

Helping Mothers Understand Dysphoric Milk Ejection Reflex (D-MER)



What is Dysphoric Milk Ejection Reflex?

D-MER is a newly recognized condition affecting lactating women that is characterized by an abrupt dysphoria, or negative emotions that occur just before milk release and continue not more than a few minutes. This reaction to letdown may occur when pumping, 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 frequent are: Hollow feelings in the stomach * Anxiety * Sadness * Dread * Introspectiveness * Nervousness * Anxiousness * Emotional upset * Angst * Irritability * Hopelessness * Something in the pit of the stomach *

What causes D-MER?

Research has shown that D-MER is physiological not psychological – which means that it is not past experiences or repressed memories that cause it. D-MER occurs as a result of inappropriate dopamine activity when the milk ejection reflex is activated. Investigation is still underway to pinpoint the more specific mechanism.

Length and Severity

Some mothers have very mild D-MER, often describing it simply as a “sigh” or a “pang”. On the other end of the spectrum are some mothers who feel extremely intense emotions resulting in suicidal thoughts, thoughts of self-harm or angry feelings. Most mothers notice it within the first few weeks of breastfeeding and for some it will be gone by the time the baby is three months old. For others it continues until weaning, regardless of the child’s age. Some mothers find that D-MER gets less severe and slowly dissipates as the baby gets older until they suddenly realize they don’t feel it anymore. There seem to be no “norms” when it comes to this, other than that the older the baby gets (3, 6, 9 months and on) the easier it seems to be to manage it. However, a mother’s D-MER will be harder for her to handle if she also has PPD or an anxiety disorder as well.

Cures and Treatments

Mothers with severe D-MER who are interested in treating with pharmaceuticals are encouraged to work with their practitioners to find a medication that is right for them that will increase dopamine levels. Mothers with more moderate or mild D-MER can work with their lactation consultant regarding natural treatments and lifestyle changes. More can be learned by visiting www.D-MER.org where you can also get information that can be taken to your health care provider.

Good Mothers Giving Good Milk

Mothers can't cause D-MER – it is a hormonal problem. Even though it feels like it's in your head, it's not – it's hormonal. You did nothing to cause it. It's not because of a history of depression, or a history of sexual abuse, or because of the birthing experience. It's not because you don't love your baby enough or because you're a bad mother. The feelings are not reality; they are hormones that are tricking you, sending mixed messages to your brain.

Weaning

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 some decide to wean. Maybe knowing that it is just a hormonal problem will help you understand the feelings better. Talking to others and understanding that you are not alone can also be helpful. Remembering that just because you don't experience the "warm fuzzies" often associated with breastfeeding doesn't make you abnormal or weird; D-MER is a hormonal malfunction. If you do decide to wean, find people who understand and support you; there is no need to replace the feelings of D-MER with the guilt you may place on yourself for weaning when you weren't ready.

Out of Control

If during D-MER you feel uncontrollable emotions, a desire to hurt yourself or your baby, or uncontrollable anger, talk to someone and get help. The feelings are brief, but they are intense and can feel very real and frightening. There *are* solutions; you shouldn't have to feel this way when breastfeeding and you shouldn't have to wean because of it if you aren't ready, but your safety and your baby's safety are most important. Take a D-MER handout to a medical professional, someone who wants to help you to continue to breastfeed your baby, and who will help you find a way to control your D-MER.



Visit
www.D-MER.org
for more
information

Nausea, Itching, Depression and Thirst

- The isolated nausea that some women get with letdown is not D-MER. That is just one physical symptom. You can feel nauseous with D-MER but if it's just nausea-it's not D-MER.
- Itching with milk release is a separate physical symptom. D-MER can go along with it, but D-MER always has an emotional effect as well.
- D-MER is not postpartum depression. It is a separate problem, an emotional overload that is fleeting, that sweeps over you like a wave, before milk release. You can have PPD and D-MER, but it's the negative emotional wave at letdown that sets D-MER apart.
- There is a common phenomenon of breastfeeding mothers getting an extreme thirst with milk release (commonly called letdown thirst). Many D-MER mothers experience this same thirst, but not all, showing that the thirst is most likely a separate component.

Education

Many professionals are not aware of this problem. There has been too little known about it and not enough mothers coming forward to speak about the emotions they experience while breastfeeding. Too often mothers have been embarrassed, have thought they were the only ones and have been dismissed when they have spoken of it. As women and professionals work together to become better educated about D-MER, awareness and understanding will increase and ongoing progress will be made.