



Dysphoric Milk Ejection Reflex D-MER



Objectives

- Define D-MER
- Describe the cause of D-MER
- List 3 possible symptoms of D-MER
- Discuss why D-MER might cause a new mother to stop breastfeeding
- Describe 4 ways a Home Visitor can help a new mother with D-MER
- Discuss questions to ask the mother to determine if D-MER might be an issue for her

What Is D-MER?

- A panic feeling when there is milk letdown
- A physical reaction in the brain and body
- It is not a mood problem
- Likely caused by a drop in dopamine to allow prolactin release

Research on D-MER

- Lacking!

- D-MER is like a reflex. It is controlled by hormones and can not be controlled by the mother. She can not talk herself out of the dysphoria.

Welcome to D-MER.org

Dopamine

- Dopamine is a hormone that regulates motivation and mood.
- Dopamine is associated with pleasure and satisfaction, motivating one to repeat pleasurable activities
- A brief drop in dopamine can lead to lack of motivation to complete an activity (such as breastfeeding)

Prolactin

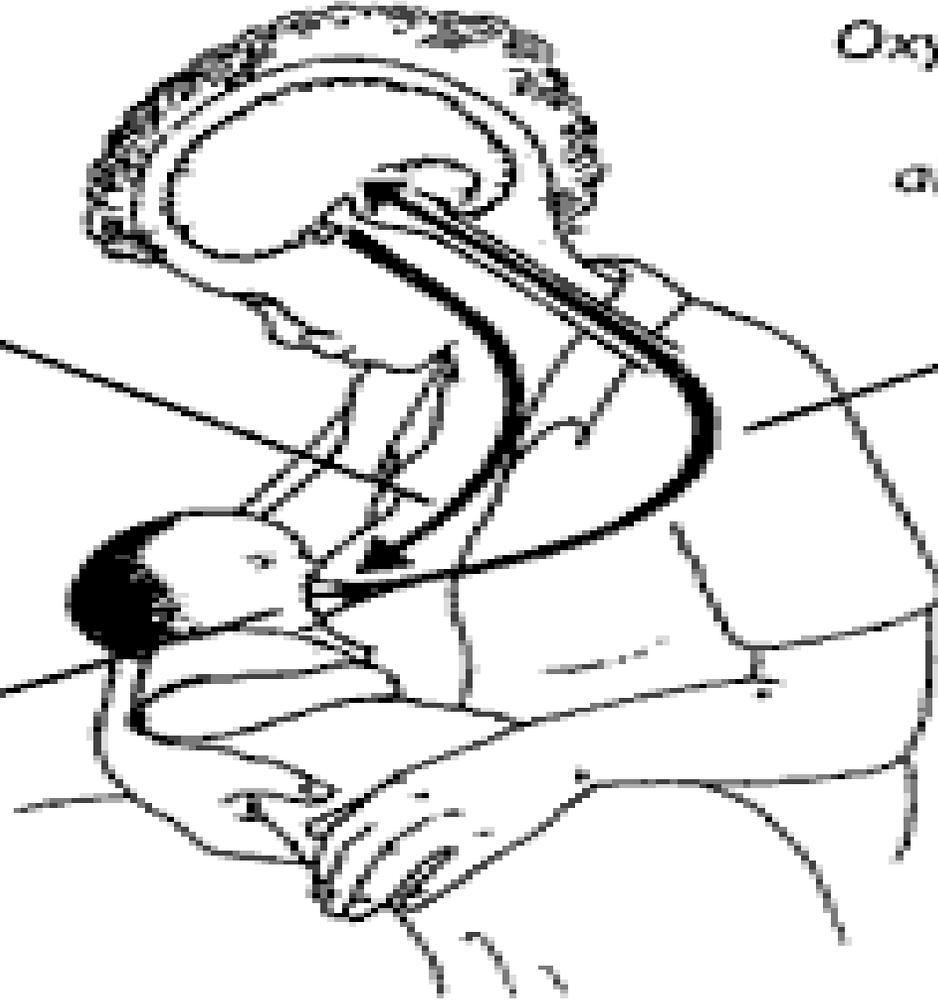
- Prolactin is a hormone responsible for breast development and milk production.
- Nipple stimulation (the baby sucking at the breast or breast pumping) causes release of prolactin for milk production and oxytocin to contract the milk glands in the breast to release milk through the nipple.
- This explains how as the milk ejection occurs (or release by oxytocin into the nipple), the dopamine level drop (if significant) can cause a panic feeling
- Oxytocin causes a drop in dopamine

Oxytocin - delivers milk

Acts on muscles surrounding milk cells, releasing milk

Oxytocin released by thinking about baby and stimulation of breast

Baby suckling stimulates breast



What does the patient feel?

- Panic or sadness as milk letdown occurs that generally goes away in a short amount of time. It may happen with each feeding and may continue for up to about 2 weeks.



D-MER

- It's **physical, not psychological**, and has nothing to do with not wanting to breastfeed or with having nipple pain.

X Psychological

√ Physical

How might this affect breastfeeding?

- **The mother may abandon breastfeeding.**



Cleveland Clinic: D-MER

- D-MER may make you want to stop breastfeeding. If the condition takes a toll on your mental health and well-being, it may be for the best for both you and your baby to switch to formula. This is OK. Don't feel ashamed if breastfeeding doesn't work for you.

What are your thoughts on this?

What might you be hearing from the new mother

Something is not right when I feed the baby

I don't think my body is working right to make milk for my baby

I can't do this

I am scared when I try to breastfeed

Differences Between Dysphoric Milk Ejection Response and Postpartum Depression

D-MER

- Sudden drop in mood **when nursing or pumping**
- Heavy sense of sadness or panic
- Brief window of time-usually around 2 minutes
- Usually as milk lets down

PPD

- Feelings of hopelessness or pessimism
- Persistent sad, anxious, or "empty" mood **most of the day, nearly every day, for at least 2 weeks**
- Difficulty sleeping (even when the baby is asleep), waking early in the morning, or oversleeping
- Abnormal changes in appetite or unplanned weight changes

Dysphoric Milk Ejection Reflex: Measurement, Prevalence, Clinical Features, Maternal Mental Health, and Mother–Infant Bonding

- Study with 711 women up to 12 months postpartum
- 5.9% of all breastfeeding mothers showed evidence of D-MER
- 45% of these mothers discontinued breastfeeding due to D-MER.

What Questions Might You Ask?

- How is feeding your baby going?
- What was your plan for feeding your baby?
- If she stopped breastfeeding but had planned to breastfeed:
 - Tell me about your breastfeeding experience
 - How did breastfeeding feel for you?
 - How are you feeling about stopping breastfeeding?

What Suggestions Might You Make

- Would you like some information that may help you to feel more comfortable with breastfeeding?
- Can I take you through a relaxation exercise?
- If breastfeeding did not make you feel panicked, would you consider trying to resume breastfeeding?

No Definitive Treatment for 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.

Reducing D-MER

- 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.

Medical VS Non-medical treatment

- Mothers with more severe D-MER may need a prescription 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.

HOW CAN YOU HELP A MOTHER WITH D-MER?



A group of white paper cutouts of people holding hands, symbolizing family support. The cutouts are arranged in a line, with some in the foreground and others in the background, creating a sense of depth. The background is a solid green color.

Family Support

Skin To Skin



MINDFULNESS

RELAX
RELAX
RELAX

Breathe

CLOUD GAZING

exercise

Spend time with nature

Open mind

Walk BAREFOOT

FORGIVE
FORGIVE
FORGIVE

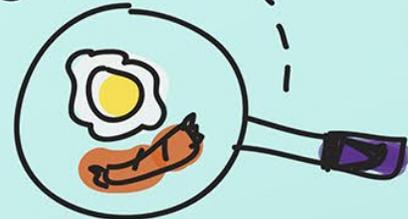
guided meditation

Plant

COOK

Take things for a walk

Take a bath



Relaxation Exercise

https://youtu.be/ssss7V1_eyA.

Environmental Factors



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Environmental Factors





Why Self-Care is Important for ALL Moms

A GUEST POST BY YVONNE WILLIAMS CASAUS
Self-Care and Nutrition

Beginning a self care project:



Why Hydration is vital for our health...

IF YOU MUST STAY AT HOME,
MAINTAIN A

HEALTHY
LIFESTYLE

SOURCE : WHO

| WWW.WHO.INT/COVID-19

Exercise



CASE STUDY ON D-MER



D-MER

Mother was 26 y/o nurse, living in a second-floor walk-up apartment with husband and 2 ½ year old (who was breastfed for 6 months)



At 31 weeks diagnosed with leaking amniotic fluid with no fever and fetus active. When contractions stopped patient asked to be sent home.



At home on bedrest taking care of child with husband traveling for work and help with child for one hour each day by friend.



Labor began at 41 weeks and delivered healthy baby. Normal uncomplicated delivery except for severe blood pressure drop from epidural. Medication given that caused a very high blood pressure.

D-MER

- Breastfeeding was initiated within the first few hours of life. Baby had a good latch and suck. Nipple pain was present with no nipple breakdown.
- Breastfeeding was done every 3-4 hours during hospitalization with mother stating she was in some pain and exhausted.



D-MER

Discharged at 48 hours after delivery, mother and father took the baby home.



Breastfeeding continued.



At 11pm on the day of discharge home, the baby started crying to feed. The mother started nursing her and then handed the baby to her husband and said, “take her and feed her. I do not want to see her until tomorrow and I am not breastfeeding her again.” The father said he would take her and feed her a bottle but encouraged the mother to rest so she could start feeding the baby again in the morning

D-MER

- The mother slept a bit during the night, and the father cared for the baby in a separate room.
- In the morning when the baby was crying, the father woke the mother and brought her the baby.
- The mother said, “I can feed the baby if you bring me a bottle. I am not breastfeeding her!”
- The father tried to gently suggest trying. He reminded the mother how important she had said it was for the baby to be breastfed.
- The mother was adamant that she was not going to breastfeed.

D-MER

- The mother delivered baby number 3 two and a half years later. This baby was fully breastfed until six months with continuation until almost one year with no issues.
- The mother then breastfed a fourth baby five years after that.
- She felt guilty for not breastfeeding baby number 2 who had significant childhood asthma.

D-MER

- Many years later, the mother learned about D-MER and recognized the symptoms as her reason for refusing to breastfeed.
- For many years she had thought she had postpartum depression. She wondered how she could go back to work and raise her two girls with no real symptoms of depression!

References

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