

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

帮助母亲了解

烦躁不安的喷乳反射



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 *

什么是烦躁不安的喷乳反射？

烦躁不安的喷乳反射，（D-MER）是一种新近认识的影响哺乳期女性的不正常情绪反应，其特点是：恰好在乳汁释放前突然发生的烦躁不安或消极（负面）情绪，持续不超过几分钟。这种对奶阵（letdown）（乳汁释放）的反应可发生在吸奶器吸奶、哺乳时，或自发喷乳（没有吸奶器吸奶或哺乳时的乳汁释放）的时候。许多不同的词语被用来解释发生D-MER时的感受。一些最常见的有：“空腹的感觉”、“忧虑”、“悲伤”、“恐惧”、“自省”、“紧张”、“焦虑”、“情绪不安”、“沮丧”、“烦躁”、“绝望”、“就像胃里有什么东西（就像在心窝里有什么东西）”。

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.

什么原因导致D-MER呢？

已有的研究表明，D-MER是生理的而不是心理的——这意味着D-MER不是过去的经历或压抑的记忆而导致的。D-MER的发生是由于当射乳反射被激活时不适当的多巴胺活动，相关研究仍在进行中，以确定更具体的机制。

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.

时间长短和严重程度

一些妈妈们有很轻微的**D-MER**，经常形容它只是一声“叹息”或一阵“剧痛”。但另外一些有严重**D-MER**的母亲们，她们感到极度紧张的情绪，产生自杀的念头以及自我伤害的想法或愤怒的情绪。大多数的母亲在哺乳的最初几周内就注意到它，一些母亲在宝宝三个月大的时候就消失了。对其他母亲来说，它一直持续至离乳，不管孩子的年龄大小。有些妈妈发现随着婴儿长大，**D-MER** 变得不那么严重了，并且慢慢消失，直到她们突然意识到她们再也感觉不到它了。谈到此，除了婴儿年龄越大（3，6，9个月和以上）似乎越容易控制（应对）外，好像没有其他“标准”。然而，对于一个母亲来说，如果她同时患有产后抑郁症（**postpartum depression, PPD**）或焦虑性障碍，她将更加难以应对**D-MER**。

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.

治疗（治愈和治疗）

应鼓励患有严重**D-MER**的且愿意药物治疗的母亲与她们的医生一起合作以找到一种适合她们提高多巴胺水平的药物。中度或轻度**D-MER**的母亲可以与哺乳顾问合作采用自然疗法和改变生活方式的方法。通过访问www.D-MER.org可以获得更多这方面的知识，在该网站你还可以得到一些可传递给你的健康护理者（医生）的信息。

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.

好母亲好奶水

母亲不能导致D-MER——它是激素（荷尔蒙）的问题。即使你感觉它好像在你脑海里，其实它不是——它是激素（荷尔蒙）使然。不是你的原因（你不能导致它）。它不是因为抑郁史，或性虐待史，或因生产的经历而导致的。同样，它也不是因为你不爱你的孩子，或是因为你是个坏母亲而导致的。这种感觉是不真实的；其实是荷尔蒙（激素）在欺骗你，激素（荷尔蒙）向你的大脑发送了混合信息。

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.

离乳

如果没有准备好，任何人都不会给她们的孩子断奶，但D-MER会使母亲哺乳时感到不适，导致有些母亲决定断奶。也许当你知道了这只是一个激素的问题时，将会帮助你更好地理解这种感觉。同样，与别人交谈并意识到你其实并不孤单，也是有帮助的。你要知道，只是因为你没有经历过那种和哺乳相关的“温暖绒毛”的感觉（“貌似温存的感觉”），这并不会让你觉得自己反常和怪异（不可思议）；D-MER是一个激素（荷尔蒙）的故障。如果你决定断奶，找到能理解和支持你的人；当你没有准备好时，没有必要断奶，让离乳的内疚来取代D-MER的感受。

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.

失控

如果在**D-MER**期间你感觉情绪失控，想伤害自己或你的孩子，或无法控制愤怒时，你可与他人交谈以获得帮助。这种情绪是短暂的，但它们是强烈的，可以感觉到非常真实和可怕。这里有解决的办法；当哺乳时你不应该有这样的感觉，如果你没有准备好就不应该因为这种感觉而断奶，但你的安全和你宝宝的安全是最重要的。带一份有关**D-MER**的讲义（资料）去拜访医学专业人士，会有人愿意帮助你继续哺乳你的宝宝，也会有人帮助你找到一个方法来控制你的**D-MER**。

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.

恶心，瘙痒，抑郁和口渴

- 一些女性在喷乳时发生的单独恶心不是**D-MER**，那只是一个身体症状。在**D-MER**时你可以觉得恶心，但如果只是恶心，那就不是**D-MER**。
- 乳汁释放时出现的瘙痒是一个单独的身体症状。**D-MER**可以伴随着瘙痒，但**D-MER**总会有一个情绪反应。
- **D-MER**不是产后抑郁症，**D-MER**是一个单独的问题，是一种情绪超载（情绪压力），这种情绪转瞬即逝，犹如一阵波浪，在乳汁释放之前席卷了你。你可以同时患产后抑郁症和**D-MER**，但只在释放乳汁时出现负面情绪波动的特点，可使**D-MER**与产后抑郁症区别开来。
- 哺乳的母亲有一个普遍的现象，即随着乳汁的释放，感觉到极度口渴（俗称“喷乳时的口渴”）。许多**D-MER**的母亲经历同样的口渴，但不是全部，说明这种口渴极有可能是一个单独的要素。

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.

教育

许多专业人士都没有意识到**D-MER**问题。对它的了解也太少，没有足够多的母亲愿意主动地讲出她们哺乳时所经历的那种情绪。母亲常常感到尴尬，并以为自己是唯一有这种情绪的母亲，当她们讲出这种感受时，往往不被人所接受。随着女性和专业人士一起合作并接受**D-MER**相关方面的良好教育，认识和理解将会大大提高并且会取得持续的进展。

Helping Others Understand

Dysphoric Milk Ejection Reflex (D-MER)

帮助其他的人了解

烦躁不安的排乳反射

“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 *

“你有什么？”

你的妻子、姐妹、女儿、你的女朋友或朋友刚好告诉你她患上了**D-MER**。什么是**D-MER**？什么是烦躁不安的喷乳反射？**D-MER**是一种新近认识的影响哺乳期妇女的情绪反应，特点是恰好在乳汁释放前突然发生的烦躁不安或消极情绪，并且持续不超过几分钟。这种对喷乳（**letdown**）的反应可发生在吸奶器吸奶、喂奶时，或自发放乳（没有吸奶器吸奶或喂奶时的乳汁释放）的时候。许多不同的词语被用来解释发生**D-MER**时的感受。一些最常见的有：“空腹的感觉”、“忧虑”、“悲伤”、“恐惧”、“自省”、“紧张”、“焦虑”、“情绪不安”、“沮丧”、“烦躁”、“绝望”、“就

像胃里有什么东西（就像在心窝里有什么东西）”。

“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.

“它就像产后抑郁症？”

D-MER不是产后抑郁症。它是一个独立的问题，是一种情绪超载（情绪压力），这种情绪转瞬即逝，犹如一股波浪，在放乳之前席卷了她。她可以同时患产后抑郁症和D-MER，但放乳时才出现的情绪波动（D-MER）使两者有所区别。

“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.

“听起来不好，为什么还要坚持母乳喂养？”

母乳喂养仍然很重要。尽管存在D-MER的挑战，但许多母亲认为配方奶喂养的风险足以使她们不愿断奶。当然，如果她们没有准备好，没有人会给她们的孩子断奶。但D-MER使母亲哺乳时感到特别的不舒服，以致于有许多母亲决定断奶，即使她们不情愿。如果她确实决定断奶，她要做出自己的选择，而不需要来自别人的压力。她将需要的是人们的理解和支持。当她没有准备好时，她不能以因断奶感到的内疚感取代D-MER的感受，这一点是很重要的。

“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.

“它是因为...”

母亲不能导致D-MER — ⁶它是激素（荷尔蒙）的问题。即使它好像是在你脑海

里，其实它不是——它是激素（荷尔蒙）使然。她本身没有原因（她不能导致它），她也无法摆脱它。她对它会情不自禁或不能停止它，它不是因为抑郁史，或性虐待史，或因生产的经历而导致的。同样，它也不是因为她不十分爱她的孩子，或是因为你是个坏母亲而导致的。她在**D-MER**时所经历的感受是不真实的；其实是荷尔蒙（激素）在欺骗她。

“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.

“那么是什么原因引起的**D-MER**呢？”

研究表明，**D-MER**是生理的不是心理的反应，这意味着它就是身体内的激素导致的，而不是过去的经历或被压抑的记忆而导致的。在初步的研究中，研究人员已经发现，**D-MER**是由于射乳反射被激活时不适当的多巴胺活动所致。相关研究仍在进行中，以确定更具体的机制。

“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.

“让我们来解决它！”

鼓励重症**D-MER**的母亲与她们的医生合作以找到一种适合她们提高多巴胺水平的药物。中度或轻度**D-MER**的母亲可以与哺乳顾问合作考虑自然疗法和生活方式的改变。对于轻度至中度**D-MER**的母亲来说，教育对她们的治疗大有帮助。许多人发现一旦她们知道了这是一个医学问题，而不是一个情感问题时，她们的症状就更容易解决。应该鼓励妈妈们记录追踪她们的**D-MER**发生情况，这样可以帮助她们察觉哪些事情可以加重她们的症状，哪些事情有助于减轻她们的症状。通过访问 www.D-MER.org，你可以学习更多的这方面知识，在该网站你还可以得到一些可传递给你的保健提供者的信息。

“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.

“我怎样才能帮助？”

支持！如果她想继续母乳喂养，不要质疑。请记住，护理（哺乳）课程对她很难。问她你能做什么，这将是有帮助的。她想独自一人吗？她想聊天吗？读一本书？打个电话？给她带一杯水，给她一个微笑。当她哺乳出现焦虑不安时，尽量给予理解，并鼓励她所做的努力。

她将要做的是对宝宝最安全和最健康的事情，尽管她感觉在一切之中都很痛苦。听她谈论她的经历和感觉。不要质疑她的感觉，但要同情她。同时，可以提醒她仅仅因为她没有经历过这种与母乳喂养相关的“温暖绒毛”感觉，这并不意味着她很奇怪；提醒她，D-MER 是一个医学状况（问题），即激素问题。同时，鼓励她与同样患有D-MER的母亲交谈，这将有助于让她知道她并不孤单。

“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 .

“没有人告诉我这会发发生”

D-MER不是一个新问题，但直到最近一直鲜为人知。每当妈妈们谈及自己的经历时都很尴尬，即使她们讲出来也不被人们所接受。由于她们的沉默，没有人意识到D-MER真的是多么普遍。女性和专业人士双方接受D-MER相关方面的教育至关重要，其中开展这方面工作最有效的方法之一是有正在进行的哺乳的母亲、家庭成员、朋友以及医疗社区之间关于D-MER所有方面的开放式交流（沟通）。

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

帮助专业人士了解

烦躁不安的射乳反射（排乳反射；喷乳反射）

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.

烦躁不安的射乳反射的定义和描述

烦躁不安的射乳反射（D-MER）本身会呈现轻微的变化，这种变化取决于母亲对它的经历，但它有一个共同的特点——恰好在喷乳之前出现的一波负面的甚至是毁灭性的情绪。这种情绪反应是D-MER中一致的重要构成要件。母乳喂养的母亲在哺乳、吸奶器吸奶或自发性喷乳反射时，在乳汁释放之前经历大约30-90秒这种激增的消极情绪。当乳汁实际上释放和宝宝开始狼吞虎咽地吃奶时，这种情绪就会消失，只有在另一个射乳反射（MER）刚好出现之前又会复发。虽然D-MER的母亲有时表达的情绪略有不同，但在用来描述的词语和语言方面有很多相似之处。同时，由于D-MER经历的强度是可变的，因此可将经历D-MER的情绪反应分为三个等级：沮丧，焦虑和躁动，认识到这一点是很重要的。最常用的描述D-MER感受的词语是：空腹的感觉、忧虑、悲伤、恐惧、自省、紧张、焦虑、情绪不安、沮丧、烦躁、绝望和常见的负面情感。

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.

谁患有D-MER，为什么？

这些是已知的：**D-MER** 是生理问题，不是心理问题，**D-MER**是多巴胺介导的。为了提高泌乳素（它可促进母乳产生和分泌），多巴胺必须下降，因为它控制了催乳素的分泌。当乳汁的释放被触发（乳头刺激，条件反射或乳房过度膨胀），它会导致多巴胺水平立即下降，以便让催乳素慢慢增加。但在**D-MER**的母亲体内，当多巴胺降低时，它在中枢神经系统下降的太多、太低、或太快。当**D-MER**的母亲体内多巴胺不适当地下降时，大脑中的“奖赏”中枢（“愉悦”中枢）（多巴胺是某些神经元之间传递信号的一种递质，它会刺激大脑中的“奖赏”中枢，使人产生愉悦感）的多巴胺受体被剥夺了它们需要的多巴胺（即：多巴胺受体不能得到足够的所需要的多巴胺激素），从而导致一波负面情绪的发生。

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.

D-MER不是什么？

D-MER不同于有些妇女在喷乳（喷乳）时经历的单独的瘙痒或恶心，尽管这些问题可以伴同**D-MER**出现，但烦躁不安的射乳反射本身是一个单独的问题。**D-MER**也不同于产后抑郁症，虽然**PPD**（产后抑郁症）和**D-MER**可以同时出现在一个母亲身上。仅患上**D-MER**的母亲在**D-MER**发作之间（即：没有**D-MER**发作期间）感到十分快乐和正常。

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, hormonal¹⁰ 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 try prescription treatment options.

断奶

如果没有准备好，任何人都不应该给他们的孩子断奶，但D-MER可使母亲哺乳时感到不适，致使许多母亲选择了提前断奶。然而，如果能让她们知道她们所经历的是一个医学和激素问题，那么将会帮助她们更成功地处理D-MER时的情绪，由此可使更少的母亲采取不必要的断奶。同时，对许多立志于母乳喂养的母亲来说，因D-MER的挑战而提早断奶可能会导致以内疚感而取代与D-MER有关的负面情绪，从而引起进一步的问题，认识到这一点是很重要的。应该鼓励因D-MER而正在考虑断奶的母亲尝试处方的治疗方案。

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.

乳射反射强度和持续时间

一些妈妈们患很轻微的D-MER，经常形容它只是一声“叹息”或一阵“剧痛”。但另外一些患有很严重D-MER的母亲们，她们感到极度紧张的情绪，会产生自杀的意念以及自我伤害的想法或愤怒的情绪。这些情绪通常是短暂的，并且很少会使她们真的付诸行动。这些母亲需要鼓励和支持，避免她们受到虐待的风险。她们还需要考虑更认真的治疗以便更有效地解决她们的D-MER问题。重要的是要注意，一个D-MER的母亲如果她同时患有PPD（产后抑郁症）或焦虑性障碍将更难处理。大多数母亲注意到D-MER发生在母乳喂养的前几周，并且她们当中的一些人将在宝宝三个月大的时候它（D-MER）就消失了。有些妈妈会发现随着婴儿长大，D-MER变得不那么严重了，并且慢慢减退，直到她们在某一时刻意识到她们再也感觉不到它了。对其他一些母亲来说，它一直持续至断奶，无论孩子的年龄大小。

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 déjà vu feeling with each D-MER as that dopamine drop repeats itself.

历史（病史）

母亲不会因为她们有被性虐待或因创伤性分娩的经历而患上**D-MER**。当一个母亲经历**D-MER**时，她感觉到的情感可能会使她回忆起她一生中经历的那些令人心烦意乱的岁月，但这些经历不会引发**D-MER**。她患**D-MER**时所经历的情感可能使她想起了在那些岁月里的感觉，所以才让她回想起它们，因为感觉是类似的。这可能是**D-MER**本身引起了母亲体内多巴胺下降，使她有了如此的感受，而与她过去的生活经历无关。如果她碰巧有一个同样造成多巴胺下降的过去的生活经历，那么她很可能当多巴胺本身下降重现时有一个与**D-MER**似曾相识的感觉。

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.

治疗

对于有轻度至中度**D-MER**的母亲，教育对治疗有很大的帮助。许多人发现一旦知道**D-MER**是一个医学问题而不是情感问题时，她们的症状就更容易得到控制（解决）。应该鼓励这些妈妈们记录追踪她们的**D-MER**发生情况，这样有助于她们察

觉哪些事情可以加重她们的症状（压力、极度口渴、咖啡因），哪些事情可能有助于缓解她们的症状（额外的休息时间、更好的水合作用、运动）。较为严重D-MER的母亲可能需要处方药物以控制她的D-MER。到目前为止，增加母亲体内多巴胺水平的疗法可有效的治疗D-MER。这些疗法包括使用多巴胺重摄取抑制剂，多巴胺受体激动剂或其他多巴胺辅助药物，这些药物被认为适用于母乳喂养的母亲。临床上常用的SSRI（Selective Serotonin Reuptake Inhibitor，缩写为SSRI，选择性5-羟色胺再吸收抑制剂）抗抑郁药物似乎无论如何对D-MER不起作用。如果对这些多巴胺增加药物的安全性存有担忧，建议查阅Thomas Hale博士所著的《药物与母乳喂养》一书。如欲获取更多的信息、资源和支持可访问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.

教育

D-MER不是一个新问题，但直到最近，对它的了解也很少。母亲羞于谈论它，认为她们是唯一一个与放乳时所经历的情绪抗争的人，即使事实上她们如实地讲出来，她们的诉求（顾虑）也经常被驳回（置之不理）。由于这个原因，直到最近人们才意识到D-MER真的是多么普遍。然而，随着人们不断地谈论以及哺乳的母亲和医学专业人士不断地熟悉（了解）D-MER问题，意识将会大大增加并且会取得持续的进步。