



BFE SIG Milk Facts-Clinical Pearl Dysmorphic Milk Ejection Reflex (D-MER)

by Kathleen Logan, DNP, CPNP, IBCLC

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D-MER is a relatively new and under researched area of breastfeeding and is associated with early breastfeeding cessation. This section on BFE SIG Milk Facts aims to raise awareness and educate NPs about D-MER and treatment modalities that can help in managing symptoms to promote continuation of breastfeeding.

What is D-MER?

Dysmorphic milk ejection reflex (D-MER) is a condition in which a breastfeeding mother experiences devastating emotional sensations associated with milk ejection. D-MER affects about 9% of breastfeeding mothers appearing in the first month postpartum (Nguyen et.al, 2024). It is characterized by an abrupt wave of negative emotions lasting seconds to a few minutes during milk let-down. D-MER symptoms may vary in intensity, frequency and duration and disappears after milk begins to flow. The most prominent symptoms of D-MER include feelings of anxiety, sadness, irritability, tension, agitation, oversensitivity, panic, tearfulness and a nauseous sick feeling. Factors that increase symptoms are insomnia, stress and engorgement (Nguyen et.al, 2024). D-MER may lessen by 3 months postpartum, but cases have been reported that symptoms continue for the duration of breastfeeding, disappearing after weaning (Nguyen et.al, 2024).

Impact on breastfeeding

D-MER may affect a mother's willingness and ability to breastfeed and is a barrier to successful breastfeeding. Mothers experience unpleasant D-MER symptoms multiple times a day when breastfeeding. In addition, pumping and thoughts about the baby can trigger a dysphoric milk let-down. D-MER is challenging for the mother-infant relationship. D-MER is associated with bonding difficulties, low breastfeeding self-efficacy, sadness and grief due to an unpleasant breastfeeding experience (Zutic et.al. 2024). Mothers can develop an aversion to breastfeeding and exclusively pump for less nipple stimulation but often experience the same unrelenting negative emotions (Mitchell, 2024). Discouraged, mothers stop breastfeeding earlier than desired or continue to breastfeed with stressful moments of dysphoria.

What's known about D-MER

D-MER is poorly understood. Studies are limited to case reports, qualitative studies and cross-sectional studies. D-MER is not a psychological disorder but a physiologic problem. It is thought to be driven by hormones oxytocin, prolactin and dopamine. Mothers with D-MER have an alteration in the oxytocin receptor that upregulates the stress response while dopamine drops rapidly (Kacir et.al., 2024). Instead of oxytocin making mothers feel calm, they feel negative unpleasant emotions during the let-down. Due to lack of awareness, D-MER is misdiagnosed as postpartum depression and aversion. Studies have found that mothers with D-MER have high levels of stress, depression and anxiety (Zutic et.al. 2024).

Screening Tool

D-MERq is a reliable and validated questionnaire used to identify D-MER (Zutic et.al. 2024). 26 questions assess unpleasant emotions, and 10 items assess D-MER characteristics.

Treatment options for D-MER

There are no published evidence-based treatment protocols to reduce D-MER symptoms and improve a mother's breastfeeding experience. The most promising treatment is with antidepressants, but to date, no random controlled studies have been done to support a recommendation. Guidance is limited and based on qualitative studies and case reports. The following are treatment modalities that have been reportedly effective for some mothers with D-MER (Nguyen et.al, 2024 & Kacir et.al., 2024).

- Empower mothers to continue breastfeeding by informing about D-MER
- Provide support and encouragement
- Connect mothers with others who have similar breastfeeding experiences
- Form support groups for mothers with D-MER
- Screen and refer to a mental health provider to help manage depression or anxiety
- Consider treatment with antidepressants
- Prioritize sleep and rest
- Distract during D-MER with listening to music, eating or drinking cold liquids
- Pumping instead of direct breastfeeding (may experience less symptoms)

Resources

D-MER.org. Understanding D-Mer.(2023). Available from <https://d-mer.org/understanding-d-mer>

Kacir, A., Karabayir, N, Karademir, F., Basibuyk,M., Ocai, O., Buka, O, and Bilgin, D. (2024). Impact of dysphoric milk ejection reflex on mental health. *Breastfeeding Medicine*, 19 (7), 547-553.

Mitchel, K. (2024). Physician's Guide to Breastfeeding. Available from

<https://physicianguidetobreastfeeding.org/mythbusters/horrible-nipple-pain-dnss-dmer/>

Nguyen, L, Stokes, S., Alsup, K., Allen, J., & Zahier-Miller, C. (2024). Dysphoric milk ejection reflex: Characteristics, risk factors, and its association with depression scores and breastfeeding self-efficacy. *Breastfeeding Medicine*, 19(6), 467-475.

Zutic, M., Matijas, M., & Nakic Rados, S. (2024). Dysphoric milk ejection reflex: Measurement, prevalence, clinical features, maternal mental health and mother-infant bonding. *Breastfeeding Medicine*, DOI: 10.1089/bfm.2024.0172