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Milk Removal: Research in Breastfeeding and breast expression by Donna Ramsay
A study was done on 71 mothers who were exclusively breastfeeding their infants (1-6 months) on demand. The 24 hour milk production of the mothers ranged from 478-1298g. One breast of each mother produced an average of 123g/24 hours more milk than the other. In 71% of the mothers the right breast was more productive than the left. They found that babies fed from the breast between 6-19 times/24hours with an average of 11 feeds/24 hours. Only 40 % of the babies used both breasts. 86% of the babies successfully maintained an adequate milk supply without always removing milk from both breasts. The average feeding was 74g and ranged from 30-135g. It also was rare for the baby to completely empty the breast of milk during one breastfeeding session with an average of 66% of available milk consumed.
Milk removal did vary with the time of day with the morning feeds (4am-10am) tending to be higher volume than during the day (10am-4pm) or evening 4pm-10pm.. However, the biggest feeds were from the more productive breast during the night. 65% of babies fed at night. For babies who did not feed at night, almost ½ of the total milk transfer occurred during the morning. This indicates that at least 2/3 of women may need to express or feed at night to both satisfy the infant's nutritional needs and maintain milk synthesis.

Ankyloglossia in breastfeeding infants: new and existing evidence about frenotomy and maternal nipple pain

Breastfeeding difficulties associated with tongue tie are failure to thrive, maternal nipple damage, maternal breast/nipple pain, poor milk supply, breast engorgement, and breast refusal.
There has been no clear and simple diagnostic tool available until now.
The ankyloglossia assessment tool or AAT developed by Dr P. Feldman and C. Dobrich consists of a mother with nipple pain/trauma while breastfeeding and/or inability to maintain latch and/or poor weight gain (<15g/d) and a visible filament anterior to the base of the tongue which restricts tongue movement leading to an inability to touch the roof of the mouth or inability to cup an examining finger or an inability to protrude the tongue past the gum line.
Professionals are divided as to the value of a frenotomy.
There was no effective tool available to assess and diagnose tongue tie.
There is lack of consistent evidence about the effects of such surgery on maternal nipple pain and infant latch.
Using AAT a study of 27 patients was done with promising results of increase in LATCH score and decrease in pain score in every subject.
In the future this tool needs to be validated.

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