

# Dysphoric Milk Ejection Reflex



D-MER is not a psychological response to breastfeeding. It is a physiological response to milk release.



D-MER is not postpartum depression nor is it classified as a postpartum mood disorder.



D-MER is not nausea with letdown or any other isolated physical symptom or manifestation. D-MER has a negative emotional component above all else.

## Dysphoric Milk Ejection Reflex (D-MER)

Dysphoric Milk Ejection Reflex is a condition affecting lactating women that is characterized by an abrupt dysphoria, or negative emotions, that occur just before milk release and continuing not more than a few minutes.

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### DYSPHORIC MILK EJECTION REFLEX: A CASE REPORT

Alia M Heise and Diane Wiessinger

International Breastfeeding Journal 2011

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### A CASE OF DYSPHORIC MILK EJECTION REFLEX (D-MER)

Breastfeeding Review Volume 18 Issue 1 (Mar 2010)

Cox, Suzanne

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### MATERNAL EXPERIENCES OF EMBODIED EMOTIONAL SENSATIONS DURING BREAST FEEDING: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

Midwifery

Volume 36, May 2016

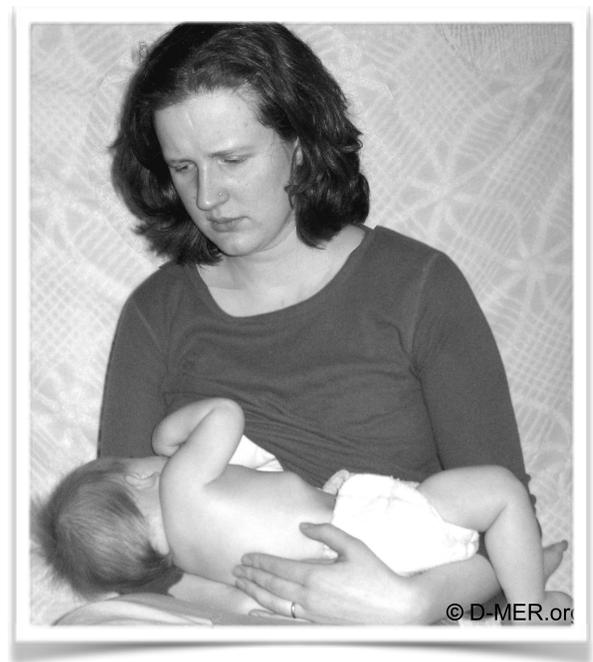
Dr. Marcelina Watkinson, DCLinPsy

## Dopamine's Role in D-MER

D-MER has been linked to an inappropriate drop in dopamine that occurs whenever milk is released. In a mother with D-MER at the time of letdown dopamine falls inappropriately, causing negative feelings.

Milk release itself isn't caused by dopamine dropping; it's caused by oxytocin rising. In D-MER, the MER (milk ejection reflex) is a result of rising oxytocin (needed to move the milk out of the breast) but the D (dysphoria) is a result of inappropriately falling dopamine. Dopamine gets involved because it inhibits prolactin (which is what makes the milk) so dopamine levels need to drop for prolactin levels to rise in order to make more milk. Normally, dopamine drops properly and breastfeeding mothers never knew it even happened, in D-MER mothers however, it doesn't drop properly and causes an instant and brief wave of a negative emotional reaction that lasts until the dopamine levels restabilize after prolactin has begun its rise.

D-MER follows the same pattern as any other reflex. You can tell yourself your knee isn't going to jerk when you hit it... but it does, just as much the hundredth time as it does the first, and it stops as soon as the stimulus stops. The D-MER reflex involves e-motion rather than motion because a hormone shift is triggered instead of having a muscle nerve triggered.



## CORRECTION OF D-MER

For mothers with mild 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.

Moderate D-MER can also be reduced using education as treatment. If this is not enough than 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.) They should look into lifestyle changes and natural remedies to help them further.

Mothers with more severe D-MER may need a prescription in order to manage her D-MER if she feels she may wean because of it. Thus far, treatments that increase dopamine levels in a mother treat D-MER effectively. If her D-MER is severe, and yet she is not at risk for weaning then using education as treatment, natural remedies and lifestyle changes is the more appropriate course of action.