Helping Professionals Understand

Dysphoric

Milk Ejection Reflex

Defining & Describing D-MER

D-MER, Dysphoric Milk Ejection reflex, presents withslight variations depending on the mother experiencing it, but it has one common vein - a wave of negative and even devastating emotion just prior to letdown. This emotional response appears to be pathognomonic for D-MER. The breastfeeding mother experiences this surge of negative emotions about 30-90 seconds prior to her milk release, when breastfeeding, pumping or with spontaneous MER. About the time the milk actually releases and the baby starts swallowing vigorously, the feelings have dissipated, only to return just prior to the next MER. Mothers express the emotions somewhat differently, depending on the severity of dysphoria. The most commonly used words used are: a hollow feeling in the stomach, anxiety, sadness, dread, introspectiveness, nervousness, anxiousness, emotional upset, angst, irritability, hopelessness and general negative emotions.

Who Suffers from D-MER and Why

It is known that D-MER is a physiological problem, not a physical one and that it involves a drop in dopamine. In order for prolactin (which makes breast milk) to increase, dopamine must drop. When a milk release is triggered (by nipple stimulation, conditioned reflex or over-fullness of the breast) it seems to cause an immediate drop in dopamine levels. In a mother with D-MER, dopamine levels seem to drop inappropriately low, resulting in negative emotions.

What D-MER Is Not

D-MER is different from the isolated itching or nausea some women experience with letdown, although those problems can accompany D-MER. D-MER is also distinct from postpartum depression although, again, PPD and D-MER can occur together. Mothers suffering from only D-MER feel quite happy and normal in-between D-MER episodes.

Weaning

D-MER may make a mother so uncomfortable that she considers early weaning. Simple support and an explanation of the cause of D-MER will be enough for some mothers. Others may need to consider one of the prescription options discussed on another sheet, available by contacting info@d-mer.org. Unnecessary weaning not only exposes mother and child to the short-term and long-term complications of artificial feeding, it can replace the negative feelings of D-MER with longer term negative feelings resulting from premature weaning. In most cases, we now believe, premature weaning can be avoided, with a combination of information and support for others and the addition of medications targeting dopamine for others. See the handout available for prescribing care providers for specific treatment recommendations.

Intensity and Duration

Some mothers have very mild D-MER often describing it simply as a “sigh” or a “pang.” On the other end of intensity, there are some mothers who feel extremely intense emotions resulting in suicidal ideation, thoughts of self-harm or angry feelings. These feelings are often brief and rarely do they act on them. These mothers need to be encouraged and supported and not treated as an abuse risk. They also need to consider more serious treatment in order to manage their D-MER better. In addition, it is important to note that a mother’s D-MER will be harder to handle if she also has PPD or an anxiety disorder. Most mothers notice the onset of D-MER within the first couple weeks of breastfeeding and for some it will be gone by the time the baby is three months old. Other mothers find that D-MER gets less severe and slowly dissipates as the baby ages until they suddenly realize they don’t feel it anymore. For others it remains until weaning, regardless of the baby’s age.

History

Mothers do not get D-MER because they were sexually abused or because of a traumatic birth experience. When a mother experiences D-MER the emotions she feels may cause her to remember these upsetting times in her life, but the experiences are not triggering the D-MER. The emotions she experiences with D-MER may be reminiscent of how she felt during these other times, and are therefore make her think back to them because the feeling is similar. This is likely because D-MER by itself creates this dopamine drop in a mother’s body, making her feel this way regardless of her past life experiences. If she happened to have a life experience in the past that caused the same dopamine drop to occur, then she is likely to have a deja vu feeling with each D-MER as that dopamine drop repeats itself.

Treatment

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. These mothers should be encouraged to track their D-MER in a log to help them become aware of things that may aggravate their symptoms (stress, dehydration, caffeine) and things that may help relieve the symptoms (extra rest, better hydration, exercise.) Mothers with more sever D-MER may need a prescription in order to manage her D-MER. Thus far, treatments that increase dopamine levels in a mother treat D-MER effectively. These can be in the form of dopamine reuptake inhibitors, dopamine agonists or other. Commonly prescribed SSRI antidepressants do not seem to effect D-MER one way or another. If there are concerns regarding the safety of these dopamine increasing drugs it is recommended the book, Medications and Mothers Milk by Dr. Thomas Hale be consulted. More information, resources and support can be found at www.D-MER.org

Visit www.D-MER.org for more information

Education

D-MER is not new, but until recently little was known about it. Mothers were embarrassed to talk about it, thought they were the only ones struggling with the emotions they were experiencing during letdown and if in fact they did speak about it, their concerns were often dismissed. Because of this no one realized how widespread it really was. As people continue to speak about and familiarize nursing mothers and medical professionals with the problem of D-MER, awareness will increase and ongoing progress will be made.

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