

■ Understanding DMER and Nursing Aversion

Breastfeeding is often described as calming or joyful — but for some parents, it can bring sudden waves of sadness, anxiety, or discomfort. These feelings are real, common, and not your fault.

■ What Is DMER?

Dysphoric Milk Ejection Reflex (DMER) is a temporary emotional and physical reaction that happens right as milk lets down. Parents often describe it as:

- A sudden wave of sadness, anxiety, or irritability
- A feeling of doom or nausea
- The urge to cry or “make it stop”
- Or a strange “icky, off” sensation that fades within a few minutes

DMER can also appear between feedings or alongside intense nipple pain during letdown. Although the exact cause isn't fully understood, it's thought to be linked to how the brain's oxytocin (the “feel-good hormone”) and dopamine systems interact during milk release. For some people, these quick chemical shifts create unpleasant sensations instead of calm or comfort.

■ It's Not in Your Head

These feelings can be overwhelming and confusing — especially when you love your baby and want breastfeeding to feel positive. Many parents feel guilt or shame for not enjoying something they expected to love. Please know: this is a body response, not a reflection of who you are or how you feel about your baby.

■ Nursing Aversion

Sometimes parents experience nursing aversion instead — a general feeling of irritation, restlessness, or even anger while nursing or being touched. This can occur during breastfeeding, pumping, pregnancy, or weaning. You might feel:

- Annoyed or “touched out”
- A sudden urge to stop or pull away
- A rush of anger, anxiety, or frustration

Nursing aversion can overlap with DMER, and both can cause strong emotional distress.

■ Treatment and Support

Both DMER and nursing aversion are treatable. In many cases, these symptoms improve with:

- SSRI medications (a common type of antidepressant that balances serotonin and dopamine)
- Counseling or therapy focused on postpartum mood
- Support from a lactation consultant who understands DMER

- Self-care, nutrition, hydration, and rest whenever possible

If you notice these feelings, please reach out — to your healthcare provider, lactation consultant, or a mental health professional. You don't have to stop breastfeeding unless you want to. With support, most parents find relief and continue feeding comfortably.

■ The Bottom Line

DMER and nursing aversion are real physiologic responses, not signs of weakness or lack of love. Getting help early makes a big difference — and caring for yourself is always part of caring for your baby. ■

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