Majority of Mothers Experience BML

More than 90% of new mothers may experience breast milk leakage (BML), or an involuntary release of breast milk from the nipple. The leakage may begin during pregnancy or shortly after childbirth. Some studies suggest that more than 60% of breastfeed ing mothers continue to experience BML 6 months after delivery.

How BML Occurs

During the first few postpartum days, the posterior pituitary gland secretes a hormone that causes the milk ejection reflux, or letdown. This is a neural reflex that is stimulated by childbirth and nursing, which is why many new mothers experience BML.

By 2 to 4 days after childbirth, your milk supply has developed and letdown can occur. Before your breasts become full, you might feel a tingling or radiating sensation in the breasts. Your breasts and nipples will become taut and hard lumps develop under the axilla (armpit). You breasts will fill with milk after letdown and will feel firm. This is when leaking occurs. At times, you may leak so heavily that you soak through your shirt.

Tools for Coping

Management of BML depends on whether you are planning to nurse or not. If you plan to nurse, BML can be dealt with by nursing or expressing milk when letdown is first detected. If your breasts leak heavily on one side while you are nursing on the other, place a towel or cotton diaper over the breast to catch the flow. Between feedings, you can place disposable nursing pads, plastic shells or cups or reusable cotton pads in your bra to help absorb leaks. Avoid pads with plastic backs, since these trap moisture against the skin and can cause nipples to become sore. Another option for controlling BML is a new breathable, soft plastic disk that you place on the nipple along with cotton inserts. To avoid bacterial growth, pads and clothing should be changed as often as possible after BML.

You can also minimize leaking by not missing feedings or going longer between feedings than usual. If you feel letdown, and are in a situation where you can’t feed your baby immediately, applying slight pressure against the breasts will often stop letdown and leaking. This can be done discreetly by crossing your arms across your chest and applying slight pressure. To hide wet areas on clothing, try to wear patterned shirts.

You will probably find that as time goes by you will leak less or not at all. This does not mean that you are losing milk, but that your body is regulating milk production.

BML can be bothersome, but the benefits of breastfeeding far outweigh the temporary inconveniences, most of which can be managed using the strategies mentioned here.

For Non-Nursing Mothers

Traditionally, non-nursing mothers were given medication to suppress lactation. However, because these medications carry risks, the Food and Drug Administration’s Fertility and Maternal Health Drugs Advisory Committee recommended in the early 1990s that drugs to prevent milk production not be used. Subsequently, the FDA asked the manufacturers of these drugs to stop including lactation suppression as an approved use.

Non-nursing mothers were also instructed to bind their breast with elastic bandages. This method often leads to tissue irritation and mastitis.

Instead, wearing a well-fitting bra and applying ice packs might be helpful in curbing leakage until the milk supply dries up.

If you are not breastfeeding, the medical risk of letting lactation run its course is almost nonexistent. You might experience discomfort, maybe even pain, engorgement and leakage. These side effects tend to be short-lived.

Because of the embarrassment and frustration of leaking at inopportune times, you might be hesitant to mention BML to your nurse practitioner. But don’t be shy. If you have any questions about BML, ask your nurse practitioner.

Additional Notes:


Your nurse practitioner has given you this patient education handout to further explain or remind you about principles related to your medical condition. This handout is a general guide only. If you have specific questions, be sure to discuss them with your nurse practitioner.