loss.

**60-minute recording of this talk available*

Session Objectives:

- Identify types of loss
- Explore the emotional, physical and ethical issues surrounding lactation after loss

- Review past and present practices regarding lactation after loss
- Understand lactation care plan strategies following a loss

IBLCE Blueprints

- II. Physiology and Endocrinology, A. Physiology of Lactation
- II. Physiology and Endocrinology, B. Endocrinology
- III. Pathology, B. Maternal
- IV. Pharmacology and Toxicology
- V. Psychology, Sociology, and Anthropology
- VI. Techniques
- VII. Clinical Skills, B. Education and Communication

Questions:

1. The phrase “perinatal death” means a loss from:
 - a. 0-20 weeks pregnancy
 - b. 20 weeks – birth
 - c. Birth to 28 days
2. Ambiguous loss means there is a lack of closure related to the loss. T/F
3. Anticipatory guidance around the stages of lactation is unnecessary and too much information for parents who are grieving. T/F

Answers:

1. b
2. T
3. F

Common Infant Digestive Health Concerns and Useful Support Strategies

This session will focus on common concerns regarding infant digestive health and useful support strategies that care providers can incorporate into their work with families. We will discuss what's normal and what's not in regard to stooling, spit up/reflux, colic/fussiness, food sensitivities, and more. Many parents are coping with babies that are uncomfortable and unhappy due to digestive health concerns. Dealing with a fussy, uncomfortable baby is emotionally and physically draining. Having a basic understanding of infant gut health and care strategies can be useful tools for any type of practitioner working with infants.

****90-minute recording of this talk available***

Session Objectives:

- Understand the physiological process of how allergens can pass from parent to baby
- Identify the differences between sensitivities and allergies
- Understand the development and importance of the neonatal enteric nervous system
- Identify care plan ideas for infants coping with digestive issues

IBLCE Blueprints:

- I. Development and Nutrition, A. Infant
- III. Pathology, A. Infant
- V. Psychology, Sociology, and Anthropology

- VII. Clinical Skills, B. Education and Communication

Questions:

1. Digestive health is influenced by many factors.
 - a. True
 - b. False
2. The enteric nervous system is an important part of the digestive system.
 - a. True
 - b. False
3. Which of these are cues that there may be digestive health concerns:
 - a. Rashes, eczema, yeast
 - b. Frequent, unstrained stooling
 - c. Good weight gain
 - d. a and b

Answers:

1. a
2. a
3. d

Empowering Parents: Importance of Prenatal Lactation Assessment and Support

This session will cover new thoughts on prenatal breast assessment and parental support strategies in the prenatal period. Health professionals working with parents in pregnancy have a unique chance to assess and discuss feeding questions and concerns with clients in the prenatal period. There are many factors that can impact lactation success including certain health concerns, medications, breast development, endocrine issues, etc. Parents appreciate having thoughtful insight regarding these issues prior to delivery. In my clinical experience a resounding theme when feeding issues arise from a condition that may have been identified prenatally is, "why didn't anyone tell me?" During this session, providers will learn how to assess breasts and nipples prenatally, identify potential red flags for lactation success, and cultivate a meaningful dialog in order to discuss these concerns with the parents they serve.

**95-minute recording of this talk available*

Session Objectives:

- Describe how to perform a lactation-related chest/breast assessment
- Identify prenatal and health-related concerns that may impact lactation
- Describe the importance of lactation education and support
- Identify some targeted prenatal and early postnatal strategies for supporting lactation outcomes

IBLCE Blueprints:

- I. Development and Nutrition, B. Maternal
- II. Physiology and Endocrinology, A. Physiology of Lactation
- II. Physiology and Endocrinology, B. Endocrinology
- III. Pathology, B. Maternal
- VII. Clinical Skills, A. Equipment and Technology

- VII. Clinical Skills, B. Education and Communication

Questions:

1. Lactation education and support cannot really begin until after the baby is born. Five minutes of discussion at a prenatal appointment is often enough. T/F
2. Prenatal breast assessment can be done as both hands-on and hands-off methods. T/F
3. Which of the following are ways to assess a patient's breastfeeding self-efficacy:
 - a. Assess current knowledge
 - b. Help identify concerns
 - c. Apply one-size-fits-all care plan approach
 - d. a and b

Answers:

1. F
2. T
3. d

Bodywork: Another Resource for Feeding Support

The purpose of this talk is to identify various types of manual therapy techniques that can support optimal feeding for the dyad. Bodywork is not a fad, cultures around the world have used manual therapy techniques to support well-being for more than 5000 years. Bodywork is a general term that describes a variety of therapeutic, hands-on modalities. Bodywork can be a resource for feeding support because it aims to address physiological issues that may be impacting optimal feeding. An overview of therapeutic techniques will be followed by actual case studies involving manual therapy as part of a care plan strategy to improve infant feeding issues.

**65-minute recording of this talk available*

Session Objectives:

- Identify various types of bodywork that can be used to support feeding issues
- Assess basic aspects of anatomical structure and function that may impact feeding
- Comprehensively view structure as it impacts feeding ability and provide targeted care plan strategies
- Identify resources for pediatric bodywork, including literature and qualified practitioners.

IBLCE Blueprints:

- I. Development and Nutrition, A. Infant
- III. Pathology, A. Infant
- VI. Techniques
- VII. Clinical Skills, B. Education and Communication

Questions:

1. The term bodywork refers to chiropractics and massage only. T/F
2. Bodywork for babies can help aid:
 - a. Latch
 - b. Positioning
 - c. Function
 - d. All of the above

3. The birth experience can affect how well the baby feeds. T/F

Answers:

1. F
2. D
3. T

Placentophagy Practices: Impact on Perinatal Health & Lactation

Placentophagy—the practice of consuming the placenta postpartum—has gained increasing attention among birthing individuals and healthcare providers. Advocates suggest benefits including improved mood, increased energy, enhanced lactation, and prevention of postpartum anemia. However, clinical evidence regarding safety, efficacy, and physiological impact on lactation points to a need for an individualized approach, risk vs benefit analysis, and ongoing discussion.

This presentation will explore current research and clinical perspectives on placentophagy within the context of perinatal health and lactation. Topics will include cultural and historical origins, nutrient and hormone analyses, microbiologic safety concerns, and documented maternal and pediatric outcomes.

Through an integrative lens, participants will examine both conventional and complementary frameworks for counseling families about placentophagy practices. Evidence-based guidance and communication strategies will be presented to support informed, culturally sensitive, and safe clinical decision-making.

Learning Objectives:

By the end of this session, participants will be able to:

1. Evaluate the current evidence regarding potential benefits and risks of placentophagy on perinatal and lactation outcomes.
2. Identify key considerations for counseling patients who inquire about or practice placentophagy.
3. Apply an integrative, culturally competent approach to discussing postpartum placenta medicine practices with families.

IBLCE Blueprints:

- IV. Pharmacology and Toxicology
- VII. Clinical Skills, B. Education and Communication

Question 1

What is a safety concern associated with placentophagy?

- A. Excess iron intake
- B. Transmission of infectious agents or bacterial contamination during preparation
- C. Hormonal suppression of lactogenesis II
- D. Nutrient deficiency due to encapsulation
- E. Both B and C

Answer: E

Question 2

When counseling patients who express interest in placentophagy, the most appropriate clinician approach is to:

- A. Strongly discourage the practice under all circumstances
- B. Recommend encapsulation through unregulated online services
- C. Provide balanced, evidence-based information and discuss potential risks and unknowns
- D. Suggest raw consumption to preserve hormonal content

Answer: C

Question 3

From an integrative health perspective, what is one reason families may choose placentophagy despite limited scientific evidence?

- A. It is recommended by the CDC as a preventive health measure
- B. It aligns with traditional or holistic beliefs about postpartum recovery and energy restoration
- C. It provides a reliable source of essential fatty acids for lactation
- D. It is proven to reduce postpartum blood loss

Answer: B

Lactation Intensive for Birth and Health Professionals

A one or two day intensive continuing education workshop designed for birth professionals and those involved in the parental-infant health community. The course is designed to update and enrich the professional's understanding of lactation issues and provide strategies useful in assisting the feeding dyad. Topics to be covered include: lactation concerns in pregnancy/birth/early postpartum, new thoughts on positioning and latch, milk supply and supplementation issues, nipple pain, holistic lactation care ideas, gut health, tongue tie and more.

Session Objectives:

- Review recent changes within clinical lactation practice
- Understand lactation considerations in pregnancy, birth and postpartum
- Identify maternal and infant issues that impact lactation
- Understand how to assess more complex breastfeeding situations
- Identify the root cause(s) of the feeding issue at hand
- Implement personalized care plans to help dyads coping with unique issues
- Utilize critical thinking skills when supporting dyads through challenging feeding situations
- Identify "red flags" and when to refer

IBLCE Blueprints:

- I. Development and Nutrition, A. Infant
- I. Development and Nutrition, B. Maternal
- II. Physiology and Endocrinology, A. Physiology of Lactation
- III. Pathology, A. Infant
- III. Pathology, B. Maternal
- V. Psychology, Sociology, and Anthropology
- VI. Techniques

- VII. Clinical Skills, A. Equipment and Technology
- VII. Clinical Skills, B. Education and Communication

Questions:

1. Lactation education and support cannot really begin until after the baby is born. Five minutes of discussion at a prenatal appointment is often enough. T/F
2. “One size fits all” feeding care plans are often adequate to improve breastfeeding duration rates. T/F
3. Prenatal breast assessment can be done as both hands-on and hands-off methods. T/F
4. The birth experience can affect how well the baby feeds. T/F

Answers:

1. F
2. F
3. T
4. T

Clinical Skills Workshop

Melissa is passionate about improving parental/infant assessment and clinical skills for lactation consultants and allied healthcare professionals. This clinical skills workshop focuses on working directly with parent/infant dyads. Traditionally, the hosting organizers will invite dyads from the community to come participate. Melissa will guide participants through an in-depth, comprehensive lactation consultation that involves parental/infant assessment and the formation of comprehensive clinical care plan. Participants will learn about advanced clinical assessment and care strategies. Melissa's goal for participants is that they view the feeding dyad holistically, looking at lactation issues from a physical and emotional perspective. Melissa firmly believes that excellent clinical skills must go hand-in-hand with excellent counseling skills in order for lactation professionals to truly make a difference.

Session Objectives:

- Describe how to assess parent and infant
- Identify the root cause(s) of presenting feeding challenges
- Describe appropriate care plan strategies

IBLCE Blueprints:

- I. Development and Nutrition, A. Infant
- I. Development and Nutrition, B. Maternal
- III. Pathology, A. Infant
- III. Pathology, B. Maternal
- V. Psychology, Sociology, and Anthropology
- VI. Techniques
- VII. Clinical Skills, A. Equipment and Technology
- VII. Clinical Skills, B. Education and Communication

Herbal Support for Lactation and Infants

An intensive workshop designed for birth and health professionals and those involved in the parental-infant health community. The course is designed to enrich the professional’s understanding of how herbs can be used for lactation and infant issues. Plant medicine around the world has traditionally been an important part of

postpartum care for parents and babies. In this workshop, we will cover herbal care strategies for parental issues such as milk supply concerns, breast and nipple care ideas (engorgement, mastitis, sore/damaged nipples, etc). We will also discuss herbal support for infant issues such as digestive problems (colic, reflux, etc), teething, immune support, sleep, and more.

**11-hour recording of this talk available*

Session Objectives:

- Define some basic principles of herbal medicine
- List reasons herbal support may be useful in lactation and infant related care
- Identify herbal evidence, resources and safety material
- Explain basic herbal dosing principles
- Identify some basic herbal care plan strategies for lactation and infant issues

IBLCE Blueprints:

- IV. Pharmacology and Toxicology
- VII. Clinical Skills, B. Education and Communication
- VII. Clinical Skills, D. Research

Questions:

1. Some herbal medicines and plants have led to the development of some pharmaceutical drugs. T or F
2. Novel, pragmatic study designs may be useful for studying herbs. T or F
3. Herbs are natural therefore they are always a safe option. T or F
4. There are resources to check herb-drug interaction safety. T or F List resource: _____
5. The principle of herbal pharmacodynamics means:
 - a. How herbs move through the body
 - b. How herbs work in the body to affect action
 - c. How herbs passively diffuse throughout the body
6. Plant phytoestrogens are precursors to human estrogen and should be avoided in lactation. T or F
7. Herbs rich in anethole may aid in smooth muscle contractions and may help milk-ejection reflex. T or F
8. Mood and stress issues can have an impact on lactation. T or F
9. Herbs rich in saponins may not be appropriate for individuals with:
 - a. Hypertension
 - b. Depression
 - c. Celiac
10. An individualized approach to herbal selection and therapeutic dosing is important when thinking critically about herbs for lactation care. T or F

Answers:

1. T
2. T
3. F
4. T (optional fill in the blank _____)
5. b
6. F
7. T
8. T

- 9. c
- 10. T

Critical Thinking: Herbal Options in Lactation Care

Plant medicine has been used throughout history to nourish the postpartum parent and enhance lactation. Today over 80% of the global population uses herbal medicine as a form of primary care. Parents coping with lactation concerns are often interested in trying anything they can to optimize production. As a clinician, you play an essential role in helping families understand the risks and benefits of herbs during lactation. Critically thinking through herbal options involves assessing all the variables that may be impacting lactation, prioritizing the parent's goals, and assessing risks and benefits. By identifying meaningful resources and reliable information around galactagogues, health professionals empower families to make safe, informed choices. This session is designed to help providers implement critical thinking skills when it comes to discussing and personalizing care for families interested in botanical options.

Session Objectives:

- Identify resources on clinical galactagogue information and safety
- Utilize critical thinking skills to personalize your clinical approach to galactagogue support during lactation
- Describe ways galactagogues may impact physiological action when it comes to lactation support

IBLCE Blueprints (Combined):

- III. Pathology, B. Maternal
- IV. Pharmacology and Toxicology
- VII. Clinical Skills, B. Education and Communication

Questions:

1. Herbs are natural therefore they are always a safe option. T or F
2. There are resources to check herb-drug interaction safety. T or F
3. The principle of pharmacodynamics means:
 - a. How herbs and medications move through the body
 - b. How herbs and medications work in the body to affect action
 - c. How herbs and medications passively diffuse throughout the body
4. How will herbs rich phytoestrogens impact milk production?
 - a. The estrogenic effect will contribute to estrogen dominance and suppress production.
 - b. Phytoestrogens will boost ferritin levels and nourish the pituitary gland.
 - c. Phytoestrogens in herbs may impact hormone receptor sites, boost prolactin, and help the body manage stress.
 - d. Herbs rich in phytoestrogens will optimize milk ejection reflex therefore boosting supply.

Answers:

1. F
2. T
3. B
4. C

Beyond Fenugreek: An Individualized Approach to Herbal Galactagogues

Do herbs help support healthy lactation for some? How can we approach galactagogues for lactating parents in an individualized way? How can clinicians evaluate evidence and determine safety regarding galactagogues?

Herbs have been used throughout history to nourish the postpartum parent and enhance lactation. Today over 80% of the global population use plant medicines in postpartum and infant care. Parents coping with milk supply concerns are often desperate to ‘try anything’ that might help. As a clinician, you play an essential role in helping families understand the risks and benefits of herbs during lactation. By identifying meaningful resources and reliable information around galactagogues, health professionals empower families to make safe, informed choices. Beyond Fenugreek critically examines the use of herbal galactagogues to support lactation and postpartum mood concerns. This module focuses on the foundational need for individualized support when it comes to galactagogue discussion and selection.

Note: Longer versions of this talk (120 mins+) can include information about dietary galactagogues as well. 90-minute recording of this talk available.

Session Objectives:

- Identify resources on clinical galactagogue information and safety
- Critically think about a personalized approach to galactagogue support during lactation
- Describe ways galactagogues may impact physiological action when it comes to lactation support
- Describe benefits and contraindications for each galactagogue presented

IBLCE Blueprints:

- IV. Pharmacology and Toxicology
- VII. Clinical Skills, B. Education and Communication

Questions:

1. There are resources to check herb-drug interaction safety. T or F
List resource: _____
2. The principle of pharmacodynamics means:
 - a. How herbs and medications move through the body
 - b. How herbs and medications work in the body to affect action
 - c. How herbs and medications passively diffuse throughout the body
3. Herbs rich in saponins may not be appropriate for individuals with:
 - a. Hypertension
 - b. Depression
 - c. Celiac

Answers:

1. T
2. b
3. c

Nature’s Nurturers: Plant Medicine for Perinatal Mental Health

Botanical medicine options are utilized by over 80% of our global population as a form of primary care. Many individuals report wanting to consider using herbs in pregnancy and beyond but are often unsure what is safe or appropriate. Clinicians play an essential role in helping individuals understand the risks and benefits of herbs for mood support in the perinatal period. By identifying meaningful resources and reliable information around botanical options, health professionals can empower families to make safe, informed choices. “Nature’s Nurturers” critically examines the use of herbal options to support perinatal mood concerns such as anxiety and

depression. This talk focuses on the foundational need for individualized support when it comes to botanical discussion and selection.

Session Objectives:

- Identify resources on clinical herbal information and safety
- Critically think about a personalized approach to botanical support during the perinatal period
- Describe ways herbs may impact physiological action when it comes to mood support
- Describe benefits and contraindications for each plant medicine presented

IBLCE Blueprints:

- IV. Pharmacology and Toxicology
- VII. Clinical Skills, B. Education and Communication

Questions:

1. There are resources to check herb-drug interaction safety. T or F
List resource: _____
2. The principle of pharmacodynamics means:
 - a. How herbs and medications move through the body
 - b. How herbs and medications work in the body to affect action
 - c. How herbs and medications passively diffuse throughout the body
3. Herbs rich in saponins may not be appropriate for individuals with:
 - a. Hypertension
 - b. Depression
 - c. Celiac

Answers:

1. T
2. b
3. c

From Evaluation to Education: Navigating Herbal Care Options in Lactation Consultations

Herbal therapeutics are increasingly sought by families during the perinatal and lactation period, yet clinical guidance on safe and effective use remains limited and often inconsistent. Lactation consultants and perinatal providers are uniquely positioned to support informed decision-making when herbal options are considered. This presentation will outline a structured, evidence-informed approach to integrating herbal care into lactation consultations, moving from thorough client assessment to clear, accessible education and informed decision-making. Participants will explore strategies for evaluating safety, efficacy, and individualized considerations, as well as practical communication techniques for discussing benefits, risks, and alternatives with families. Emphasis will be placed on case-based learning, application of current research, and tools for confidently navigating herbal care conversations in clinical practice.

Session Objectives:

1. Evaluate the safety, efficacy, and contraindications of commonly used herbal therapies during lactation using current evidence and clinical resources.

2. Apply a structured, stepwise approach to assessing client needs and integrating herbal care considerations into lactation consultations. Demonstrate effective communication strategies to support informed decision-making when discussing herbal options with lactating families.

IBLCE Blueprints:

- IV. Pharmacology and Toxicology
- VII. Clinical Skills, B. Education and Communication

Questions:

1. Which of the following is the most important consideration when recommending an herbal therapy during lactation?
 - A. Popularity among other parents
 - B. Safety profile and evidence of efficacy
 - C. Cost of the herb
 - D. Taste and aroma
2. When discussing herbal options with a lactating parent, the most effective approach is:
 - A. Telling them which herb to take without discussion
 - B. Presenting evidence-based options and engaging in shared decision-making
 - C. Encouraging them to try multiple herbs simultaneously
 - D. Avoiding any mention of risks to prevent worry
3. Which step is part of the structured clinical process for integrating herbal care into a lactation consultation?
 - A. Assessing client goals and health status
 - B. Choosing herbs based on anecdotal recommendations alone
 - C. Prescribing herbs without documentation
 - D. Ignoring cultural preferences

Answers:

1. B) Safety profile and evidence of efficacy
2. B) Presenting evidence-based options and engaging in shared decision-making
3. A) Assessing client goals and health status