

## 'For around 30 seconds at the start of breastfeeding my son, I really wanted to die...'

A drop in the 'feel-good' hormone dopamine while breastfeeding can lead to acute feelings of despair and, in some cases, even a diagnosis of post-natal depression. But, as new mother Rebecca Maberly discovered, a recently-discovered syndrome is the more likely cause

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Rebecca Maberly with her sons Wilfred 4 and Gus 2 She suffers from a rare condition which means she finds breastfeeding sends her into despair. Photo: Geoff Pugh

By **Antonia Hoyle**  
7:05AM BST 20 Apr 2015

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As Rebecca Maberly's newborn baby latched on to her breast for a feed she was engulfed by a sudden wave of despair. "I felt suicidal, and so hostile towards my baby that I wanted to throw him across the room," she recalls. It may sound like a symptom of post-natal depression, but Rebecca was suffering from a recently discovered physiological syndrome called Dysphoric Milk Ejection Reflex (D-MER). D-MER is thought to be caused by a sudden drop in the "feel-good" hormone dopamine, which pre-empts the release of breast milk. This leads to strong negative emotions and lasts for as long as milk let-down continues – usually between 30 to 90 seconds.

"In all breastfeeding women dopamine levels go down but in some they plunge dramatically, causing despair, agitation and aggravation," explains Sharon George, a qualified breastfeeding specialist based in London. There are no figures as to its prevalence she says, "But D-MER isn't common. At the moment, because there is so little known about it there is more chance of it

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being diagnosed as post-natal depression than a temporary hormonal imbalance.”

Rebecca, 37, from London, believes she experienced D-MER while feeding both her sons, Wilfred, now four, and Gus, two. “I found breastfeeding Wilfred painful at first, but as the pain subsided it was replaced by devastating feelings of despair,” she recalls. “For around 30 seconds at the start of feeding I really wanted to die. But I knew I wasn’t generally depressed and it simply never occurred to me to seek help.”

Janet Fyle, professional policy adviser with the Royal College of Midwives, says Rebecca is not alone in keeping silent about the condition. “There needs to be more awareness that D-MER exists,” she says. “Some women may not admit to these feelings as they don’t want to be perceived as bad mothers for complaining.”

Direct research into D-MER is still non-existent. The term was coined about seven years ago by a group of lactation experts in the US who could not understand why some breastfeeding women were suffering from dramatic, unexplained mood swings.



Alamy

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After birth, milk production starts when the hormone oxytocin contracts the new mother's milk ducts. “Another hormone called prolactin is also needed to make the milk flow,” says Sharon George. “But dopamine blocks the production of prolactin so the body secretes lower levels of this hormone.”

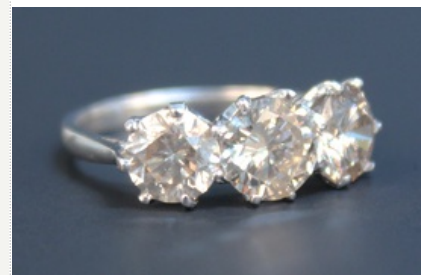
Dr Nerina Ramlakhan, a neurophysiologist at Capio Nightingale Hospital in London, explains: “Dopamine is a hormone that releases endorphins and pushes ‘feel good’ chemicals around the brain. A sudden dip causes feelings of sadness.”

Despite her despair, Rebecca, who is married to Tom, 36, a television producer, was reluctant to wean her baby. “The constant change in my moods was disconcerting, but Wilfred was thriving on breastfeeding,” she says. It was 16 weeks before she finally gave up. “I still feel sad I couldn’t feed my child in the way a human is supposed to.”

Rebecca suffered from similar feelings of despair after her second son was born in February 2013, and stopped after six weeks. It was only a year ago that Rebecca learned of the existence of D-MER. “Suddenly everything made

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sense," she says. "Had I been aware of D-MER I might have given up breastfeeding earlier without beating myself up about it."

Sadly, not much can be done to ease symptoms of D-MER, apart from professional support. Janet Fyle says: "The most important thing is for us to believe a woman who says she experiences these feelings, to reassure her she doesn't have a psychological illness, that the unpleasant feelings will pass and there is no need to feel guilty about them."


For more information, visit [www.d-mer.org](http://www.d-mer.org). Rebecca and her father Mr Roger Marwood, an obstetrician, run the pregnancy and parenting website [www.doctoranddaughter.co.uk](http://www.doctoranddaughter.co.uk)





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**Barbara Higham** · 5 months ago

I edit Breastfeeding Today magazine for La Leche League International. We published this on the condition back in 2010: "D-MER (Dysphoric Milk Ejection Reflex) What is it?" Alia Macrina Heise and Diane Wiessinger

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**joydot** · 5 months ago

babe 2 was a colourful pregnancy topped by waves of nausea while bf-ing. kept at it, martyr style, and it eased off after 3 months. still have no idea why - didnt happen with no.1.

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**Jean Robinson** · 5 months ago

As a birth support charity, we were delighted to learn more about this problem., and would hope more women could report such difficulties. However there is a problem: any woman who told a midwife or health visitor she felt "hostile towards my baby" for however short a time, is likely to be immediately reported to social services., A justifiable fear of losing their babies at a time when government is urging increased adoptions, prevents many women with post-natal problems from seeking help, as both we and researchers have found. One woman who merely told a health visitor she had dreamt of her baby being harmed by others, found herself being investigated as a potential risk. In the drive to safeguard children, untold harm is being done to loving families.

Jean Robinson

President,

Association for Improvements in the Maternity Services

Oxford OX2 7EP

Tel: 01865 552276

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**leanne** → Jean Robinson • 5 months ago

Jean, as a midwife myself and in a role of supporting women who have mental health conditions and history of depression i feel you are way way WAY of your mark from stating that if women express any signs that they have or do not want to bound with their babies or feel negative thoughts of actions towards their baby that they would to quote your words "immediately" be referred to social services. Its a bit worrying as a birth support worker you would believe this?

We and health visitors actively encourage all women to express how they are feeling and talk about what is normal and what may not be. if women express moderate concerns the appropriate support would be put in place. Depending on the individual woman and concerns both antenatally would mean a different input for different women. You appear to go on one history and place this experience for all women. As a qualified midwife of many years i can assure you that no pregnancy, birth, actions, thought and feelings are the same for one women and every pregnancy and situation of that mother is different.

It is hear say like what you have just wrote that makes women think twice about opening up to the people who see them the most and can get them the best support.

tad alarming to say the lease.

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**Jean Robinson** → leanne • 5 months ago

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Jean Robinson

President

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