PRESENTATION PORTFOLIO GUIDE FOR EVENT ORGANIZERS

Melissa Cole, MS, IBCLC, PMH-C
melissa@lunalactation.com • www.lunalactation.com

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Oral Function, Tongue-Tie & Infant Feeding Mechanics

A Mindful Approach to Infant Tongue-Tie Care

75–90 minutes | Related 90-minute recording available

Tongue-tie care can be clinically complex, emotionally charged, and shaped by differing professional opinions. This session moves beyond a simple anatomy-based approach to explore oral function, differential considerations, timing of intervention, family readiness, and supportive care. Participants will develop a more mindful framework for helping families understand what may be contributing to feeding difficulty and what next steps make sense for their baby.

Learning Objectives

- Describe strategies for assessing infant oral function.
- Identify evidence and clinical considerations relevant to ankyloglossia.
- Apply critical-thinking strategies to timing, treatment, and family-centered tongue-tie care.

Related recording: Tongue and Lip Tie: A Comprehensive Approach to Assessment and Care.

IBLCE Blueprint Areas

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

Assessment 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 baby 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

Answer Key

1. D • 2. B • 3. D

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Connection and Care: Virtual Support for Tongue-Tied Infants

Virtual care requires clinicians to gather useful visual, functional, and historical information without relying on a traditional hands-on assessment. This session explores practical strategies for remote evaluation, documentation, care-plan development, interdisciplinary communication, and referral. Participants will learn how to adapt their clinical approach while maintaining thoughtful, family-centered support for infants with suspected oral-function concerns.

Learning Objectives

- Identify strategies for gathering clinically relevant information during virtual consultations.
- Describe approaches to observing oral anatomy and function remotely.
- Apply documentation, teamwork, and referral strategies to virtual lactation care.

IBLCE Blueprint Areas

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

Assessment 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

Answer Key

1. T • 2. C • 3. F

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Infant Oral Assessment: Exploring Anatomy and Function Beyond the Frenulum

60 minutes | Recording available

Is it a tongue-tie—or is something else shaping feeding? This session explores the infant orofacial complex beyond the frenulum, including the jaw, tongue, palate, oral tone, suck patterns, movement, and strength. Participants will build a more functional approach to oral assessment and learn to connect examination findings with the baby's actual feeding presentation.

Learning Objectives

- Describe foundational infant oral anatomy and assessment techniques.
- Differentiate immature and mature suck patterns.
- Identify multiple components of functional oral assessment beyond frenulum appearance.

IBLCE Blueprint Areas

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

Assessment 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

Answer Key

1. F • 2. T • 3. A

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Activities to Support Optimal Infant Oral Function

75 minutes | Recording available

Feeding is movement, and some infants benefit from individualized support as oral skills develop. This presentation reviews evidence, precautions, and targeted activities for the jaw, cheeks, lips, palate, tongue, and sucking patterns. Emphasis is placed on matching activities to assessment findings, avoiding one-size-fits-all exercise plans, and recognizing when feeding concerns require referral to another qualified provider.

Learning Objectives

- Identify oral-function findings that may benefit from targeted supportive activities.
- Describe activities that support function of the lips, jaw, cheeks, tongue, and sucking patterns.
- Recognize contraindications and indications for referral to allied health professionals.

IBLCE Blueprint Areas

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

Assessment Questions

1. For some babies, therapeutic oral exercises can help strengthen feeding skills and orofacial muscles. T/F

2. Suck training can 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 activities are not resulting in feeding progress, or other developmental, medical, or feeding concerns exist, prompt referral to the primary care provider and other allied health professionals is important. T/F

Answer Key

1. T • 2. B • 3. T

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

This expanded session combines functional oral assessment with practical, developmentally appropriate activities that can be individualized for families. Participants will explore anatomy, tone, strength, sucking patterns, and movement while learning how to connect findings with targeted support. The session also emphasizes contraindications, clinical scope, and referral when a baby's presentation suggests needs beyond basic oral-function support.

Learning Objectives

- Identify key components of a comprehensive infant oral assessment.
- Describe situations in which oral activities may be contraindicated or inappropriate.
- Select individualized oral-function activities based on assessment findings and family needs.

IBLCE Blueprint Areas

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

Assessment Questions

1. For some babies, therapeutic oral exercises can help strengthen feeding skills and orofacial muscles. T/F

2. Suck training can 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 activities are not resulting in feeding progress, or other developmental, medical, or feeding concerns exist, prompt referral to the primary care provider and other allied health professionals 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

Answer Key

1. T • 2. B • 3. T • 4. F • 5. T • 6. A

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Supporting Optimal Healing Outcomes for the Newborn Post Frenectomy

90 minutes | Recording available

Post-frenectomy care is an area of active clinical debate, particularly around wound healing, infant comfort, feeding adaptation, and the role of aftercare activities. This session offers a balanced overview of oral wound healing, neonatal pain and stress, lactation support, and family-centered care after release. The goal is to help clinicians support healing while minimizing unnecessary stress and recognizing that post-procedure needs vary from baby to baby.

Learning Objectives

- Describe the lactation professional's role after infant frenectomy.
- Explain the basic phases of oral wound healing.

• Identify supportive strategies for feeding, comfort, pain relief, and post-procedure care planning.

IBLCE Blueprint Areas

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

Assessment 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

Answer Key

1. T • 2. T • 3. C

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Five Lessons from Lactation: Shaping Collaborative Ankyloglossia Care Across Disciplines

Infant feeding and tongue-tie care sit at the intersection of evolving evidence, clinical complexity, and lived family experience. This session examines five lessons that have shaped contemporary ankyloglossia care: lactation's influence on evaluation and intervention, the value and limits of data, the need to see the whole infant, the risks of assumption-based care, and the productive role of clinical controversy. Participants will leave with a more integrative framework for interdisciplinary reasoning and patient-centered decision-making.

Learning Objectives

• Analyze lactation's role in the historical and current management of ankyloglossia.
• Evaluate the strengths and limitations of evidence and assumption-based approaches in tongue-tie care.
• Apply a whole-infant, collaborative framework to assessment, intervention, and family communication.

IBLCE Blueprint Areas

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

Assessment 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
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

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

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

Answer: C

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When Release Is Not Indicated or Available: Referral Pathways, Bodywork & Other Therapies

Not every feeding challenge is best addressed by frenotomy, and not every family has access to—or chooses—surgical intervention. This session explores how clinicians can differentiate cases that may benefit from release from those that warrant feeding support, bodywork, other therapies, or broader medical evaluation. Participants will focus on clinical reasoning, realistic referral pathways, interdisciplinary collaboration, and clear communication with families navigating complex choices.

Learning Objectives

- Differentiate findings that may support frenotomy from those suggesting alternative or adjunctive care.
- Describe the potential role of bodywork and other supportive therapies in infant feeding care.
- Develop practical referral and communication strategies when release is not indicated, desired, or accessible.

IBLCE Blueprint Areas

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

Assessment Questions

1. What percentage of babies born in the US have tongue-ties based on the current, available published evidence?

A. 50%

B. 25%

C. 8%

D. 5%

2. There is no evidence that manual therapy can help infant feeding issues related to musculoskeletal tension?

A. True

B. False

Answer Key

1. C • 2. B

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From Assessment to Aftercare: Collaborative Lessons from Real-World Tongue-Tie Case Studies

This interactive, case-based session follows tongue-tie care across the clinical continuum—from initial assessment through treatment decisions and aftercare. Real-world cases are used to explore functional assessment, differential diagnosis, timing, family education, post-procedural support, and the roles of multiple disciplines. Participants practice moving beyond quick conclusions toward evidence-informed, collaborative care plans that fit the baby, family, and clinical context.

Learning Objectives

- Describe an interprofessional framework for evaluating suspected ankyloglossia, including feeding assessment, differential diagnosis, and timing.
- Apply evidence-informed decision-making to real-world tongue-tie cases.
- Describe collaborative care-plan formation, communication, and family education to support outcomes and care experience.

IBLCE Blueprint Areas

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

Assessment Questions

1. Which assessment approach BEST supports evidence-informed decision-making when ankyloglossia is suspected?

A. Using a single tongue-tie classification tool to determine treatment
B. Relying on frenulum appearance to predict feeding outcomes
C. Combining functional feeding assessment with infant and parent history
D. Referring all infants with restricted tongue movement for release

Answer: C

Rationale: Comprehensive assessment includes functional feeding evaluation and clinical context rather than reliance on anatomy or tools alone.

2. In interprofessional tongue-tie care, which factor MOST helps clinicians decide on best timing of treatment?

A. Early referral for surgical consultation
B. Clear communication among providers regarding assessment findings
C. Standardized post-procedure exercises for all infants
D. Parental expectation of immediate improvement

Answer: B

Rationale: Shared understanding and communication across disciplines reduces unnecessary intervention and supports individualized care planning.

3. When discussing tongue-tie assessment with a family, which approach BEST supports shared decision-making?

A. Explaining only the anatomical findings without functional context
B. Using clear, evidence-informed language and discussing ALL care options, including benefits and risks of treatment and of no treatment
C. Recommending immediate surgical intervention to avoid delay
D. Allowing parents to demand a referral to avoid conflict and honor their wishes

Answer: B

Rationale: Families benefit from clear, unbiased information, including risks, benefits, and alternatives, to make informed decisions collaboratively.

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Lactation & Infant Feeding

Making Sense of Mammaries: Assessment and Integrative Care

The lactating breast is dynamic, and a thoughtful assessment can provide important clinical clues. This session offers a practical framework for evaluating breast and nipple anatomy, glandular tissue, pain, inflammation, and common lactation-related concerns. Participants will learn to connect palpation and functional findings with integrative, evidence-informed support strategies that promote comfort, lactation function, and parental well-being.

Learning Objectives

- Describe normal lactational changes in breast anatomy and glandular tissue.
- Identify and assess common lactation-related breast and nipple concerns.
- Apply integrative, evidence-informed strategies to support mammary function and health.

IBLCE Blueprint Areas

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

Assessment Questions

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

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.

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.

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

75 minutes | Recording available

Some feeding challenges persist even when positioning and latch basics have been addressed. Using case examples, this session explores structural, respiratory, medical, digestive, developmental, and feeding-tool factors that may interfere with feeding. Participants will strengthen assessment and differential-thinking skills, then translate findings into personalized care plans for babies and families whose feeding challenges require a wider clinical lens.

Learning Objectives

- Assess more complex infant-feeding situations beyond basic latch concerns.
- Identify likely contributors and root causes of persistent feeding difficulty.
- Develop personalized, sustainable care plans for dyads with multifactorial feeding challenges.

IBLCE Blueprint Areas

- 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

Assessment 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

Answer Key

1. F • 2. T • 3. F

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A Case-Based Approach to Critical Thinking for Lactation Professionals

90 minutes | Recording available

Complex feeding cases rarely have a single cause. Through case-based learning, this session helps clinicians sort parent- and infant-sided contributors, identify what matters most, and avoid premature conclusions. Participants practice connecting the clues, developing a working differential, prioritizing next steps, and creating individualized care plans that make sense for the family in front of them.

Learning Objectives

- Assess complex feeding situations using a broad parent-infant framework.
- Identify likely contributors and root causes of feeding difficulty.
- Create individualized care plans using critical-thinking and prioritization skills.

IBLCE Blueprint Areas

- III. Pathology, A. Infant

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

Assessment 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

Answer Key

1. D • 2. F • 3. T

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Low Milk Production Detective Work: Assessment and Care-Plan Considerations

75 minutes | Recording available

Low milk production is a common concern with many possible contributors. This interactive session explores pregnancy, birth, postpartum, endocrine, health, feeding-management, and systemic factors that may affect production. Participants will sharpen their detective work by reviewing assessment tools, differential considerations, realistic interventions, and ways to evaluate whether a care plan is both effective and sustainable for the parent.

Learning Objectives

- Identify common contributors to low milk production.
- Describe assessment tools and clinical strategies for investigating low-supply etiology.
- Evaluate whether supply-support interventions are working for both milk production and the parent.

IBLCE Blueprint Areas

- 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

Assessment 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

Answer Key

1. F • 2. A • 3. D

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

Feeding tools can be helpful, frustrating, temporary, essential—or all of the above. This session reviews nipple shields, bottles, supplemental feeding systems, cup and finger feeding, and other tools through a critical-thinking lens. Participants will consider fit, flow, function, risks, benefits, family goals, and timing so that tool selection supports feeding rather than becoming an automatic protocol.

Learning Objectives

- Apply critical-thinking skills when selecting lactation and feeding tools.
- Match tools to the family's specific feeding goals and clinical needs.
- Describe risks and benefits of common supplementation methods, nipple shields, bottles, and at-breast systems.

IBLCE Blueprint Areas

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

Assessment 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

Answer Key

1. F • 2. T • 3. T

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Lactation Care After Loss

60 minutes | Recording available

After pregnancy, neonatal, or infant loss, families may also need support navigating lactation and physical postpartum changes. This session reviews compassionate, evidence-informed options for milk suppression, milk expression or donation, breast/chest comfort, medication and holistic considerations, anticipatory guidance, and referral resources. Emphasis is placed on honoring individual grief, preferences, and the need for consistent, compassionate support across systems of care.

Learning Objectives

- Identify different forms of perinatal and infant loss relevant to lactation care.
- Describe physical, emotional, and ethical considerations in lactation after loss.
- Develop individualized care strategies for lactation suppression, expression, comfort, and ongoing support.

IBLCE Blueprint Areas

- 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

Assessment 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

Answer Key

1. B • 2. T • 3. F

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Infant Digestive Health: Common Concerns & Support Strategies

90 minutes | Recording available

Stooling, spit-up, reflux-like symptoms, colic, fussiness, and food sensitivities are common sources of concern for families. This session reviews normal infant digestive development, signs that may warrant closer evaluation, and practical support strategies within the feeding professional's role. Participants will also consider the emotional toll of caring for an uncomfortable infant and when broader medical or interdisciplinary support is appropriate.

Learning Objectives

- Describe the physiologic pathway by which dietary proteins or allergens may reach the infant.
- Differentiate food sensitivities from allergies and identify relevant clinical cues.
- Explain the role of the developing enteric nervous system and identify supportive care-plan strategies for digestive concerns.

IBLCE Blueprint Areas

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

Assessment 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

Answer Key

1. A • 2. A • 3. D

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Empowering Parents: Prenatal Lactation Assessment and Support

95 minutes | Recording available

Pregnancy offers a valuable opportunity to identify factors that may affect lactation before feeding difficulties emerge. This session explores prenatal breast/chest assessment, medical and endocrine considerations, medication review, prior history, feeding goals, self-efficacy, and early planning. Participants will learn how to open meaningful conversations, identify potential red flags, and provide anticipatory guidance without creating unnecessary fear or rigid expectations.

Learning Objectives

- Describe approaches to prenatal lactation-related breast/chest assessment.
- Identify health, developmental, medication, and prenatal factors that may affect lactation.
- Develop targeted prenatal and early postpartum education and support strategies.

IBLCE Blueprint Areas

- 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

Assessment 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

Answer Key

1. F • 2. T • 3. D

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Bodywork as a Resource for Infant Feeding Support

65 minutes | Recording available

Bodywork is a broad term for hands-on approaches that may be used to address musculoskeletal or functional factors affecting feeding. This session reviews common modalities, the rationale for considering body-based contributors, and case examples in which manual therapy formed one part of a broader feeding plan. Participants will also explore clinical boundaries, referral decisions, and how to identify appropriately trained pediatric providers.

Learning Objectives

- Identify types of bodywork that may be used as adjuncts in infant feeding care.
- Recognize structural and functional factors that may influence feeding mechanics.
- Describe referral considerations and resources for qualified pediatric manual-therapy providers.

IBLCE Blueprint Areas

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

Assessment 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

Answer Key

1. F • 2. D • 3. T

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Placentophagy Practices: Impact on Perinatal Health & Lactation

Placenta consumption remains a topic of interest among postpartum families and clinicians. This presentation reviews cultural and historical context, proposed benefits, current clinical evidence, nutrient and hormone considerations, microbiologic safety concerns, and potential implications for lactation. Participants will practice providing balanced, culturally respectful counseling that acknowledges both family values and the limits of available evidence.

Learning Objectives

- Evaluate evidence regarding potential benefits and risks of placentophagy for perinatal and lactation outcomes.
- Identify key safety and counseling considerations for families who inquire about placenta consumption.
- Apply an integrative, culturally responsive approach to shared decision-making around placentophagy.

IBLCE Blueprint Areas

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

Assessment Questions

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

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

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

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Herbal & Integrative Support

Evidence-informed botanical care, galactagogues, perinatal mental health, and individualized herbal decision-making.

Herbal Support for Lactation and Infants

Intensive 2-4 day workshop | 11-hour recording available

This in-depth training introduces birth and health professionals to the thoughtful use of herbs in lactation and infant care. Topics include foundational herbal principles, safety, evidence, dosing concepts, milk-production concerns, breast and nipple care, and selected infant concerns such as digestion, teething, immune support, and sleep. The focus throughout is individualized decision-making, appropriate resources, and understanding when botanical options may—or may not—fit the clinical picture.

Learning Objectives

- Define foundational principles of herbal medicine relevant to lactation and infant care.
- Identify evidence, safety resources, dosing concepts, and common clinical considerations.
- Develop individualized herbal-support strategies while recognizing contraindications, interactions, and limits of scope.

IBLCE Blueprint Areas

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

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Critical Thinking: Herbal Options in Lactation Care

60-120 minutes

Families with lactation concerns are often interested in botanical options, especially when milk production is a concern. This session helps clinicians move beyond simple lists of galactagogues toward a more individualized process: assess the clinical picture, clarify goals, review safety and interactions, understand proposed physiologic actions, and communicate uncertainty honestly. Participants will leave with practical resources and a stronger framework for discussing herbs in lactation care.

Learning Objectives

- Identify reliable resources for herbal safety and galactagogue information.
- Apply critical-thinking skills to individualized botanical discussions during lactation.
- Describe potential physiologic actions, benefits, risks, and contraindications of common galactagogues.

IBLCE Blueprint Areas

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

Assessment 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 might herbs rich in 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.

Answer Key

1. F • 2. T • 3. B • 4. C

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Beyond Fenugreek: An Individualized Approach to Herbal Galactagogues

60-90 minutes | Recording available | 120+ minute version can include dietary galactagogues

Galactagogues are often discussed as if one herb should work for everyone. This session challenges that assumption by exploring how physiology, health history, goals, medications, mood, safety, and evidence can shape botanical selection. Participants will review common galactagogues, proposed mechanisms, contraindications, and trusted resources while developing a more individualized and clinically grounded approach to lactation support.

Learning Objectives

- Identify clinical resources for evaluating galactagogue safety and evidence.
- Apply an individualized framework to botanical support for milk production.
- Describe proposed actions, benefits, and contraindications of commonly used galactagogues.

IBLCE Blueprint Areas

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

Assessment Questions

1. There are resources to check herb-drug interaction safety. T or F

A. 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

Answer Key

1. T • 2. B • 3. C

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Nature's Nurturers: Plant Medicine for Perinatal Mental Health

60-90 minutes |

Many families are interested in herbal options for mood support during pregnancy and postpartum but are unsure what is safe or appropriate. This session reviews how clinicians can evaluate botanical options for concerns such as anxiety and depression using reliable resources, individualized risk-benefit thinking, medication-interaction awareness, and clear family education. The emphasis is not on a universal formula, but on thoughtful, evidence-informed conversation and referral when needed.

Learning Objectives

- Identify reliable resources for evaluating herbal safety in the perinatal period.
- Apply an individualized approach to botanical options for perinatal mood support.
- Describe proposed physiologic actions, potential benefits, contraindications, and interaction considerations for selected herbs.

IBLCE Blueprint Areas

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

Assessment Questions

1. There are resources to check herb-drug interaction safety. T or F

A. 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

Answer Key

1. T • 2. B • 3. C

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

90 minutes |

Herbal therapies are commonly considered during lactation, yet clinical guidance can be inconsistent. This session offers a structured approach to moving from assessment to education: clarify the client's goals and health history, evaluate evidence and safety, review contraindications and interactions, and communicate benefits, risks, alternatives, and uncertainty in accessible language. Case-based discussion helps clinicians apply the process to real-world lactation consultations.

Learning Objectives

- Evaluate safety, efficacy, and contraindications of commonly used herbal therapies using clinical resources.
- Apply a stepwise process for integrating herbal considerations into lactation assessment and care planning.
- Use clear communication and shared decision-making when discussing botanical options with families.

IBLCE Blueprint Areas

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

Assessment 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

Answer Key

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

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Herbal Support for Induced Lactation: Evidence, Safety, Scope & Clinical Considerations

60-120 minutes | 95 Minute Recording available |

Induced lactation requires individualized planning, particularly when conventional pharmaceutical protocols are not desired or appropriate. This session reviews herbal options that may be considered as adjuncts to evidence-based lactation support, with attention to dosing, safety, contraindications, potential interactions, monitoring, and family goals. Participants will explore how to integrate botanical discussions within appropriate scope and collaborative care.

Learning Objectives

- Identify evidence-informed herbal options that may be considered in induced-lactation care.
- Assess contraindications, potential drug-herb interactions, and monitoring needs.

- Integrate botanical support into individualized, patient-centered induced-lactation plans within appropriate clinical scope.

IBLCE Blueprint Areas

- I. Development and Nutrition, B. Maternal
- II. Physiology and Endocrinology, A. Physiology of Lactation
- II. Physiology and Endocrinology, B. Endocrinology
- III. Pathology, B. Maternal
- IV. Pharmacology and Toxicology
- VI. Clinical Skills, B. Education and Communication

Assessment Questions

1. Which of the following herbs has the strongest evidence for increasing prolactin?

A. Chamomile

B. Shatavari

C. Echinacea

D. Lavender

Answer: B. Shatavari

2. Herbal therapeutics for induced lactation are completely safe and have no potential for drug interactions.

Answer: False

3. A non-birthing parent is starting an induced lactation protocol. Which of the following is a recommended approach when integrating herbal support?

A. Prescribe a standardized herbal regimen without considering individual health history

B. Combine herbal therapeutics with evidence-based lactation care and monitor for safety

C. Avoid monitoring for side effects as herbs are natural and harmless

D. Recommend multiple herbal products simultaneously at high doses for faster results

Answer: B. Combine herbal therapeutics with evidence-based lactation care and monitor for safety

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Customizable Workshops

Flexible half-day, full-day, and multi-day clinical intensives tailored to audience needs and program goals.

Customizable Clinical Intensive for Perinatal & Infant-Feeding Professionals

Half-day, full-day, or multi-day format

Melissa's in-person clinical intensives are customized to the interests, learning needs, and professional backgrounds of each host organization and audience. Workshops may combine content from her lactation, infant-feeding, oral-function, tongue-tie, herbal, perinatal wellness, and clinical-reasoning curricula into one cohesive learning experience.

Programs emphasize evidence-informed clinical reasoning, practical assessment skills, case-based learning, family-centered communication, and interdisciplinary care. Depending on the selected focus, content may include complex feeding cases, prenatal and postpartum lactation assessment, milk-production concerns, infant oral function, ankyloglossia assessment and care, post-frenectomy support, digestive concerns, botanical therapeutics, perinatal mood support, referral decision-making, and sustainable care-plan development.

Sample Learning Objectives

- Apply clinical-reasoning strategies to identify parent-, infant-, feeding-, and systemic contributors to complex lactation and feeding concerns.
- Integrate assessment findings, family goals, current evidence, and differential considerations into individualized care planning.
- Identify appropriate supportive strategies, red flags, referral needs, and opportunities for interdisciplinary collaboration.
- Translate clinical findings into clear, practical education that supports informed and sustainable family decision-making.

IBLCE Blueprint Areas

IBLCE Blueprint areas are determined by the final workshop agenda and selected modules. Depending on content, programs may include:

- I. Development and Nutrition — Infant and Maternal
- II. Physiology and Endocrinology
- III. Pathology — Infant and Maternal
- IV. Pharmacology and Toxicology
- V. Psychology, Sociology, and Anthropology
- VI. Techniques
- VII. Clinical Skills — including Equipment and Technology, Education and Communication, and Research

Customized CE/CERP Documentation

Because each intensive is built around the host organization's selected topics, audience, and learning goals, final learning objectives, IBLCE Blueprint mapping, assessment questions, answer keys, and timed agenda are developed specifically for each program and can be provided for continuing-education applications.

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Program Customization & Contact

Presentation lengths, emphasis, case examples, and workshop structure can be customized for audience needs and program goals. For planning questions, speaking inquiries, or CE documentation needs, contact Melissa Cole, MS, IBCLC, PMH-C.

melissa@lunalactation.com • **www.lunalactation.com**