**Table 1 Case Descriptions**

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| **Case** | **M/F** | **Gestation** | **Age (weeks)**  | **Mother’s lactation** | **Breastfeeding history** | **Previous lactation support**  | **Pre- and post-intervention milk transfer by test weigh** | **Direct breastmilk intake/24 hours** | **EBM intake/24 hours** | **Formula/24 hours** |
| **A** | F | 36 + 4  | 6  | Second | Exclusive breastmilk. Maternal nipple pain with breastfeeding from birth. Infant often backarched, cried, and pulled off the breast. Always used nipple shield for both pain and infant behaviour.  | Yes | Pre- R breast with and without nipple shield:36 ml.Post- R breast with nipple shield, milk transfer not measured.  | Not measured | 200 mls  | 100 mls |
| B | M | Term | 18  | Second | Exclusively breastfed, good weight gains, no breastfeeding problems. | No | Pre- L breast: 26 ml.Post- L breast: 14 ml. | 540 ml/24 hr | 0 | 0 |
| C | F | Term | 22  | First | Severe persistent maternal nipple pain and damage from birth, associated with early suboptimal weight gain which had been recovered. Laser frenotomies of the sublingual and labial frenula at 20 weeks for diagnoses of upper and lower lip-ties and posterior tongue-tie. Post frenotomy, mother reported pain had ‘100% worsened‘, infant behaviour had worsened, and ‘latch was shallow’.  | Yes | Pre- L breast: 40 ml.Post - R breast: 55 ml. | Not measured | 214 mls | 0 |
| D | M | Term | 8  | First | Breast augmentation 5 years previously, with residual altered sensation and numbness bilaterally, and previous bilateral nipple piercing. Maternal nipple pain in first weeks with suspected low supply. Infant fed EBM every 3 hours for the first 4 weeks. Posterior tongue-tie and upper lip-tie diagnosed and referred for frenotomies. Parents didn’t proceed with frenotomies. Saw an IBCLC and baby started to feed from breast. At the time of study, the mother reported persisting difficulty with latching, painful, damaged nipples, oversupply, and vasospasm.  | Yes | Pre -R breast: 40 ml.Post- R and L breasts:88 ml | 919 mls | 0 | 0 |
| E | M | Term | 4  | Second | Severe maternal nipple pain from the first breastfeed, ongoing.Tongue-tie and upper lip-tie diagnosed. Parents did not proceed with frenotomy. Infant breastfed intermittently with a nipple-shield, but primarily EBM. Intensive IBCLC support. Infant weight gain normal. Researchers noted a slight anterior membrane that attached to 10% of the dorsal surface of the tongue. At time of study, mother offered the breast once a day always with nipple shield; infant would take breast once every few days. |  | Pre- L breast unable to breastfeed due to unsettled behaviour, use of nipple shield unsuccessful.Given 22 ml EBM from bottle.Post- L breast with nipple shield: 38 ml. | 400 mls/24 hours test weighs. | Not measured | Formula top ups had recently been introduced. |