

Helping Others Understand

Dysphoric

Milk Ejection Reflex



“You Have What?”

Your wife, a sister, a daughter, or a friend has just told you she is suffering from D-MER. What is it? D-MER is an occurrence that takes place just prior to a mother’s milk letting down.

About 60 seconds before the mother’s letdown, she experiences a myriad of negative emotions. This happens when pumping, when nursing, or when experiencing a spontaneous letdown (milk releasing when not nursing/pumping.) Many different words are used to explain the feelings that take place with D-MER. Some of the most common are: Hollow feelings in the stomach * Anxiety * Sadness * Dread * Introspectiveness * Nervousness * Anxiousness * Emotional upset * Angst * Irritability * Hopelessness * Something in the pit of the stomach * General negative emotions

“So It’s Like Post Partum Depression?”

It’s not postpartum depression. It is a separate problem - an emotional overload that is fleeting, that sweeps over you like a wave before letdown. You can have PPD and D-MER, but it’s a wave at letdown that you are looking for, in order to recognize the difference between the two.

“Sounds Bad. Why Keep Breastfeeding?”

Breastfeeding is still important. Many mothers feel that the risks associated with utilizing formula are great enough to keep them from weaning despite the challenges of D-MER. And certainly no one should ever have to wean their baby if they are not ready. But D-MER makes mothers feel so uncomfortable when breastfeeding, that many are weaning even though they don’t want to. If she does decide to wean, it needs to be her own choice without pressure from others. She will need people who understand and support her. It is important that she does not replace the feelings of D-MER with feelings of guilt for weaning when she wasn’t ready.

“Is it Because...”

Mothers can’t cause D-MER- it’s a hormonal problem. Even though it feels like it’s in her head, it’s not; it’s hormonal. She did nothing to cause it, she can’t snap out of it. She can’t help it or stop it. It’s not because of a history of depression, or a history of sexual abuse, or because of her birthing experience. It’s not because she doesn’t love her baby enough or because she’s a bad mother. The feelings she experiences with D-MER are not real; they are hormones that are tricking her.

“So What Does Cause It?”

Research demonstrates that it is *physiological* not psychological - meaning that it is hormones in the body, not past experiences or repressed memories that are causing it. In preliminary studies professionals have found that D-MER is caused by inappropriate dopamine activity when the milk ejection reflex is activated. Investigation is still underway to pinpoint the more specific mechanism.

“Let’s Fix It!”

Mothers with severe D-MER are encouraged to work with their practitioners in order to find a medication that increases dopamine levels that is right for them. Mothers with more moderate or mild D-MER can work with their lactation consultant regarding natural treatments and lifestyle changes. For mothers with mild to moderate D-MER education goes a long way in treatment. Many find their symptoms more easily managed once they are aware it is a medical problem not an emotional problem. Mothers should be encouraged to track their D-MER in a log to help them become aware of things that may aggravate their symptoms and things that may help. By visiting www.D-MER.org you can learn more, as well as find information that you can take to a care provider.

Visit
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for more
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“How Can I Help?”

Be supportive! If it is her desire to continue to breastfeed, try not to question that. Remember that nursing sessions are hard for her and ask her what is most helpful. Does she want to be left alone? Does she want to chat? Read a book? Talk on the phone? Bring her a glass of water and offer her a smile. Try to be understanding when she gets agitated while breastfeeding and encourage her in

her efforts. She is doing what is safest and healthiest for her baby despite the misery she is feeling in the midst of it all. Listen to her talk about what she experiences and how it feels. Don’t question her feelings, but sympathize with her. The mother needs to be reminded that D-MER is a hormonal problem; she can also be reminded that just because she doesn’t experience the “warm fuzzies” associated with breastfeeding doesn’t make her weird; D-MER is a medical condition. Encourage her to talk to others with D-MER; realizing that she is not alone can help a lot.

“Nobody Told Me This Could Happen”

Although this is not a new problem, too little has been known about it. Mothers were embarrassed to talk about it and were dismissed when they spoke of it. As a result of their silence, no one realized how widespread it really was. Both women and professionals need to be educated about D-MER. This will happen as people continue to speak openly about D-MER and inform nursing mothers and medical professionals about the problem.

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