

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



Defining & Describing D-MER

D-MER presents itself with slight variations depending on the mother experiencing it, but it has one common characteristic - a wave of negative or even devastating emotion just prior to letdown. This emotional response is the consistent key component in 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. By the time milk actually releases and the baby starts gulping, the feelings have dissipated, only to return just prior to another MER. Although mothers with D-MER sometimes express the emotions a bit differently, there are many similarities with the terms and language that they use. Also, it is important to realize that because the intensity of the D-MER experience is variable, the emotional responses experienced with D-MER fall within a three-level spectrum: despondency, anxiety and agitation. 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 psychological one and that D-MER is dopamine mediated. In order for prolactin (what makes breast milk) to increase, dopamine must drop - since it controls the secretion of prolactin. When a milk release is triggered (nipple stimulation, conditioned reflex or over fullness of the breast) it causes an immediate drop in dopamine levels in order to let prolactin slowly increase. But in a mother with D-MER, when dopamine lowers, it falls too wide or too low or too fast in the central nervous system. When dopamine drops inappropriately in a mother with D-MER, the dopamine receptors that are present in the pleasure center of the brain are deprived of the dopamine they need which results in the wave of negative emotions.

What D-MER is Not

D-MER is different than the isolated itching or nausea some women experience with letdown, and although those problems can accompany D-MER, dysphoric milk ejection reflex is a separate problem by itself. D-MER is also different from postpartum depression although, again, PPD and D-MER can occur in a mother at the same time. Mothers suffering only from D-MER feel quite happy and normal in-between D-MER episodes.

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 many choose to wean early. However, if they can be made aware that what they are experiencing is caused by a medical, hormonal problem, it will help them more successfully process the feelings of D-MER and result in fewer mothers weaning unnecessarily. Also, it is important to realize that for many mothers committed to breastfeeding, weaning early due to the challenges of D-MER, may result in the negative feelings associated with D-MER being replaced by feelings of guilt leading to further problems. Mothers who are considering weaning because of D-MER should be encouraged to consider prescription treatment options.

Milk Ejection Reflex Intensity and Duration

Some mothers have very mild D-MER, often describing it simply as a "sigh" or a "pang." However, on the other end of the scale of intensity, there are some mothers who feel extreme emotions resulting in suicidal ideation, thoughts of self-harm or feelings of anger. These feelings are usually 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 more effectively manage their D-MER. 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 and then at some point realize they are no longer experiencing it. 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 birthing experience. When a mother experiences D-MER, the emotions she feels may cause her to remember those 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 those times, and 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 severe 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 dopamine supporting medications that would be considered appropriate for a breastfeeding mother. Commonly prescribed SSRI antidepressants do not seem to affect D-MER one way or another. If there are concerns regarding the safety of these dopamine-increasing drugs it is recommended that 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.

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 until recently how widespread it really is. However, as people continue to speak about and familiarize nursing mothers and medical professionals regarding the problem of D-MER, awareness will increase and ongoing progress will be made.