


D-Mer: What breastfeeding moms might not be telling you...

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D-Mer: Objectives

- Define Dysphoric Milk Ejection Reflex (D-Mer)
- Differentiate D-Mer from other phenomena seen in breastfeeding women
- Identify potential negative effects on breastfeeding
- Discuss assessment/characteristics of D-Mer
- Review 3 emotional spectrums of manifestation
- Identify 3 manifestation levels
- Discuss possible treatment/management of D-Mer
- Review role of the breastfeeding supporter working with moms experiencing D-Mer
- Identify resources and education for Moms, families and breastfeeding supporters



Every time I pumped or experienced letdown, my symptoms would start with a vengeance. My chest would tighten, my mood would shift to panic and sadness, and I'd sometimes feel quite dizzy.

I was excited to breastfeed my baby, but I noticed that every time I got started I had a terrible feeling something was about to go wrong. I pulled my baby off the breast and the feeling got better. Why do I get scared when I breastfeed?

I had D-MER with all three of my children and symptoms ranged from a general feeling of sadness to suicidal thoughts and to crying homesick. Most of the time it felt like feeling homesick.

Dysphoric Milk Ejection Reflex..... One Moms Story



De-Mystifying D-Mer

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What is D-Mer?

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What Moms learn about Breastfeeding

- Increases bond to your baby
- Feelings of love and connection
- An amazing journey
- Beneficial for both baby and mom
- Human milk is best for human babies
- Jump starts babies immune system

Many Moms expect the breastfeeding journey to have some speed bumps, but most anticipate it to be a generally positive experience...

What is D-Mer?

An abrupt, dysphoric (negative, unpleasant, uncomfortable) feeling or emotion that occurs just before the milk ejection reflex and continues for a few seconds to minutes.

What is D-Mer?

- A reflexive, abrupt, repetitive, emotional response
- Occurs with every breastfeeding session
- Can occur with first letdown or all letdowns
- Can not be controlled/stopped by the mother
- Can occur with pumping
- Can occur with letdown even when not nursing



What is D-Mer?

- Can occur without nipple stimulation (spontaneous letdown)
- Can range from mild to devastating
- A *WAVE* of negative, uncomfortable emotion
- Feeling comes on suddenly
- May last 30-90 seconds
- Goes away when baby starts gulping

What is D-Mer?

- Often googled as “sadness with nursing”
- Can start with breastfeeding initiation or later in the journey
- Can last a few days, weeks or months
- Can happen with one child or all
- Takes the mother by surprise when it begins
- Can be very distressing to Moms

What is D-Mer is NOT

- A physiologic response to breastfeeding like nausea, pain, itching, hives or headache
- Irritability/anger/fear from nipple/latch pain or trauma
- Sign of resentment about breastfeeding
- A mood disorder
- Baby blues
- PTSD
- Due to a traumatic delivery
- Due to a history of sexual abuse
- Sign of clinical Anxiety or Depression

Incidence and Prevalence

- About 9.1% of lactating women
- Poorly understood
- Few high quality studies
- Many providers are unaware of the clinical condition
- Under assessed, Under reported and Under/mis-diagnosed

Is D-Mer a PPMD?

D-Mer is NOT a Post Partum Mood Disorder (PPMD)

- Does not have the hallmark signs:
 - Feelings/symptoms are pervasive and ongoing
 - Loss of interest in activities you enjoyed
 - Inability to care for self of baby
 - Difficulty sleeping
 - Excessive worry about self or baby
 - Scary, obsessive, intrusive thoughts
 - Occasionally thoughts of harming self or baby

D-Mer
can
co-exist
with
PPMD
but is a
distinct
condition.

Does it affect Breastfeeding?

- Up to 35% breastfeeding failure rate
- Some turn to pumping vs. breastfeeding
- Feelings of guilt
- Can affect mom/baby bond
- Can affect decision to breastfeed future children



Cause of D-Mer: Theory 1

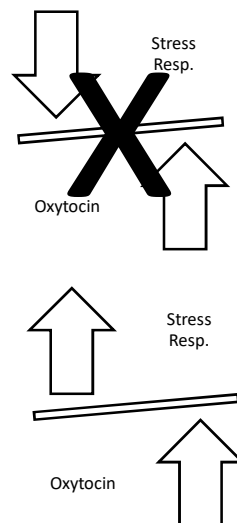
Reverse Oxytocin Response

(Uvnas-Mosberg, Tackett 2018)

- Oxytocin causes milk ejection
- Released with suckling/stimulation from posterior pituitary
- Occurs within a few minutes
- Released into blood stream and brain
- When Oxytocin Levels INCREASE-Stress Responses DECREASES
- Should produce milk release, calm nurturing feelings, bonding

What happens instead:

Oxytocin INCREASES the STRESS response leading to feelings of depression, fear, anxiety, panic, alienation. (Fight or Flight Response)



Cause of D-Mer: Theory 2

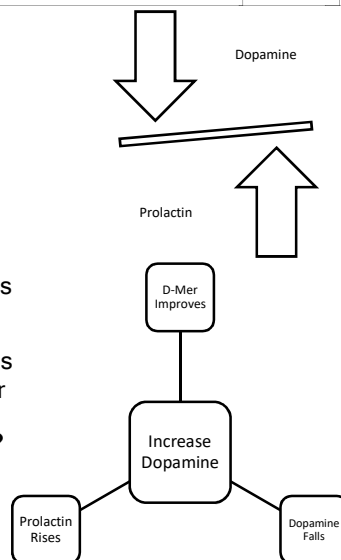
Dopamine Mediated Theory

(Heise and Weissinger, 2011)

- Prolactin hormone = milk production
- Prolactin levels vary, and rise and fall in minutes to hours
- Prolactin and Oxytocin, have a converse relationship with Dopamine
- Mothers may experience a sudden, abrupt drop in dopamine when prolactin and oxytocin levels rise
- Mothers with D-Mer are very sensitive to this drop
- Possibly due to an environmental effect, nutritional deficiency, abnormal mechanisms
- Possibly increased sensitivity to a normal or slight drop in levels

Why was this theory developed?

Some things that INCREASE dopamine, may IMPROVE D-Mer symptoms.



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What to Moms Report?

- Descriptive study 2019
- Large military hospital
- White, college educated, married, not employed
- 36 item online survey
- 99 moms self identified at 6-8 wk. PP visit
- Explored prevalence and common symptoms

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What to Moms Report?

- 50% anxiety, sadness, irritability, panic, agitation, tearfulness, oversensitive
- 50% lack of sleep, stress made symptoms worse
- 75% history of anxiety or depression
- ~80%, felt happy between times of DMER
- Many reported that distraction during feeding, increased sleep, increasing water intake, exercise, solitude, music, meditation, and aromatherapy helped their DMER symptoms.
- Approximately 35% of mothers either quit nursing or were considering quitting due to DMER symptoms.

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3 Emotional Spectrums

Despondent Common feelings expressed

- Hollow stomach, concerned, depressed, wants to be alone, exhausted, fatigued, gross feeling, homesick, worried, unhappy, tearful, overly sensitive, low mood, not coping

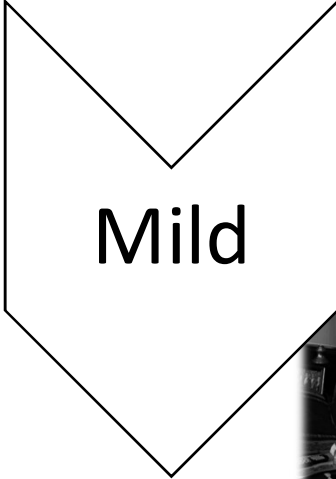

Anxiety Common feelings expressed

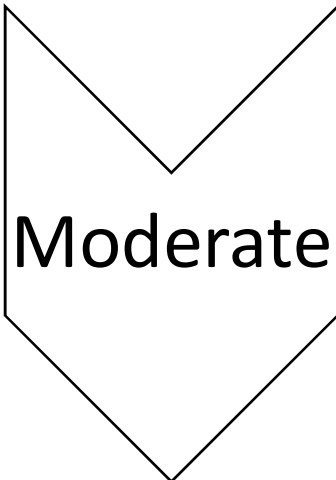
- Panic, anxiousness, dread, restless, resentful, frustrated, irritable, panicky, annoyed

Agitation Common feelings expressed

- Aggression, distress, hostility, paranoia, tension

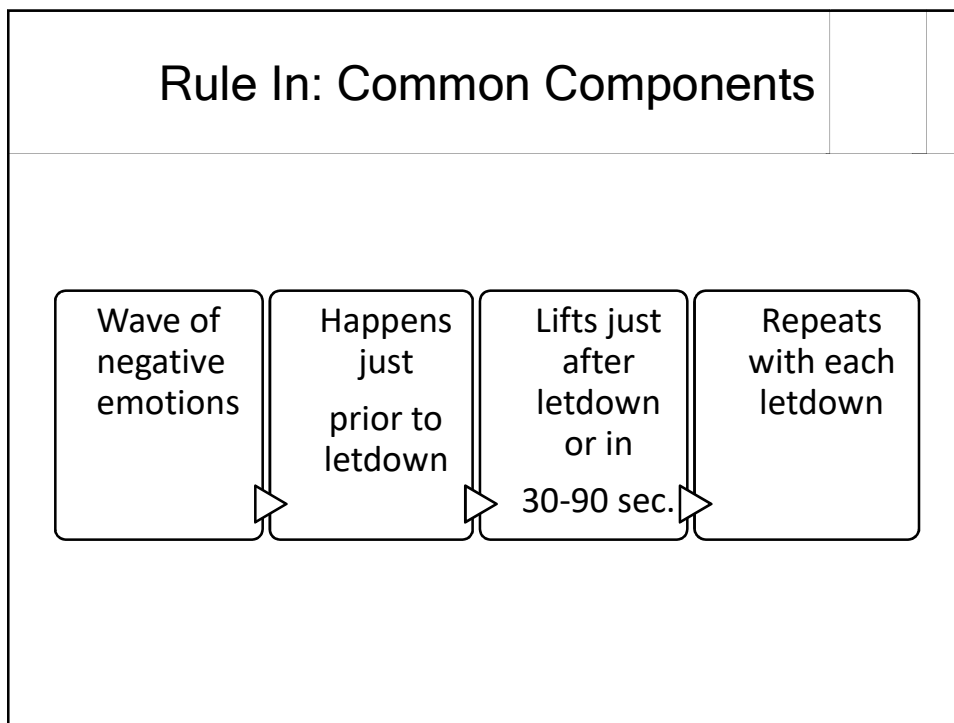
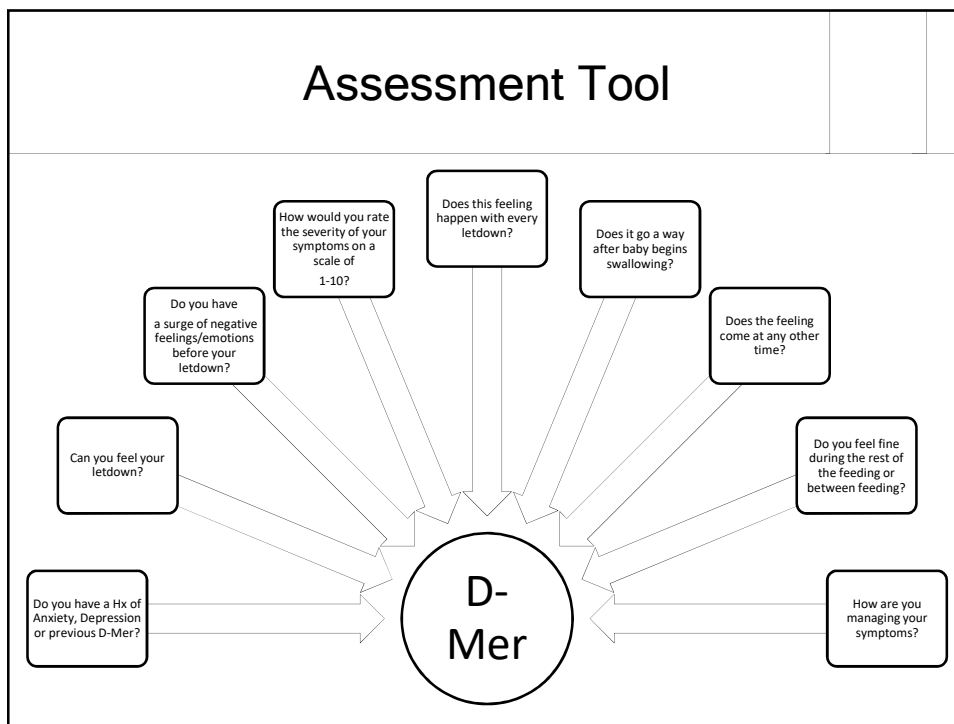
<https://d-mer.org>

Manifestation Levels	
 <p>Mild</p>	<ul style="list-style-type: none"> • Initial severity rating of 1-3 on a 1-10 scale • Describe as a pang or sigh • Mother rarely seeks help after identifying the problem • Education/support often resolves/lessens/manages symptoms • Symptoms may self correct within the first 3 months. • Emotions generally fall on the Despondent Spectrum
 <p>https://d-mer.org</p>	

Manifestation Levels	
 <p>Moderate</p>	<ul style="list-style-type: none"> • Initial severity rating of 4-7/10 • May lower rating after identifying cause • May show interest in self management or natural remedies • Mothers usually committed to continue breastfeeding • Symptoms resolve around 3-9 months • Emotional spectrum usually Despondent or Anxiety
<p>https://d-mer.org</p>	

Manifestation Levels	
	<ul style="list-style-type: none"> • Initial severity rating 7-10/10 • High risk of weaning, even with long term goals • May present with thoughts of suicide or thoughts of harm • Often symptoms do not self-correct even up to a year. • Falls on all 3 Emotional Spectrums • Need Medical Referral and Evaluation • May be open to Medical Management
	
https://d-mer.org	

Assessment for D-Mer	
<ul style="list-style-type: none"> • Reported symptoms vary • May be seeking help for PPD • Clues may be found in physiologic symptoms of anxiety, depression, OCD (ie: nausea, sweaty, dizziness) • Explore the emotional component <i>“How do you feel during breastfeeding?”</i> 	



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Medical Management

- Therapies that have been shown to exacerbate or show no effect:
 - Traditional antidepressants
 - Reglan (Metoclopramide)
 - Caffeine
- Therapies that have shown some benefits:
 - Bupropion (Wellbutrin)
 - Pseudoephedrine-*not recommended due to effect on milk supply*
 - *Smoking-not recommended*

Self Management

- Seek out support
- Seek out Education
- Rally your team-get them on board
- Increase Skin to Skin time
 - Decreases cortisol and may decrease fight or flight emotions
- Start a symptom log-identify things that improve and exacerbate
 - Caffeine, dehydration, stress, sleep, exercise

Self Management

- Distraction during feeding
 - Nursing nest
 - Indulgences
- Increase sleep
- Increase water intake
- Regular exercise
- Solitude/alone time
- Music



Self Management



- Meditation/Mindfulness
- Breathing exercises
 - Abdominal breathing
- Aromatherapy
- Positive Self Talk
- Manage the Environment
- Good Nutrition

Counseling

- Cognitive Behavior Therapy
 - focuses on challenging or changing unhelpful cognitive distortions and behaviors, and the development of personal coping strategies
- Talk Therapy
 - Treatment using methods such as discussion, listening, and **counseling**.

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A Model for Support	
A	V
A	P
S	E
P	R

**Adapted from www.d-mer.org V.A.S.E. Model

A Model for Support

Assess	Her symptoms and breastfeeding goals
Validate**	Let her know her feelings are real and significant
Acknowledge**	Let her know there is a physiologic reason for this symptom/feeling
Plan	Help her to find a plan to manage her symptoms and meet her goals
Support**	Investigate and support her decisions
Encourage**	Encourage her to seek information and support
Provide	Resources and information
Refer	Refer Moderate or Severe cases for medical evaluation and possible treatment

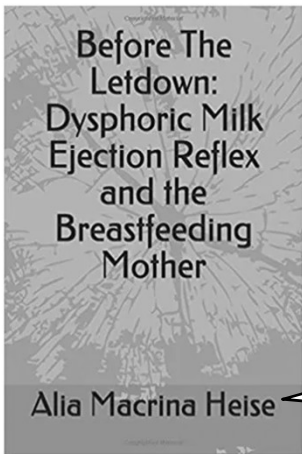
**Adapted from www.d-mer.org V.A.S.E. Model

Breastfeeding Supporters Role

- Assess all moms and identify
- Normalize the condition
- Reinforce that there is likely a physiologic/hormonal cause
- Evaluate her likelihood/risk to terminate breastfeeding
- Try to determine if the manifestation is mild, moderate or severe
- Give mom self management strategies to explore
- Refer moderate or severe cases to her health care provider



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Resources for D-Mer	
 <p>Before The Letdown: Dysphoric Milk Ejection Reflex and the Breastfeeding Mother Alia Macrina Heise</p>	<p>For Mothers looking for support For Care Providers For Partners Personal Stories Options for Treatment/Management</p> <p>The book is written by Alia Macrina Heise, IBCLC who has been the forerunner in discovering and identifying D-MER since 2007.</p>

D-Mer.org

- Research
- Provider Resources
- Podcasts
- CEU's
- Free Handouts for Moms, Support Persons, Professionals
- Facebook Community
 - *(Dysphoric Milk Ejection Reflex (D-Mer) Support Group from d-mer.org.)*



Group by Alia Macrina Heise from D-MER.org
 Dysphoric Milk Ejection Reflex (D-MER) Support Group from d-mer.org

Private group · 3.4K members

About Discussion

Join Group

Online Resources

- Other Unofficial Facebook Support Groups
- The Mystery of D-MER: What Can We Learn from Hormonal Research? Kathleen Kendal Tackett-Facebook/Podcast
- Gold Conference 2020 Session-
 - Gold Learning: Complex Medical Issues in the Lactating Parent Bundle
 - Beyond the Letdown: Dysphoric Milk Ejection Reflex and the Breastfeeding Mother-Alia Macrina Heise, *IBCLC*


"The best way I can describe it is a mix of panic, nausea and homesickness, paired with a hollow feeling in your stomach and the occasional hot flash to boot." --- *Hailey*

"I had never heard of D-MER before realizing I had it. I didn't know that breastfeeding had anything to do with the panic attacks I was having until my daughter was 1 month old. I just chalked the feeling up to postpartum anxiety. But then one day, I googled 'panic attack while breastfeeding,' and D-MER was the first thing that popped up. I realized it was what I had immediately. ---
Erica

"I experienced D-MER and it was so crazy! When I was still in the hospital after birth, I would start feeding and feel like I wasn't even on planet earth, let alone in that room! The second day, I started breastfeeding my daughter and my husband, far on the other side of the room suddenly looked at me strangely and asked if I was all right. ... Even he could feel that he was no longer in the room with the same person I had been two minutes before." — *Autumn*

<https://www.whattoexpect.com/first-year/breastfeeding/dmer-moms-talk-about-the-condition/>

D-Mer: Lived Experience



Oily Earth
Mama

Moving Forward

- Lactation professionals need to be familiar with recognizing, assessing, supporting and referring for D-Mer.
- Mothers may not self report, so a routine assessment and pro active approach may be needed
- Though more common than Sheehan's syndrome or Galactosemia, many supporters and providers may be unfamiliar with this clinical condition
- Many mothers will need support and resources to continue breastfeeding
- More research is needed to identify the cause and study possible beneficial treatments and management strategies.

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- Photos used with permission from the United States Breastfeeding Committee "Landscape of Breastfeeding Support" Image Gallery, www.usbreastfeeding.org

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