

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



“You Have What?”

Your wife, a sister, a daughter, your girlfriend or a friend has just told you she is suffering from D-MER. What is it? 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 *

“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 her like a wave before letdown. She can have PPD *and* D-MER, but it’s the wave of emotions at letdown that differentiate between the two.

“Sounds Bad. So 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 isn’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 – which means 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 are more easily managed once they are aware it is a medical problem rather than an emotional problem. Mothers should be encouraged to track their D-MER in a log which will help them become aware of things that may aggravate their symptoms as well as things that may help lessen their symptoms. You can learn more by visiting www.D-MER.org, where you will also find information that you can take to a care provider.

“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. Ask her what you can do that would be 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. She can also be reminded that just because she doesn’t experience the “warm fuzzies” associated with breastfeeding, it doesn’t mean she is weird; remind her that D-MER is a medical condition, a hormonal problem. Also, encourage her to talk to others with D-MER; it will be helpful to her to learn that she is not alone.

Visit
www.D-MER.org
for more
information

“Nobody Told Me This Could Happen”

D-MER is not a new problem, but until recently very little has been known about it. Mothers have been embarrassed to talk about their experiences and have been dismissed when they have spoken of it. As a result of their silence, no one realized how widespread D-MER really is. It is vital that both women and professionals become educated about D-MER. One of the most effective ways for this to happen is for there to be on-going open communication between nursing mothers, family members and friends and the medical community about all aspects of D-MER .